

# Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.  
**Give Form W-4 to your employer.**  
 Your withholding is subject to review by the IRS.

**2025**

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial <b>Wendy</b>	Last name <b>Wilson</b>	Name and Address must match TBH and state tax form.	(b) Social security number <b>111-11-1111</b>
	Address <b>45 Main St</b>			Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code <b>Mount Kisco NY 10549</b>			
	(c) <input checked="" type="checkbox"/> <b>Single or Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly or Qualifying surviving spouse</b> <b>Need to select one option</b> <input type="checkbox"/> <b>Head of household</b> (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)			

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**Step 2: Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . .

**Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 . . . . . \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$ _____
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$ _____

**Step 5: Sign Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

**Please make sure it is signed**

*joanna Smith* 1/29/2025

\_\_\_\_\_  
**Employee's signature** (This form is not valid unless you sign it.) **Date**

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)



Department of Taxation and Finance

# Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

# IT-2104

Make sure 9 digits

First name and middle initial	Last name	Your Social Security number
Permanent home address (number and street or rural route)	Must match address on TBH and W4	Apartment number
City, village, or post office	State	ZIP code

Single or Head of household  Married   
 Married, but withhold at higher single rate   
**Note:** If married but legally separated, mark an X in the Single or Head of household box.

Are you a resident of New York City (this includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island)? ..... Yes  No   
 Are you a resident of Yonkers? ..... Yes  No

**Before making any entries, see the Note below, and if applicable, complete the worksheet in the instructions.** Please answer above

1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 19, if using worksheet)	1	
2 Total number of allowances for New York City (from line 31, if using worksheet)	2	

Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.

3 New York State amount	3	
4 New York City amount	4	
5 Yonkers amount	5	

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

**Penalty** – A penalty of \$500 may be imposed for any false statement you make that decreases the amount of money you have withheld from your wages. You may also be subject to criminal penalties.

Employee's signature <i>Joanna Smith</i>	Please sign	Date 1/29/2025
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**Employee:** Give this form to your employer and keep a copy for your records. Remember to review this form once a year and update it if needed.

**Note:** Single taxpayers with one job and zero dependents, enter **1** on lines 1 and 2 (if applicable). Married taxpayers with or without dependents, heads of household or taxpayers that expect to itemize deductions or claim tax credits, or both, complete the worksheet in the instructions. Visit [www.tax.ny.gov](http://www.tax.ny.gov) (search: IT-2104-I) or scan the QR code below.

**Employer: Keep this certificate with your records.**

If any of the following apply, mark an **X** in each corresponding box, complete the additional information requested, and send an additional copy of this form to New York State. See **Employer** in the instructions. Visit [www.tax.ny.gov](http://www.tax.ny.gov) (search: IT-2104-I) or scan the QR code below.

A Employee claimed more than 14 exemption allowances for New York State ..... A

B Employee is a new hire or a rehire ... B  First date employee performed services for pay (mm-dd-yyyy) (see Box B instructions):

You may report new hire information online instead of mailing the form to New York State. Visit [www.nynewhire.com](http://www.nynewhire.com).

**Note:** Employers **must** report individuals under an **independent contractor arrangement** with contracts in excess of \$2,500 using the online reporting website above, **not** Form IT-2104.

Are dependent health insurance benefits available for this employee? ..... Yes  No

If Yes, enter the date the employee qualifies (mm-dd-yyyy):

Employer's name and address (Employer: complete this section only if you are sending a copy of this form to the New York State Tax Department.)	Employer identification number
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Scan here





Department of Taxation and Finance

# New York State, City of New York, and City of Yonkers Certificate of Nonresidence and Allocation of Withholding Tax

**IT-2104.1**  
(12/24)

**Employee:** Complete this form and return it to your employer. If you become a New York State, New York City, or Yonkers resident, or you substantially change the percentage of services performed within New York State or Yonkers, you must notify your employer within 10 days. A penalty of \$500 may be imposed for furnishing false information that decreases the withholding amount.

