Columbia University Casual Employment 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.

Columbia University
FEIN: 13-5598093

Address: 615 West 131 St., New York, NY
Zip: 10027 Phone: (212) 851-7008

Preparer’s Name__________________________
Preparer’s Title__________________________

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 is __________ 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://hr.columbia.edu/helpful-tools/hr-manager-toolkit/managing-staff/managing-pay/pay-transactions/pay-calendar

I hereby certify that I have read 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 210.5 of the New York State Penal Law).

Date: ___________________  Preparer’s Signature: __________________________

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 shall not exceed 560 hours or 4 months, whichever comes first, in a 12-month period with limited exceptions.

The 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: __________________________

¹ 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.

Rev. 3/15