NEW STUDENT EMPLOYEE

Step-by-Step Guide Employment Guide

Step 1

- Pick up a Student Employment Packet and Student Employee Handbook outside of the Office of Human Resources located at 103 Bush Hall
- Clearly write your information on the forms. If the Human Resources staff cannot read your handwriting, it will delay processing of your paperwork, resulting in delayed payment and potentially sending incorrect information to the government.
- > Forms must be filled out in **blue or black ink pen only**.
- > You must satisfy ALL requirements before you can begin work

SUNY Delhi Student Employee Profile & Orientation Checklist

- > Complete all of the fields within the "Employee Profile" and "Job Data" sections
- > Permanent Home Address | this is your home address, not your college address
- > Date of Hire leave blank if unknown
- NYS Rehire| 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.)
- Campus Title | see title examples below
 - Example titles: lifeguard, water safety instructor, PSI, help desk assistant, peer tutor, cleaner, student call center, snow shoveler, library assistant, ambassador, resident assistant, shuttle driver, night host, sustainability advocate, student communicator, phonathon supervisor etc.

SUNY Delhi Confidentiality and Security Compliance Agreement

- Read this form completely
- Sign and date form



Federal and NYS Tax Forms| Tax Exemption

You *may* be eligible to claim exempt from having federal taxes withheld IF:

- If you are a resident of the U.S.A. AND
- Full time student AND
- Under the age of 25
- Refer to the Instructions section of the IT-2104-E to see if you are qualified to be exempt from having taxes withheld as you must meet all specifications
- If are qualified from having taxes withheld from your pay, please note that your tax exempt status will expire every year on February 15. You must refile the new year's federal tax form W4 and the NYS tax form IT-2104
- Please send these completed forms to the Office of Human Resources by February 1. Tax forms are available on the Student Payroll Information webpage at <u>https://www.delhi.edu/mydelhi/hr/student-</u> payroll/index.php
- SHRED! the NYS tax form you are *not* submitting to the Office of Human Resources as it contains your personal identifiable information!

Form W-4 (2018)

- Only the bottom part of this form is required
- > All fields in yellow are required
- You must complete either box 5 OR box 7
 - If you are eligible to be exempt from having federal taxes withheld from your pay, please write the word "exempt" in box 7
 - If you are not eligible from having taxes withheld, use the worksheet above to help you determine the number of allowances that you will claim put the number of allowances in box 5

	W-4	Employe	e's Withholding	g Allowance Cert	ificate	OMB No. 1545-0074	
Form WW - W Department of the Treasury Internal Revenue Service Service by the IRS. Your employer may be required to send a copy of this form to the IRS.							
1	Your first name a	nd middle initial	Last name		2 Your social	security number	
	Home address (n	umber and street or rural route		3 Single Married Note: If married filing separately,	Married, but withhold check "Married, but withhold	at higher Single rate. at higher Single rate."	
City or town, state, and ZIP code				4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ►			
5	Total number	of allowances you're clair	ning (from the applicable	worksheet on the following	pages)	5	
6	Additional am	ount, if any, you want wit	nheld from each payched	:k		6 \$	
7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption.					conditions for exemption	on.	
	• Last year I h	ad a right to a refund of a	II federal income tax with	nheld because I had no tax	liability, and		
	This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.						
		the second state of the fifthere	mpt"here		. 🕨 🕇		
	If you meet be	oth conditions, write "Exe	offer the second second second				
Inde	If you meet be r penalties of per	pth conditions, write "Exe jury, I declare that I have ex	amined this certificate and	i, to the best of my knowledg	e and belief, it is true, c	orrect, and complete	
Inde	If you meet bo r penalties of per ovee's signature	oth conditions, write "Exe jury, I declare that I have ex	amined this certificate and	I, to the best of my knowledg	e and belief, it is true, c	orrect, and complete	

NOTES:

- The higher the number of allowances you claim, the less taxes you will have withheld from your pay.
- 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, this *typically* results in a tax credit when filing end of the year taxes.

Form IT-2104

- Only complete this form if you elect to have taxes withheld from your pay
- Only the top part of this form is required
- All fields in yellow are required
- For the complete IT-2104 form with instructions visit: <u>https://www.tax.ny.gov/pdf/current</u> forms/it/it2104 fill in.pdf



Department of Taxation and Finance

Employee's Withholding Allowance Certificate

IT-2104

8 🦢 New York State • New York City • Yonkers

First name and middle initial	Last name		Your social security number			
Permanent home address (number and street or rural rout	<mark>8)</mark>	Apartment number	Single or Head of household Married			
City, village, or post office	State	ZIP code	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? Are you a resident of Yonkers?	Yes No No					
Complete the worksheet on page 3 before making any entries. 1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 18)						
Use lines 3, 4, and 5 below to have add	itional withholding per pay pe	eriod under special a	agreement with your employer.			
 3 New York State amount 4 New York City amount 5 Yonkers amount 			3 4 5			
I certify that I am entitled to the number of	f withholding allowances claime	d on this certificate.				
Employee's signature			Date			
Penalty - A penalty of \$500 may be impos	sed for any false statement you	make that decreases	the amount of money you have withheld			