Name and Address must match W4 and TBH.

Employee's first name and middle initial		Last name		Social Security number		Employer's name		Please make sure Columbia Address is filled in			
Street address				Street address							
City		State		ZIP code		City		State		ZIP code	

**Mark an X in the appropriate boxes below:**

(See definitions for *resident*, *nonresident*, and *part-year resident* on page 2 of this form.)

**Part 1 – New York State**      Please answer all 3 parts

- I certify that I am not a resident of New York State and that my residence is as stated above.
- I estimate that \_\_\_\_\_ % of my services during the year will be performed within New York State and subject to New York State withholding tax.

**Part 2 – New York City**      Please answer

- I certify that I am not a resident of New York City and that my residence is as stated above.

**Part 3 – Yonkers**      Please Answer

- I certify that I am not a resident of Yonkers and that my residence is as stated above.
- I estimate that \_\_\_\_\_ % of my services during the year will be performed within Yonkers.

I will notify my employer within 10 days of any change in the percentage of my services performed within New York State or Yonkers, or of a change in my status from nonresident to resident of New York State, New York City, or Yonkers.

Employee's signature <i>Joanna Smith</i>	Date 1/29/2025
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**Employer:** You must withhold the applicable amount of New York State, New York City, or Yonkers tax from wages (or from the percentage of wages shown above) paid to employees who file this certificate. **Keep this certificate with your records. You must keep this certificate and have it available for inspection by the Tax Department.**

# Work Authorization documentation

DS2019 J1 visa

If visa is employer specific, Columbia University needs to be listed on the petition.

I797 H1 visa, O1 visa, TN visa

I20 F1 visa

PR card



On TBH please do not indicate card expiration date but include USCIS card number (A#####)

PI Card (Similar to PR card except 2 year expiration date)



On TBH please indicate PI visa type and include the card expiration date. Leave document number blank.

EAD card (If terms & conditions are anything but none we need the I20 also)



No conditions listed, copy of I20 not required.



Since a condition is listed under "Terms and Conditions", copy of the I20 will be required.

**SEVIS ID: N0004705512**

<b>SURNAME/PRIMARY NAME</b> Doe Smith	<b>GIVEN NAME</b> John	<b>CLASS</b>  <b>F-1</b>  <b>ACADEMIC AND LANGUAGE</b>
<b>PREFERRED NAME</b> John Doe-Smith	<b>PASSPORT NAME</b>	
<b>COUNTRY OF BIRTH</b> UNITED KINGDOM	<b>COUNTRY OF CITIZENSHIP</b> UNITED KINGDOM	
<b>DATE OF BIRTH</b> 01 JANUARY 1980	<b>ADMISSION NUMBER</b>	
<b>FORM ISSUE REASON</b> INITIAL ATTENDANCE	<b>LEGACY NAME</b> John Doe-Smith	

**SCHOOL INFORMATION**

<b>SCHOOL NAME</b> SEVP School for Advanced SEVIS Studies SEVP School for Advanced SEVIS Studies	<b>SCHOOL ADDRESS</b> 9002 Nancy Lane, Ft. Washington, MD 20744
<b>SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL</b> Helene Robertson EDSO	<b>SCHOOL CODE AND APPROVAL DATE</b> BAL214F44444000 03 APRIL 2015

**PROGRAM OF STUDY**

<b>EDUCATION LEVEL</b> DOCTORATE	<b>MAJOR 1</b> Economics, General 45.0601	<b>MAJOR 2</b> None 00.0000
<b>NORMAL PROGRAM LENGTH</b> 72 Months	<b>PROGRAM ENGLISH PROFICIENCY</b> Required	<b>ENGLISH PROFICIENCY NOTES</b> Student is proficient.
<b>PROGRAM START DATE</b> 01 SEPTEMBER 2015	<b>PROGRAM END DATE</b> 31 MAY 2021	

**FINANCIALS**

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 23,000	Personal Funds	\$ 3,000
Living Expenses	\$ 6,000	Scholarship and Teaching Assistantship	\$ 29,000
Expenses of Dependents (1)	\$ 3,000	Funds From Another Source	\$
Other	\$	On-Campus Employment	\$
<b>TOTAL</b>	<b>\$ 32,000</b>	<b>TOTAL</b>	<b>\$ 32,000</b>

**REMARKS**

Orientation begins 8/25/2015. Please report to ISSS upon arrival.

