

Name: \_\_\_\_\_ UNI: \_\_\_\_\_ Gender: Male / Female

Social Security #: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_

Home/Permanent Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Local Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

Please check if you are:  
U.S. Citizen \_\_\_\_\_ Permanent Resident (provide your card) \_\_\_\_\_ Other (F1 or J1 Visa?) \_\_\_\_\_

ARE YOU A COLUMBIA STUDENT? YES \_\_\_ or NO\*\* \_\_\_ If YES, anticipated year of graduation \_\_\_\_\_

**\*\*If you are not a Columbia student, you must use a different form.**

Please inquire: [larisha.ingles@law.columbia.edu](mailto:larisha.ingles@law.columbia.edu), (212) 854-7427.

DO YOU HAVE WORK STUDY FUNDS? Please stop by your school's Financial Aid Office, to see if you are eligible for Work-Study Funds.

SCHOOL: Columbia (which school?) \_\_\_\_\_ Barnard \_\_\_\_\_ Teacher's College \_\_\_\_\_

STUDENT STATUS: Full Time \_\_\_ Part Time \_\_\_ Highest Edu. Level: \_\_\_\_\_ Received date \_\_\_\_\_ School \_\_\_\_\_

**Please provide proof of student status (ex: Class schedule or bursar's receipt)**

Were you previously employed by Columbia University? Yes \_\_\_ No \_\_\_

IF YES: Termination Date \_\_\_\_\_ School: \_\_\_\_\_

\*\*\*\*\***TO BE COMPLETED BY SUPERVISOR**\*\*\*\*\*

Hiring Department: \_\_\_\_\_

Job Title / Description: \_\_\_\_\_ Hourly rate: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Name of Supervisor (please print): \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\***FOR OFFICE USE ONLY**\*\*\*\*\*

Combo Code: \_\_\_\_\_ Fund Dept #: \_\_\_\_\_ Project #: \_\_\_\_\_

# COLUMBIA UNIVERSITY CASUAL EMPLOYMENT FORM

Print Form

**A signed copy of this form must be attached to the Template-Based Hire transaction or the signed original must be attached to the Personnel Action Form (PAF) being sent to the Human Resources Processing Center.** A copy should be retained by the hiring unit. No representative of Columbia University is authorized to vary the terms of this agreement except by written approval from Human Resources.

EMPLOYER	
<b>Columbia University</b>	
FEIN: <b>13-5598093</b>	
Street Address: <b>615 West 131st Street</b> City: <b>New York</b> State: <b>NY</b>	
Zip: <b>10027</b>	Phone: <b>(212) 851-7008</b>
Preparer's Name: _____	
Preparer's Title: _____	

EMPLOYEE INFORMATION	
Name: _____	
Address: _____	Apt. _____
City _____	State _____
Zip _____	Phone _____

WORKSITE INFORMATION	
Will any of the following be present at the worksite:	
<input type="checkbox"/> Blood borne pathogens	<input type="checkbox"/> Chemicals
<input type="checkbox"/> Formaldehyde/Xylene	<input type="checkbox"/> Laboratory animals
<input type="checkbox"/> Radioactive materials	<input type="checkbox"/> Class 3b or 4a lasers
<input type="checkbox"/> Infectious agents (e.g. varicella, polio)	

FOR COLUMBIA UNIVERSITY MEDICAL CENTER ONLY	
Will the casual employee:	
<input type="checkbox"/> Participate in physician billing	
<input type="checkbox"/> Interact with patients and/or research subjects	
<input type="checkbox"/> Be required to use a respirator	

PAY INFORMATION	
Your rate of pay: _____ per hour	Your overtime rate of pay: _____ per hour
Designated pay day: All casual employees are paid on a bi-weekly pay schedule. For more information on the University's payroll calendar, please refer to: <a href="http://finance.columbia.edu/controller/payroll">http://finance.columbia.edu/controller/payroll</a>	
I hereby certify that I have read the above and the information contained in this form is true and accurate to the best of my knowledge and belief. Any false statements knowingly made are punishable as a class A misdemeanor (Section 210.45 of the New York State Penal Law).	
Date: _____	Preparer's Signature: _____

### GENERAL STATEMENT REGARDING OVERTIME PAY IN NEW YORK

Almost all employees in New York must be paid overtime wages of 1½ times their regular rate of pay for all hours worked over 40 per workweek. A very limited number of specific categories of employees are covered by overtime at a lower overtime rate or not at all.

### NOTICE TO THE CASUAL EMPLOYEE

I understand that my employment with Columbia University is on a "casual" basis. I understand that the estimated duration of my employment with the University should not exceed 560 hours or 4 months, whichever comes first, in a 12-month period with limited exceptions.

This limited duration does not apply to students who are enrolled half-time or more at Columbia University, Barnard College or Teachers College.

If a student at Columbia University, Barnard College or Teachers College, please indicate:

- Full-time/Half-time Undergraduate     Part-time Undergraduate     Full-time/Half-time Graduate     Part-time Graduate

I understand that as a "casual" employee I am not eligible for any benefits offered by the University under any collective bargaining agreement or University policy. I understand that I may apply for and be considered for regular employment by the University for any position for which I am qualified.

I understand that I am an employee at will and agree that no contract of employment is created as a result of my obtaining this position, and that my employment may be terminated at any time.<sup>1</sup>

### SIGNATURE

**I have read and understand the above referenced terms and conditions regarding my casual employment status at Columbia University. I hereby acknowledge that I have been notified of my wage rate, overtime rate, and designated pay day on the date set forth below.**

Date: \_\_\_\_\_ Signature of casual employee: \_\_\_\_\_

<sup>1</sup>As a member of the National Collegiate Athletic Association (NCAA) and the Council of Ivy Group Presidents (Ivy League), it is imperative that members of the Columbia University community, in all matters related to the intercollegiate athletics program, exhibit the highest professional standards and ethical behavior with regard to adherence to NCAA, Conference, University, and Department of Intercollegiate Athletics and Physical Education rules and regulations.



**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
- On or before February 1
- 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 \_\_\_\_\_
- \* As provided for under the applicable collective bargaining agreement:  
<http://hr.columbia.edu/union-contracts>

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

**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 payday 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.

\_\_\_\_\_  
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.**