**Notice and Acknowledgement of Pay Rate and Payday
Under Section 195.1 of the New York State Labor Law
Notice for Exempt Employees**

1. **Employer Information**

Name: Trustees of Columbia University
in the City of New York

Doing Business As (DBA) Name(s):
Columbia University

FEIN (optional): 13-5598093

Physical Address:

420 West 118th Street, MC3355
New York, NY 10027

Mailing Address:
615 West 131st Street
Studebaker, 4th Floor
New York, NY 10027

Phone: (212) 851-0611

2. Notice given:

☐ At hiring

☐ Before a change in pay rate(s),
allowances claimed or pay day

LS 59 (11/16)

3. Employee's pay rate(s): State if pay is based on an hourly, salary, day rate, piece rate, or other basis.

_____

Employers may not pay a non-hourly rate to a non-exempt employee in the Hospitality Industry, expect for commissioned salespeople.

4. Allowances taken:
☐ None
☐ Tips_____per hour
☐ Meals_____per meal
☐ Lodging _____
☐ Other <u>See Offer Letter or Compensation
       Plan.</u>_____

5. Regular payday: <u>Columbia Pay Calendar:</u>
http://managers.hr.columbia.edu/tig/pay-calendar-overview

6. Pay is:
☐ Weekly
☐ Bi-weekly
☒ Other: <u>Semi-Monthly</u>

7. **Overtime Pay Rate:**
Most workers in NYS must receive at least 1½ times their regular rate of pay for all hours worked over 40 in a workweek, with few exceptions. A limited number of employees must only be paid overtime at 1½ times the minimum wage rate, or not at all.

This employee is exempt from overtime under the following exemption (optional): <u>********
********************************</u>

8. Employee Acknowledgement:
On this day, I received notice of my pay rate, overtime rate (if eligible), allowances, and designated payday. I told my employer what my primary language is.

Check one:

☐ I have been given this pay notice in English because it is my primary language.

☐ My primary language is_____. I have been given this pay notice in English only, because the Department of Labor does not yet offer a pay notice form in my primary language.

_____
Print Employee Name

_____
Employee Signature

_____
Date

_____
Preparer Name and Title

The employee must receive a signed copy of this form. The employer must keep the original for 6 years.