**SCHOOL ATTESTATION**

I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(f)(6). I am a designated school official of the above named school and am authorized to issue this form.

<input checked="" type="checkbox"/>	<b>DATE ISSUED</b>	<b>PLACE ISSUED</b>
<b>SIGNATURE OF:</b> Helene Robertson, EDSO	21 April 2015	Ft. Washington, MD

**STUDENT ATTESTATION**

I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. **Parent or guardian, and student, must sign if student is under 18.**

<input checked="" type="checkbox"/>	<b>SIGNATURE OF:</b> John Doe Smith	<b>DATE</b>
	<input checked="" type="checkbox"/>	
<b>NAME OF PARENT OR GUARDIAN</b>	<b>SIGNATURE</b>	<b>ADDRESS (city/state or province/country) DATE</b>





 **U.S. Customs and Border Protection**  
*Securing America's Borders*

**SAMPLE**

OMB No. 1651-0111  
Expiration Date: 11/02/2014

**Admission (I-94) Number Retrieval**

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**Admission (I-94) Record Number:** 461193141110  
**Admit Until Date (MMDD/YYYY):**  
**Details provided on Admission (I-94) form:**

<b>Family Name:</b>	Doe
<b>First (Given) Name:</b>	John
<b>Birth Date (MMDD/YYYY):</b>	01/02/1973
<b>Passport Number:</b>	TG4249033
<b>Passport Country of Issuance:</b>	China
<b>Most Recent Date of Entry (MMDD/YYYY):</b>	03/18/2012
<b>Class of Admission:</b>	F1

**SAMPLE**

► Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).  
► If an employer, local, state or federal agency requests admission information, present your admission (I-94) number along with any additional required documents requested by that employer or agency.  
► Note: For security reasons, we recommend that you close your browser after you have finished retrieving your I-94 number.

Appointment can not start before Entry Date

# Voluntary Self-Identification of Race and Ethnicity

In order to comply with certain federal recordkeeping and reporting requirements, the University invites academic and administrative staff to identify their ethnicity and race. Please visit [my.columbia.edu](http://my.columbia.edu) (log in with your UNI and password) and provide this information under the "Faculty & Staff" tab in the "Self-Service" section. If you do not have access to a computer, please complete, sign and return this form to your hiring manager.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Providing the information below is optional and based on your self-identification. If you choose to participate, please answer both questions by checking the appropriate box(es). If you prefer not to disclose, please check the appropriate box. Thank you for your cooperation.

Questions	Answer Choices
Are you Hispanic or Latino?	<input type="checkbox"/> Yes, Hispanic or Latino. <span style="color: red;">You can choose both "race" and "ethnicity", If you choose "race" and/or "ethnicity" please do not choose "Not disclosed".</span> <input type="checkbox"/> No, not Hispanic or Latino.
What is your race? (If you are two or more races, please check all that apply).	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
If you do not wish to disclose your race or ethnicity, please check this box.	<input type="checkbox"/> I do not wish to disclose <span style="color: red;">If you choose "not disclosed" please ensure that the above race and ethnicities are not checked.</span>

## What do these categories mean?

These categories are determined by the federal government. Definitions, as provided by the U.S. Department of Education, are as follows:

- Hispanic or Latino**  
 A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- American Indian or Alaska Native**  
 A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.
- Asian**  
 A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American**  
 A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander**  
 A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White**  
 A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

## How does Columbia use this information?

The University uses race and ethnicity information for annual reports to the U.S. Department of Education, to apply for certain grants, and to meet its Affirmative Action goals. Columbia University does not share specific race and ethnicity or other personal information with outside agencies. The ethnicity and race data you choose to provide here will be used only in accordance with applicable laws, executive orders, and government regulations. As per Columbia's Nondiscrimination Policies, Columbia University does not discriminate or permit harassment on the basis of race, color, alienage and citizenship, gender, or any other legally protected status.

