



# Student Employment Packet Instructions

STEP-BY-STEP EMPLOYMENT GUIDE

# Thinking about getting a job on campus?

- ▶ There are 2 different types of jobs on campus. They are classified by where their funding (\$) comes from:
  - ▶ **Student Assistant Positions (SAP)** – Are paid through approved and budgeted funds from the Department that the job is posted under.  
IE: Athletics, Residence Life, etc.
  - ▶ **College Work Study Positions (CWS)** – Are paid through approved Federal funding, which is awarded as part of a student's financial aid award package. It is important to have completed the FAFSA in a timely manner so that funding can be verified by the Financial Aid Department.

# Requirements in order to be a student worker...

## MUST

- ▶ Be in good academic standing with the college
- ▶ Maintain a minimum cumulative GPA of 2.0
  - Some positions require higher than a 2.0 GPA, and is noted in the job description (i.e. Tutors, Peer Educators)
- ▶ Complete and submit all employment paperwork to HR
  - A copy of the student employment packet can be found on the [Human Resources \(delhi.edu\)](#) website or a physical copy can be found outside the HR office.
- ▶ Complete all mandatory training prior to starting work.
  - IE: All student workers are required to complete The Sexual Harassment Training which can be completed online in [Vancko Hall \(delhi.edu\)](#).

# Student Employment Rules

## CANNOT

- ▶ Cannot begin work until all paperwork and training requirements have been completed
- ▶ Cannot work over 20 hours per week during the academic year, regardless of how many different jobs you may have. During the summer you are allowed to work 29 hours/week.
- ▶ Cannot work during their scheduled class times
- ▶ Must take a 30 minute break if they work 6 hours or more.

# The Student Employment Packet Breakdown

## Note:

- Complete all forms in **blue** or **black** ink ONLY. **No Pencils!**
- Write clearly and legibly. If we can't read it, we will be unable to process your paperwork and/or we may send incorrect information to New York State.

## FORMS In the Packet

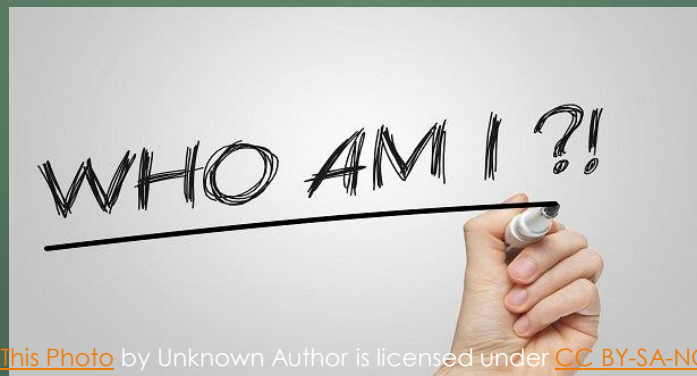
- Confidential Employment Questionnaire
- Employment Eligibility Verification, I-9 Form
- Tax Forms
- Direct Deposit Election/Decline Forms
- Retirement Employment Election/Decline Forms
- Disability Form
- Veteran Form



# Confidential Employment Questionnaire

**This form is needed because it has information that is required for entering you into the NYS payroll system**

- Information will only be used for statistical reporting & personally identifiable information will not be released
  - For question 3: If you select 'Hispanic' **you must** also select a race for question 2.  
(Please feel free to choose what you feel best describes your race, there is no wrong answer)
  - For question 4: please respond 'Yes' if you have ever been on NYS or SUNY payroll  
(ex: SUNY student assistant, SUNY federal work study student, NYS Parks & Recreation Camp Counselor/Lifeguard etc.)



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# Employment Eligibility Verification (USCIS Form I-9)

- All sections highlighted in **yellow** are required
- You must select one box, highlighted in **blue** and complete the corresponding section, if applicable.
- Federal Law requires that this I-9 form be completed and that verification be received **PRIOR** to any employee starting to work.

