



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

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 payday

**3. Employee's rate of pay:**

\$ \_\_\_\_\_ per hour

**\*Union employees may also be eligible for shift differential. See the applicable collective bargaining agreement.**

**4. Allowances taken:**

- None
- Tips \_\_\_\_\_ per hour
- Meals \_\_\_\_\_ per meal
- Lodging \_\_\_\_\_
- Other: \* As provided for under the applicable collective bargaining agreement:

**See Union Contracts**

**5. Regular payday:** Columbia Pay Calendar

Morningside  
CUIMC

**6. Pay is:**

- Weekly
- Bi-weekly
- Other

**7. Overtime Pay Rate:**

\$ \_\_\_\_\_ per hour (This must be at least 1½ times the worker's regular rate, with few exceptions.)

\*See comment above re: shift differential.

**8. Employee Acknowledgement:**

On this day I have been notified of my pay rate, overtime rate (if eligible), allowances, and designated pay day on the date given below. 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.**