Signature: Joanna Smith

Date: 1/29/2025

**Assignment to the University of Certain Inventions,  
Discoveries and Associated Technologies**

Please make sure you are using the correct form, it  
will need to contain the present Provost.

Angela V. Olinto  
Provost  
Columbia University  
205 Low Memorial Library  
535 West 116<sup>th</sup> Street  
New York, New York 10027

For Student Officers it's only required for GRA, DRA and DRA II

Dear Prof. Olinto:

As a condition of my appointment or continued appointment by Columbia University and in accordance with the University's Statement of Policy on Proprietary Rights in the Intellectual Products of Faculty Activity ("IP Policy"), I agree to report promptly to Columbia Technology Ventures any discovery, invention or algorithm that is or may be patentable, together with any supporting technology resulting primarily from the use of Columbia's facilities or from my activities while engaged in Columbia's service ("Inventions"). I further agree to assign, and do hereby assign, to Columbia all my rights, title, and interest in any Inventions and agree to render such assistance as Columbia may reasonably request to obtain patents and develop the commercial value of such Inventions.

I understand that I will share in any revenues from such Inventions in accordance with the IP Policy, as it may be amended from time to time.

If another employer will pay any portion of my salary during my Columbia appointment, I will promptly inform Columbia Technology Ventures ([techventures@columbia.edu](mailto:techventures@columbia.edu)), who will determine whether I need to complete additional documentation regarding IP rights as a condition of my appointment.

Very truly yours,

Signature: Wendy Wilson

Print Name: Wendy Wilson

Department: Political Science

Date: 1/29/2025

# COLUMBIA UNIVERSITY

IN THE CITY OF NEW YORK

DEPARTMENT OF POLITICAL SCIENCE

December 1, 2024

Wendy Wilson  
ww234565@columbia.edu

Dear Wendy,

The Department of Political Science is pleased to communicate your appointment as a **Teaching Assistant II** for the Fall 2024 term. We congratulate you on your selection for this important role. Details of your appointment follow:

**Course:** HRTS UN0000, Introduction to Human Rights  
**Supervisor:** Professor McGee

**Appointment Dates:** Effective Date: January 1, 2025; Expected End Date: May 31, 2025 or through the end of your work authorization, whichever is earlier.

**Compensation:** You will receive a salary of \$6,180 for the semester, paid semi-monthly. Your appointment as a student officer, and subsequently your compensation for the period noted above is contingent upon your satisfactory progress and continued matriculation in the program. The requirements for maintaining satisfactory progress toward your degree are separate from this appointment and should be discussed with your academic advisor.

**Appointment Dates:** Effective Date: September 1, 2024; Expected End Date: December 31, 2024 or through the end of your work authorization, whichever is earlier.

**Hours Limitation:** You are expected to be available during the entire period of your appointment, unless you make arrangements that are approved in advance by your supervisor. There may be some variation from week to week based on the tasks and responsibilities you will be given by your supervisor. Per University Policy, students on appointment may not work more than 20 hours per week total, inclusive of this appointment and any other positions you hold on campus or outside of campus for which you are compensated. Work towards your degree and class time are not included in the work that is part of this appointment.

**Responsibilities:** Tasks and responsibilities will be identified and assigned by your supervisor. Generally, these include: regularly meeting and coordinating with your supervisor, holding regular office hours, attending/completing mandatory trainings and/or orientations, and assisting in grading assignments and exams.

**Assignment Changes:** Although the faculty has planned carefully for the upcoming terms, contingencies sometimes arise, and it may be necessary to make adjustments in both faculty and student appointment assignments.