**DON'T FORGET TO SIGN!!!**

**USCIS Form I-9**  
Department of Homeland Security  
U.S. Citizenship and Immigration Services  
OMB No. 1615-0047  
Expires 10/31/2022

**START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name)	First Name (Given Name)	Middle Initial	Other Last Names Used (if any)		
Address (Street Number and Name)		Apt. Number	City or Town	State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's E-mail Address	Employee's Telephone Number		

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

- 1. A citizen of the United States
- 2. A noncitizen national of the United States (See instructions)
- 3. A lawful permanent resident (Alien Registration Number/USCIS Number):
- 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy):  
Some aliens may write "N/A" in the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:  
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

- 1. Alien Registration Number/USCIS Number:
- OR
- 2. Form I-94 Admission Number:
- OR
- 3. Foreign Passport Number:
- Country of Issuance:

QR Code - Section 1  
Do Not Write in This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**

I did not use a preparer or translator.  A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator	Today's Date (mm/dd/yyyy)			
Last Name (Family Name)	First Name (Given Name)			
Address (Street Number and Name)		City or Town	State	ZIP Code

# I-9 Verification

(You must supply supporting documents to prove your identity AND eligibility to work in the United States)

All documents must be **ORIGINAL** and **UNEXPIRED** and must be physically brought into the HR office.

Choose one selection from **List A**

**OR**

one selection each from **List B** **AND** from **List C**

## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be **UNEXPIRED**

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

LIST A	LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	Documents that Establish Identity	Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	OR	AND
	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li>For persons under age 18 who are unable to present a document listed above:               <ol style="list-style-type: none"> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>



# Federal Taxes Form W-4 (2023)

- All fields in **yellow** are required (Step 1 & Step 5)
  - If you are eligible to be exempt from having federal taxes withheld from your pay, please write the word “exempt” in the space below Step 4 (c). See Below for EXEMPT Rules:

**Exemption from withholding.** You may claim exemption from withholding for 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 **and** you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2023 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing “Exempt” on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2024.


- If you are not eligible for EXEMPT Status, follow the Steps in **Blue** (complete only the steps that apply to you).

Don't Forget to Sign!

Form <b>W-4</b>		<b>Employee's Withholding Certificate</b>		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		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.		2023
<b>Step 1:</b>	<b>(a) First name and middle initial</b>	<b>Last name</b>	<b>(b) Social security number</b>	
<b>Enter Personal Information</b>	<b>Address</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 www.ssa.gov.
	<b>City or town, state, and ZIP code</b>			
	<b>(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)</b>			
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, other details, and privacy.				
<b>Step 2:</b>	<b>Multiple Jobs or Spouse Works</b>			
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 <b>only one</b> of the following. <b>(a)</b> Reserved for future use. <b>(b)</b> Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; <b>or</b> <b>(c)</b> 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 <input type="checkbox"/> <b>TIP:</b> If you have self-employment income, see page 2.				
Complete Steps 3-4(b) on Form W-4 for <b>only ONE</b> 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):</b>	<b>Other Adjustments</b>			
<b>(a) 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> \$ _____
<b>(c) Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .				<b>4(c)</b> \$ _____
<b>Step 5:</b>	<b>Sign Here</b>			
Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.				
<b>Employee's signature</b> (This form is not valid unless you sign it.)			<b>Date</b>	
<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)	
For Privacy Act and Paperwork Reduction Act Notice, see page 3. <span style="float: right;">Cat. No. 10220Q <span style="margin-left: 50px;">Form <b>W-4</b> (2023)</span></span>				

# NY State Taxes Form IT-2104 (2023)

- Only complete this form if you elect to have NYS taxes withheld from your pay
- All fields in yellow are required
- For the complete IT-2104 form instructions visit: [Instructions for Form IT-2104 \(ny.gov\)](https://www.tax.ny.gov/it-2104/)



2023

Department of Taxation and Finance

## Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

# IT-2104

First name and middle initial		Last name		Your Social Security number	
Permanent home address (number and street or rural route)			Apartment number		Single or Head of household <input type="checkbox"/> Married <input type="checkbox"/>
City, village, or post office			State		Married, but withhold at higher single rate <input type="checkbox"/>
			ZIP code		<small>Note: If married but legally separated, mark an X in the Single or Head of household box.</small>
Are you a resident of New York City? .....		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Are you a resident of Yonkers? .....		Yes <input type="checkbox"/>	No <input type="checkbox"/>		

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

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	Date
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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.nys.gov](http://www.tax.nys.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

# Taxes and the Number of Allowances

- The higher the number of allowances you claim, the less taxes you will have withheld from your pay, but may result in you owing money when filing at the end of the year.
- The lowest number of allowances you can claim is zero (this is not the same as being “exempt”). Claiming zero will take more taxes from your pay, and may result in a tax credit when filing end of the year taxes.



