

Employee Personal Record Form

EMPLOYEE INFORMATION

Full Name: _____ UNI: _____ SSN: _____

Home/Permanent Address: _____

Mailing/Current Address: _____

Local Telephone: _____

☐ Male ☐ Female

Date of Birth (mm/dd/yy): _____

Marital Status: _____ (Single, Married, Separated, Divorced, Widowed) Marriage Date: _____

Ethnicity: _____

U.S. Citizen: _____ Permanent Resident: _____ Other (F1 or J1 Visa?) _____

STUDENT STATUS

Are you a Columbia Student? ☐ Yes ☐ No If Yes, anticipated year of graduation _____

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

Please inquire: Shartiss.England@law.columbia.edu, (212) 851-7529

School: Columbia (Which school?) _____ Barnard _____ Teacher's College _____

Student Status: ☐ Full Time ☐ Part Time

Highest Edu. Level Completed: _____ Received date _____ School _____

Were you previously employed by Columbia University? ☐ Yes ☐ No

IF YES: Termination Date _____ School: _____

JOB INFORMATION

Hiring Department: _____

What account will be charged? _____

If this is grant funded, please provide sponsored account info _____

Student Job Title: _____ Hourly Rate: _____

Start Date: _____ End Date: _____

Supervisor/Timesheet Approver (please print): _____

Supervisor/Timesheet Approved Signature: _____ Date: _____

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

Columbia University

FEIN: 13-5598093

Street Address: 615 West 131st Street City: New York State: NY

Zip: 10027 Phone: (212) 851-7008

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:

- ☐ Blood borne pathogens
 ☐ Chemicals
☐ Formaldehyde/Xylene
 ☐ Laboratory animals
☐ Radioactive materials
 ☐ Class 3b or 4a lasers
☐ Infectious agents (e.g. varicella, polio)

FOR COLUMBIA UNIVERSITY MEDICAL CENTER ONLY

Will the casual employee:

- ☐ Participate in physician billing
☐ Interact with patients and/or research subjects
☐ 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: <http://finance.columbia.edu/controller/payroll>

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.¹

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: _____

¹As 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.**