COLUMBIA UNIVERSITY CASUAL	_ EMPLOYMENT FORM Print Form	n
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 ret terms of this agreement except by written approval from Human Resources.		ary the
EMPLOYER	EMPLOYEE INFORMATION	
Columbia University	Name:	
FEIN: 13-5598093		
Street Address: 615 West 131st Street City: New York State: NY	Address: Apt	
Zip: <b>10027</b> Phone: <b>(212) 851-7008</b>	City State	
Preparer's Name:		
Preparer's Titler:	Zip Phone	
WORKSITE INFORMATION	FOR COLUMBIA UNIVERSITY MEDICAL CENTER ONLY	
Will any of the following be present at the worksite:	Will the casual employee:	
Blood borne pathogens Chemicals	Participate in physician billing	
Formaldehyde/Xylene Laboratory animals	Interact with patients and/or research subjects	
Radioactive materials Class 3b or 4a lasers	Be required to use a respirator	
Infectious agents (e.g. varicella, polio)		
PAY INFO		
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 t false statements knowingly made are punishable as a class A misdemeanor (S		1
Date: Preparer's Signature:		
GENERAL STATEMENT REGARDING OVERTIME PAY IN NEW YORK		
Almost all employees in New York must be paid overtime wages of 1 <sup>1</sup> / <sub>2</sub> times their regular rate of pay for allhours 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 C	ASUAL 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 n If a student at Columbia University, Barnard College or Teachers College, please		
ull-time/Half-time Undergraduate	II-time/Half-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 asknowledge that I have been notified of my wage rate, overtime rate, and designated pay day on the date set forth below.

Signature of casual employee:

Date:

<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.