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# Form IT-2104-E (2023) NYS Tax Exemption

GROUP A:

Group B:

You **MUST** meet the conditions of **Group A** or **Group B**. If you don't, then you **CANNOT** claim the NYS exemption

The Form can be found at [Form IT-2104-E Certificate of Exemption from Withholding Year 2023 \(ny.gov\)](https://www.ny.gov)

 2023		Department of Taxation and Finance		<b>IT-2104-E</b>	
		<b>Certificate of Exemption from Withholding</b>		This certificate will expire on April 30, 2024.	
		New York State • New York City • Yonkers			
<p>To claim exemption from withholding for New York State personal income tax (and New York City and Yonkers personal income tax, if applicable), you must meet the conditions in either Group A or Group B:</p> <p><b>Group A</b></p> <ul style="list-style-type: none"><li>• you must be under age 18, or over age 65, or a full-time student under age 25; <b>and</b></li><li>• you did not have a New York income tax liability for 2022; <b>and</b></li><li>• you do not expect to have a New York income tax liability for 2023 (for this purpose, you have a tax liability if your return shows tax before the allowance of any credit for income tax withheld).</li></ul> <p><b>Group B</b></p> <ul style="list-style-type: none"><li>• you meet the conditions set forth under the Servicemembers Civil Relief Act (SCRA), as amended by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act. See <i>Military spouses</i>.</li></ul> <p>If you <b>do not meet all</b> of the conditions in either Group A or Group B above, <b>stop</b>; you cannot claim exemption from withholding (see <i>Note</i> below).</p>					
First name and middle initial	Last name	Social Security number	Filing status: Mark an <b>X</b> in only one box		
			A Single <input type="checkbox"/>	B Married <input type="checkbox"/>	
Mailing address (number and street or PO Box)	Apartment number	Date of birth (mmddyyyy)	C Qualifying surviving spouse or head of household with qualifying person..... <input type="checkbox"/>		
City, village, or post office	State	ZIP code			
Are you a full-time student?..... Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you a military spouse exempt under the SCRA? ..... Yes <input type="checkbox"/> No <input type="checkbox"/>			
I certify that the information on this form is correct and that, for the year 2023, I expect to qualify for exemption from withholding of New York State income tax under section 671(a)(3) of the Tax Law or under the SCRA. I will notify my employer within 10 days of any change requiring revocation of the exemption from withholding as explained in the instructions.					
Employee's signature (give the completed certificate to your employer)				Date	

# Direct Deposit

“Per Chapter 442 of the Laws of 2022, on and after January 1, 2023, the Comptroller shall cause, a state employee’s net salary to be deposited directly in a bank...however, such employee may submit a request for exemption”

What this means is that you must **ELECT** or **DECLINE** Direct Deposit.

**Electing:** Verification is required and you have 2 options:

Provide a **VOIDED** check

**OR**

Written verification from the financial institution showing the account number, routing number, and name(s) on the account.

(Many banks provide this verification form when you log into your online bank. You may email the form to [Humanresources@delhi.edu](mailto:Humanresources@delhi.edu) or hand deliver to our office in Bush Hall)



# Direct Deposit: Why sign up?

- Direct Deposit is more secure than a paper check.
- Paychecks that are direct deposited are made available on the actual pay date.
  - It is reliable, unlike mail delivery, which can be delayed.
- It is convenient. No need to pick up your check from a mailbox and travel to cash the check. No errors with the check being sent to a home address, when you are here on campus waiting for the check in your campus mailbox.
- It provides more direct access to your funds whenever and wherever you are. Going home over break? No need to worry about your check sitting in your campus mailbox.
- Lost paper paychecks may take at least 2 weeks to be reissued from NYS, causing a longer delay in you receiving your money.
  - Save the environment by opting out of receiving a paper check stub.
- Direct Deposit information can be updated or changed at any time just by completing a new form (ie: changed banks, change in distribution amounts, etc.)