Your appointment is covered by a collective bargaining agreement between the University and the Student Workers of Columbia SWC-UAW. The agreement can be found at <https://humanresources.columbia.edu/content/swc-uaw>.

Please indicate your acceptance of this appointment to DAAF/Business Manager upon receiving this letter. By January 6, 2025 you must complete all of the necessary hiring forms. Emily Prince or Michael Scott will be in touch about the requisite forms. If you are instructed Form I-9, please note that you must complete both sections of the form no later than January 6, 2025. You may complete your I-9 at any time after you indicate acceptance of this appointment. If you do not have a Social Security Number, you must apply for one and provide the application receipt to DAAF/Business Manager. Information regarding how to apply is available [here](#). *Please note that we cannot process your appointment and, therefore, your compensation until you have returned all the required hiring paperwork, have a completed I-9 on file, and if applicable, have submitted a copy of the Social Security Number application receipt.*

Congratulations, and best wishes for a productive semester. If you have any questions about your appointment, please consult either Kay Achar or me.

Sincerely,

Chair/Director

## IMPORTANT COMPLIANCE INFORMATION

### FORM I-9/EMPLOYMENT ELIGIBILITY VERIFICATION

Your employment is contingent upon verification of your identity and eligibility to work in the United States. Newly hired or rehired employees are required to complete a Form I-9 in compliance with the Immigration Reform and Control Act of 1986 within the first three (3) working days and present valid, original documentation. Section one (1) of the I-9 must be completed online no later than the first day of employment on the Columbia University I-9 and E-Verify page at <https://humanresources.columbia.edu/i9-verify>. Section two (2) must be completed in person using original and unexpired documents (electronic versions and photocopies are not allowed under the law). Instructions on how to schedule an appointment for completing section 2, either on campus or using the I-9 Anywhere service if you are working outside New York City, can be found on the [University's I-9 and E-Verify website](#).

### Compliance Information and training

Columbia University is committed to operating with integrity and in full compliance with all applicable laws, regulations, and policies. The University does not tolerate retaliation against individuals who report compliance concerns. There are a number of resources available at the University to individuals who have a concern about unethical, illegal, or suspicious behavior. We encourage you to visit the University's Compliance website: [compliance.columbia.edu](https://compliance.columbia.edu), to familiarize yourself with University policies.

Maintaining a positive work environment and promoting a workplace free from discrimination and harassment supports the academic and research mission of the University by ensuring all members of our community can contribute to their fullest potential. As a condition of employment, you will be required to complete The New York Anti-Sexual Harassment training upon hire and every year thereafter in accordance with New York State and City Law.

As a member of the National Collegiate Athletic Association (NCAA) and the Council of Ivy Group Presidents (Ivy League), the University requires all members of the community, in all matters related to the intercollegiate athletics program, to 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.

### New York State HERO Act

In accordance with New York State's Hero Act, we are providing all new employees with a copy of the prevention plan that Columbia has adopted to protect against the transmission of any airborne infectious diseases in the workplace as designated by the NYS Commissioner of Health

(it does not apply to the current covid-19 pandemic). The plan can be found here:  
<https://research.columbia.edu/sites/default/files/content/EHS/COVID-19/Her0ActPlan.pdf>

## **NEW YORK CITY WORKERS' BILL OF RIGHTS**

In accordance with New York City's Worker's Bill of Rights legislation, we are providing all new employees with a link to the rights and protections workers can expect:  
<https://www.nyc.gov/site/dca/workers/workersrights/know-your-worker-rights.page>. For more information about Columbia's policies, please see the [Human Resources section](#) of the University Policies site: <https://universitypolicies.columbia.edu/content/human-resources-policies>.

## **LACTATION POLICY**

In compliance with applicable laws, we are providing all new employees with a copy of the university's lactation policy, which can be found here:  
<https://universitypolicies.columbia.edu/content/lactation-policy>

# SSOL

Only required for TA II, TA III, DRA, DRA II and Reader roles.