

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:

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

Phone: (212) 851-0611

2. Notice given:



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

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

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</u> Plan.

5. Regular payday: <u>Columbia Pay Calendar:</u> <u>Morningside</u> <u>CUIMC</u> 6. Pay is: Weekly Bi-weekly X Other: Semi-Monthly

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.

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.