Complete Section A

Complete Section C

**DIRECT DEPOSIT FORM FOR NYS EMPLOYEES**  
RETURN COMPLETED FORM TO YOUR AGENCY/DEPARTMENT PAYROLL OR PERSONNEL OFFICE. (40 2712 (REV. 10/2002))

**SECTION A: EMPLOYEE INFORMATION (REQUIRED)**

NAME (LAST, FIRST, MI) <b>Sample Student Name</b>	EMPLOYEE ID <b>N</b>	LAST 4 SSN <b>1234</b>
PHONE (HOME OR CELL) <b>(123) 456-7899</b>	WORK EMAIL <b>Samplestudent@gmail.com</b>	
HOME ADDRESS (STREET, CITY, STATE, ZIP CODE) <b>123 Main Street, Delhi, NY 13753</b>		

**SECTION B: REQUEST FOR EXEMPTION FROM DIRECT DEPOSIT**  
I hereby request an exemption from the requirement to be paid by direct deposit pursuant to State Finance Law § 209(4)(a)(ii).

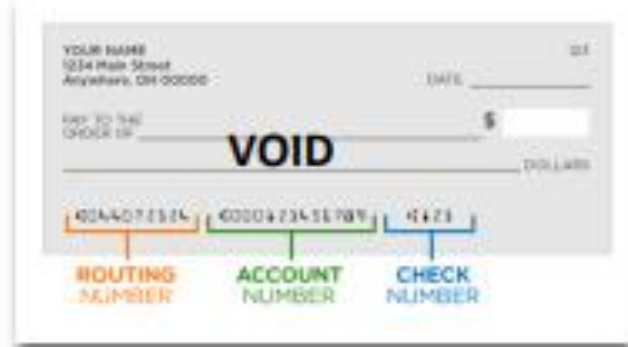
EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**SECTION C: BALANCE ACCOUNT INFORMATION (REQUIRED)**  
Participating in full Direct Deposit requires one balance account; this account will receive any excess of funds after all other distributions are deposited as indicated. The balance account designated will be used in the deposit order. Non-payment amounts, such as travel reimbursements, will be deposited in the balance account. If no other accounts are listed, the full net pay will be deposited into the balance account. The employee's name must appear on the account. A voided check or written verification from the financial institution showing the account number, routing number, and name(s) on the account must accompany this form for the balance account.

BALANCE ACCOUNT (REQUIRED)	ACTION <input checked="" type="checkbox"/> New <input type="checkbox"/> Change Account <input type="checkbox"/> Add/Change Joint Account Holder
TYPE <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	ACCOUNT # <b>000123456789</b> ROUTING # <b>044072324</b>
FINANCIAL INSTITUTION <b>Sample Bank Name</b>	DISTRIBUTION \$ _____ or _____ %

**SECTION D: ADDITIONAL ACCOUNT INFORMATION (OPTIONAL)**  
Up to seven total amount or percentage deposits may be processed in addition to the balance account listed in Section C. The employee's name must appear on the account(s). If more than five accounts, attach an additional AC 2772. (A voided check or written verification from the financial institution showing the account number, routing number, and name(s) on the account must accompany this form for each account listed.)

