

**NYU SCHOOL OF LAW
EMPLOYMENT CONFIRMATION FORM FOR STUDENT EMPLOYEES (2 page form)**

PART I: TO BE COMPLETED BY FACULTY /SUPERVISOR PRIOR TO STUDENT REPORTING TO THE SCHOOL OF LAW HUMAN RESOURCES OFFICE, 110 WEST 3RD STREET, 2FL

Student's Full Name: _____ Hourly Rate: \$ _____

Appointment Start Date: _____ Appointment End Date: _____

Position/ Title: _____ Department: _____

Faculty/Supervisor: _____ NetID: _____
(Print name) (Signature)

Name of Time Sheet Approver, if not Faculty/Supervisor: _____ NetID: _____

CHARTFIELD (ACCOUNT) INFORMATION: Must be completed for all hires:

_____ - _____ - _____ - _____
Fund Organization Program Project

PART II: TO BE COMPLETED BY STUDENT EMPLOYEE.

Name (Please print): _____ Mr. Ms.
(First name) (M.I) (Last name)

Social Security #: _____ - _____ - _____ Date of birth: _____ - _____ - _____
(Month Day Year)

NYU ID#: N _____

Ethnic: Hispanic or Latino Yes No

Race (You may select more than one): Asian Black or African American Native American or Alaskan Native
 Native Hawaiian or Other Pacific Islander White

Citizenship Status: U.S. Citizen, Permanent Resident, F1 or J1 Visa

E-mail Address: _____

Emergency Contact: Name: _____ Relationship: _____

Contact phone: (____) _____ - _____

Were/are you employed at NYU in another or similar position? Yes No

⇒ Note: If you are currently working for another division of NYU a single paycheck for both positions will be sent to your current pay location.

Please check one:

I confirm that I am enrolled at NYU for _____ # of credits, Fall 20____, **and/or** _____ # of credits, Spring 20____

I am not enrolled for this academic year.

χ _____
(Signature) (Today's Date)

HUMAN RESOURCES USE ONLY

Date Received: _____ By: _____ NOC: _____

Employee Name _____

Student, Casual Employees



**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:
New York University

Doing Business As (DBA) Name(s):
New York University

FEIN (optional):
13-5562308

Physical Address:
70 Washington Square South
New York, NY 10012

Mailing Address:
70 Washington Square South
New York, NY 10012

Phone: 212-443-8463

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

Employers may not pay a non-hourly rate to a non-exempt employee in the Hospitality Industry, except for commissioned salespeople.

4. Allowances taken:

- None
- Tips _____ per hour
- Meals _____ per meal
- Lodging _____
- Other _____

5. Regular payday: Every other Friday

6. Pay is:

- Weekly
- Bi-weekly
- Other _____

7. Overtime Pay Rate:

\$_____ per hour (this must be at least 1 ½ times the worker's regular rate, with few exceptions)

8. Employee Acknowledgement:

On this day, I received notice of my pay rate, overtime rate (if eligible), allowances, and designated payday. 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_____
Please reissue this pay notice in 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 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. Please return original signed document to Human Resources Records Office or the Wasserman Center for Career Development.