DEPOSIT ORDER-1	ACTION <input type="checkbox"/> Add <input type="checkbox"/> Change Distribution <input type="checkbox"/> Add/Change Joint Account Holder <input type="checkbox"/> Cancel
TYPE <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ACCOUNT # _____ ROUTING # _____
FINANCIAL INSTITUTION _____	DISTRIBUTION \$ _____ or _____ %
DEPOSIT ORDER-2	ACTION <input type="checkbox"/> Add <input type="checkbox"/> Change Distribution <input type="checkbox"/> Add/Change Joint Account Holder <input type="checkbox"/> Cancel
TYPE <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ACCOUNT # _____ ROUTING # _____
FINANCIAL INSTITUTION _____	DISTRIBUTION \$ _____ or _____ %
DEPOSIT ORDER-3	ACTION <input type="checkbox"/> Add <input type="checkbox"/> Change Distribution <input type="checkbox"/> Add/Change Joint Account Holder <input type="checkbox"/> Cancel
TYPE <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ACCOUNT # _____ ROUTING # _____
FINANCIAL INSTITUTION _____	DISTRIBUTION \$ _____ or _____ %
DEPOSIT ORDER-4	ACTION <input type="checkbox"/> Add <input type="checkbox"/> Change Distribution <input type="checkbox"/> Add/Change Joint Account Holder <input type="checkbox"/> Cancel
TYPE <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ACCOUNT # _____ ROUTING # _____
FINANCIAL INSTITUTION _____	DISTRIBUTION \$ _____ or _____ %
DEPOSIT ORDER-5	ACTION <input type="checkbox"/> Add <input type="checkbox"/> Change Distribution <input type="checkbox"/> Add/Change Joint Account Holder <input type="checkbox"/> Cancel
TYPE <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ACCOUNT # _____ ROUTING # _____
FINANCIAL INSTITUTION _____	DISTRIBUTION \$ _____ or _____ %



Complete Section E – Optional  
Paystub can be viewed/printed from  
<https://psonline.osc.ny.gov/>

Complete Section F - ONLY if you have a  
joint bank account. If it is a joint account,  
the joint account holder must sign & date

**DIRECT DEPOSIT FORM FOR NYS EMPLOYEES**  
RETURN COMPLETED FORM TO YOUR AGENCY/DEPARTMENT PAYROLL OR PERSONNEL OFFICE. AC 2773 (REV. 12/2022)

**SECTION E: DIRECT DEPOSIT STATEMENT OPTIONS (OPTIONAL)**  
Check the box to opt out of receiving a printed copy of your direct deposit pay stub:  
 Go Paperless – I do not want a printed copy of my Direct Deposit pay stub sent to me. I understand that I will not receive a printed copy of my Direct Deposit pay stub. I understand that I can view and print my electronic pay stubs as well as change my Direct Deposit statement option with NYS Payroll Online (NYSPO) <https://psonline.osc.ny.gov/>

**SECTION F: AUTHORIZATION (REQUIRED)**  
The joint account holder for accounts listed in Sections E and F, if any, must sign on the corresponding line for removal of accounts or changes in account holder(s). By signing this form, the employee and any joint account holder agree to the State, through the financial institution, to debit the account in order to receive any salary to which the employee was not entitled or that was deposited to the account in error. This means of recovery shall not prevent the State from utilizing any other lawful means to retrieve salary payments to which the employee is not entitled.

BALANCE ACCOUNT JOINT ACCOUNT HOLDER	<i>Joint account holder signature</i>	DATE	<b>01/01/2023</b>
DEPOSIT ORDER-1 JOINT ACCOUNT HOLDER		DATE	
DEPOSIT ORDER-2 JOINT ACCOUNT HOLDER		DATE	
DEPOSIT ORDER-3 JOINT ACCOUNT HOLDER		DATE	
DEPOSIT ORDER-4 JOINT ACCOUNT HOLDER		DATE	
DEPOSIT ORDER-5 JOINT ACCOUNT HOLDER		DATE	

I certify that I read and understand the instructions to this form, including the authorization for recovery. In signing this form, I authorize my NYS salary payment to be sent to the designated financial institution(s) to be deposited into the specified account(s), and all non-payroll amounts due to me to be sent to the designated financial institution to be deposited into the business account designated. I understand that this form supersedes any previous elections I have made, and that changes may take up to two payroll periods to become effective.

EMPLOYEE SIGNATURE *Sample Student* DATE **01/01/2023**

**CANCELLATIONS**  
The agreement represented by this authorization will remain in effect until canceled by the employee, the financial institution, or the State agency. Employees should maintain accounts canceled and replaced by new accounts until the new transaction is complete. If canceled accounts are not temporarily maintained until the new account receives the employee's direct deposit transaction, employees may experience a delay in payments. The financial institution may cancel the agreement by providing the employee and the State agency with a written notice 30 days in advance of the cancellation date. The financial institution cannot cancel the authorization without notification to both the employee and the State agency. The State agency may cancel an employee's direct deposits when internal control policies would be compromised by this form of salary payment.

**NEW YORK STATE PERSONAL PRIVACY LAW NOTIFICATION**  
The New York State Office of the State Comptroller Bureau of State Payroll Services requests personal information on this form to operate the New York State Direct Deposit/Electronic Funds Transfer Program. This information is being requested pursuant to State Finance Law §209(4) and Part 162 of Title 2 of the New York Codes, Rules and Regulations. The information will be provided to the designated financial institution(s) and/or State agency(ies) for the purpose of processing payments, and for other official business of the Office of the State Comptroller. No further disclosure of this information will be made unless such disclosure is authorized or required by law. An employee's failure to provide the requested information may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program. The information provided will be maintained in the State Payroll System under the direction of the Bureau of State Payroll Services.

Paperless Option

Employee Signs HERE

# Declining Direct Deposit

Complete Section A

Complete Section B – OPTING OUT

Don't Complete any other section if you are declining Direct Deposit

**DIRECT DEPOSIT FORM FOR NYS EMPLOYEES**  
RETURN COMPLETED FORM TO YOUR AGENCY/DEPARTMENT PAYROLL OR PERSONNEL OFFICE AC 2772 (REV 12/2022)

**SECTION A: EMPLOYEE INFORMATION (REQUIRED)**

NAME (LAST, FIRST, MI)	NYS EMPID	LAST 4 SSN
Sample Student Name	N	1234
PHONE AREA CODE (WORK NUMBER)	WORK EMAIL	
(123) 456-7899	Samplestudent@gmail.com	
HOME ADDRESS (STREET, CITY, STATE, ZIP CODE)		
123 Main Street, Delhi, NY 13753		

**SECTION B: REQUEST FOR EXEMPTION FROM DIRECT DEPOSIT**

I hereby request an exemption from the requirement to be paid by direct deposit pursuant to State Finance Law § 200(4)(a)(ii).

EMPLOYEE SIGNATURE Sample Student DATE 01/01/2023

**SECTION C: BALANCE ACCOUNT INFORMATION (REQUIRED)**

Participating in full Direct Deposit requires one balance account; this account will receive any excess of funds after all other distributions are deposited as indicated. The balance account designated will be last in the deposit order. Non-payroll amounts, such as travel reimbursements, will be deposited in the balance account. If no other accounts are listed, the full net pay will be deposited into the balance account. The employee's name must appear on the account. A voided check or written verification from the financial institution showing the account number, routing number, and name(s) on the account must accompany this form for the balance account.

<b>BALANCE ACCOUNT (REQUIRED)</b>	ACTION	<input type="checkbox"/> New	<input type="checkbox"/> Change Account	<input type="checkbox"/> Add/Change Joint Account Holder
TYPE	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	ACCOUNT #	ROUTING #
FINANCIAL INSTITUTION				DISTRIBUTION <input checked="" type="checkbox"/> Excess

**SECTION D: ADDITIONAL ACCOUNT INFORMATION (OPTIONAL)**

Up to seven fixed amount or percentage deposits may be processed in addition to the balance account listed in Section B. The employee's name must appear on the account(s). (For more than five accounts, attach an additional AC 2772.) A voided check or written verification from the financial institution showing the account number, routing number, and name(s) on the account must accompany this form for each account listed.

<b>DEPOSIT ORDER-1</b>	ACTION	<input type="checkbox"/> Add	<input type="checkbox"/> Change Distribution	<input type="checkbox"/> Add/Change Joint Account Holder	<input type="checkbox"/> Cancel
TYPE	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	ACCOUNT #	ROUTING #	
FINANCIAL INSTITUTION				DISTRIBUTION \$ _____ or _____ %	
<b>DEPOSIT ORDER-2</b>	ACTION	<input type="checkbox"/> Add	<input type="checkbox"/> Change Distribution	<input type="checkbox"/> Add/Change Joint Account Holder	<input type="checkbox"/> Cancel
TYPE	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	ACCOUNT #	ROUTING #	
FINANCIAL INSTITUTION				DISTRIBUTION \$ _____ or _____ %	
<b>DEPOSIT ORDER-3</b>	ACTION	<input type="checkbox"/> Add	<input type="checkbox"/> Change Distribution	<input type="checkbox"/> Add/Change Joint Account Holder	<input type="checkbox"/> Cancel
TYPE	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	ACCOUNT #	ROUTING #	
FINANCIAL INSTITUTION				DISTRIBUTION \$ _____ or _____ %	
<b>DEPOSIT ORDER-4</b>	ACTION	<input type="checkbox"/> Add	<input type="checkbox"/> Change Distribution	<input type="checkbox"/> Add/Change Joint Account Holder	<input type="checkbox"/> Cancel
TYPE	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	ACCOUNT #	ROUTING #	
FINANCIAL INSTITUTION				DISTRIBUTION \$ _____ or _____ %	
<b>DEPOSIT ORDER-5</b>	ACTION	<input type="checkbox"/> Add	<input type="checkbox"/> Change Distribution	<input type="checkbox"/> Add/Change Joint Account Holder	<input type="checkbox"/> Cancel
TYPE	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	ACCOUNT #	ROUTING #	
FINANCIAL INSTITUTION				DISTRIBUTION \$ _____ or _____ %	



# State University of New York Retirement Program Election Form

As a NYS employee, you are eligible for membership into the NYS Employee's Retirement System, commonly referred to as ERS.

- ERS Membership Registration Form: Click [HERE](#)
- ERS Beneficiary Form (A beneficiary is someone who is entitled to receive monies or other benefits in the event of your death): Click [HERE](#)
- **DO NOT** sign your name unless in the presence of a Notary Public. Remember to bring a valid government issued photo ID (drivers license or passport) when having documents notarized.
- These forms can also be found on the HR Website: [Human Resources Forms \(delhi.edu\)](#)
- You can access any of your retirement information online: Click [HERE](#)







# Voluntary Self-Identification of Disability

This form is **VOLUNTARY** and **CONFIDENTIAL**. It is not required, but your participation in completing the form helps measure our progress towards having at least 7% of our workforce be individuals with disabilities.



This Photo by Unknown Author is licensed under [CC BY-SA-NC](#)

**Voluntary Self-Identification of Disability**

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 05/31/2023

Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
(if applicable)

Date: \_\_\_\_\_

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**Why are you being asked to complete this form?**

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

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**How do you know if you have a disability?**

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

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**Please check one of the boxes below:**

Yes, I Have A Disability, Or Have A History/Record Of Having A Disability

No, I Don't Have A Disability, Or A History/Record Of Having A Disability

I Don't Wish To Answer

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

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**For Employer Use Only**

*Employers may modify this section of the form as needed for recordkeeping purposes.*

For example:  
Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

# Invitation to Self-Identify for Veterans

The Vietnam Era Veterans' Readjustment Assistance Act (VEVRAA) is a law that prohibits federal contractors and subcontractors from discriminating in employment against protected veterans and requires employers take affirmative action to recruit, hire, promote, and retain these individuals.

As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

Completing this form is voluntary, but we hope that you will choose to fill it out.

## NEW HIRE/CURRENT EMPLOYEE

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form based on your circumstances at this time, regardless of whether you identified as having a disability earlier.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

### I BELONG TO THE FOLLOWING CLASSIFICATIONS OF PROTECTED VETERANS (CHOOSE ALL THAT APPLY):

DISABLED VETERAN

RECENTLY SEPARATED VETERAN DATE SEPARATED FROM MILITARY SERVICE: \_\_\_\_\_

ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN

ARMED FORCES SERVICE MEDAL VETERAN

I am a protected veteran, but I choose not to self-identify the classifications to which I belong.

I am NOT a protected veteran.

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

\_\_\_\_\_  
Your Name (Print legibly)

\_\_\_\_\_  
Today's Date (Month/Day/Year)

### SUNY IDENTIFIERS:

I AM A CURRENT EMPLOYEE

Title of position: \_\_\_\_\_

I AM APPLYING FOR A POSITION

Title of position: \_\_\_\_\_



# Turning in your paperwork....

All students **MUST** complete their Student Employment Packet and return it to Human Resources. Both the student and the supervisor will receive an email notification when the student is placed on payroll.

*\*No student can start working until this process has been completed\**

**Your supervisor is responsible for ensuring that you understand the requirements and expectations of your position such as:**

- Time & Attendance
  - Work Schedule
- Appropriate Dress for Work
  - Cell Phone Use Policy
- Grounds for Employment Dismissal

*If you have questions, please ask your direct supervisor.*

# Time and Attendance



Students are responsible for submitting their timesheets (both electronic and/or paper) to their direct supervisor for review and approval. Students that have more than one job will have more than one timesheet to complete.

- [Electronic Time Sheet Instructions Presentation](#)
  - [Paper Time Sheets Form \(.pdf\)](#)



# Student Timesheets

## Electronic Timesheet

Paid Hourly

- ▶ Hours worked are entered in SUNY HR Time and Attendance System.
- ▶ Submitted by the student and approved by the supervisor, in SUNY Portal.
- ▶ The electronic timesheet is reviewed and approved by HR.
- ▶ HR electronically submits it to NYS

Note: The supervisor's signature indicates that the hours worked are accurate.

## Paper Timesheet

Paid by Stipend or Hourly

- ▶ Student completes paper timesheet periodically throughout the period of employment
- ▶ The paper form is approved and signed by the supervisor, who submits to HR
- ▶ HR reviews and approves the timesheets which are manually entered for payment.
- ▶ HR manually submits it to NYS

Note: The supervisor's signature indicates that the hours worked are accurate.

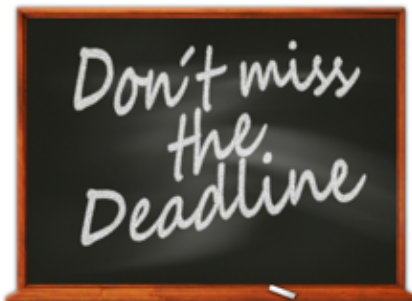
# Student Timesheet Deadlines

- ▶ Student Employees – must submit time records to supervisors for approval **no later than** the Thursday after the pay period ends.
- ▶ Supervisors of Student Employees - submit to HR **no later than** 12 noon on the Friday after the pay period ends.

**Pay Period** → **01/05/2023 - 1/18/2023**

Student Submission Due: Thursday, **01/19/2023**

Supervisor Approval Due: 12 Noon, Friday, **01/20/2023**



**Late submissions and/or approvals will result in a full pay period delay in students' pay checks!**

# The Payroll Calendar

## 2022-2023 Student Payroll Calendar

<https://www.delhi.edu/mydelhi/hr/student-payroll-schedule/index.php>

Please review the Student Payroll Calendar and keep track of the student timesheet due dates. These are the dates that your supervisor should receive your timesheet. There are specific payroll submission deadlines that are set by the NYS Comptrollers Office, and if a timesheet is late, it may result in a delayed payment, 2 weeks later than normal.

If you submit late, then that makes your supervisor late. If the HR office gets the timesheet late, you may not get paid till the NEXT payroll.



# Understanding Payroll and Payroll Documents

Please click on the link below. It provides information to help you understand your payroll documents.

**CLICK  
HERE**

[gettingpaid\\_2013.pdf \(state.ny.us\)](http://state.ny.us/gettingpaid_2013.pdf)

## NYS Payroll Online Services



Link to NY Payroll Online

- View & print your pay statement
- Opt out of receiving paper pay statements
- View & print current and prior year W-2s
- Update your e-mail address
- Change your tax withholdings



# SUNY Delhi Human Resources Department

If you have any questions following this training, please don't hesitate to contact Human Resources.

- Jessica Bene - [benejl@delhi.edu](mailto:benejl@delhi.edu) x4497
- LaTasha Ildefonso- [ildefolm@delhi.edu](mailto:ildefolm@delhi.edu) x4494
- Nicole Craft - [craftna@delhi.edu](mailto:craftna@delhi.edu) X4493
- Human Resources - [humanresources@delhi.edu](mailto:humanresources@delhi.edu) X4495