NOTES:

- The higher the number of allowances you claim, the less taxes you will have withheld from your pay.
- 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, this *typically* results in a tax credit when filing end of the year taxes.

from your wages. You may also be subject to criminal penalties

Form IT-2104-E (2017)

- Only complete this form if you are claiming tax exempt status
- Only the top part of this form is required
- > All fields in yellow are required



See updated information for this form on our website

)epa	artment of	Taxa	ation and	Finance	
-					

Certificate of Exemption from Withholding New York State • New York City • Yonkers This cer IT-2104-E

This certificate will expire on April 30, 2019.

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:

Group A

- you must be under age 18, or over age 65, or a full-time student under age 25; and
- · you did not have a New York income tax liability for 2017; and
- you do not expect to have a New York income tax liability for 2018 (for this purpose, you have a tax liability if your return shows tax before the allowance of any credit for income tax withheld).

Group B

 you meet the conditions set forth under the Servicemembers Civil Relief Act (SCRA), as amended by the Military Spouses Residency Relief Act. See *Military spouses*.

If you do not meet all of the conditions in either Group A or Group B above, stop; you cannot claim exemption from withholding (see Note below).

First name and middle initial	Last name		Social security number	Fil	ing status: Mark an X in only one box
Mailing address (number and street or PO boy City, village, or post office	() Apartm State	ent number	Date of birth (mmddyyyy) ZIP code	C	Single B Married Qualifying widow(er) with dependent child, or head of household with qualifying person
Are you a full-time student? Yes	No 🗌	Are you a milit	tary spouse exempt under th	e S	CRA?Yes No
I certify that the information on this form is corrunder section 671(a)(3) of the Tax Law or under withholding as explained in the instructions.	ect and that, for the year 2 r the SCRA. I will notify m	2018, I expect to a y employer withir	qualify for exemption from withh n 10 days of any change requirir	oldir ng re	ng of New York State income tax evocation of the exemption from
Employee's signature (give the completed ce	rtificate to your employer)				Date

Employment Eligibility Verification USCIS Form I-9

- All sections highlighted in yellow are required
- > Fields highlighted in green are optional
- Click on the image to the right for the interactive PDF
- The interactive PDF allows users to click on the question marks for detailed information

13	PARTALEA	
66		
15		/
V	END SEC	

Employment Eligibility Verification Department of Homeland Security U.S. Citizenship and Immigration Services

USCIS Form I-9 OMB No. 1615-0047 Expires 08/31/2019

► 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 Na	Middle Initial 🕑	Other Last Names Used (if any) 🕐			
Address (Street Number and Name) 🖲	Apt. Numbe	City or Town)	1	State 👔	ZIP Code
Date of Birth (mm/dd/gggy) 2 U.S. Social Secu	rity Number 🕘 🗧 Emp	loyee's E-mail Add	ress 🕑	Em	iployee's T	FelephoneNumber 🕑

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.

l 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/ggy): [®] 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 compl An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign	Vete Form I-9: QR Code - Section 1 Passport Number. Do Not Write in This Space
1. Alien Registration Number/USCIS Number: () OR	
2. Form I-94 Admission Number: (1) OR	
3. Foreign Passport Number: 🛞	
Country of Issuance: 1	
Signature of Employee 🕐	Today's Date (mm/dd/ <u>yyyy)</u> ③
Preparer and/or Translator Certification (check one):	•
I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the	e employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators ass	sist an employee in completing Section 1.)
I attest, under penalty of perjury, that I have assisted in the completion of Sect knowledge the information is true and correct.	tion 1 of this form and that to the best of my

Signature of Preparer or Translator ()			Today's D)ate (mm/dj	dásaad 🕑
Last Name (Family Name) 🖲		First Name (Given Name)	1		
Address (Street Number and Name) 🖲	City or	Town 🖲		State 🕐	ZIP Code 🕑

Employment Eligibility Verification USCIS Form I-9

- You must supply supporting documents to prove your identity AND eligibility to work in the United States
- All documents must be ORIGINAL and UNEXPIRED
- Choose one selection from List A <u>OR</u>
- a COMBINATION of one selection from List B <u>AND</u> one selection from List C

LIST A				LIST B		LIST C						
	Documents that Establish Both Identity and Employment Authorization	OR		Documents that Establish Identity AN	ID	Documents that Establish Employment Authorization						
1. 2.	U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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	1.	A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT						
3.	Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-		2.	name, date of birth, gender, height, eye color, and address ID card issued by federal, state or local		 (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH 						
4.	Employment Authorization Document that contains a photograph (Form I-766)			government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2.	DHS AUTHORIZATION Certification of Birth Abroad issued by the Department of State (Form ES-545)						
5.	For a nonimmigrant alien authorized to work for a specific employer		3. 4.	School ID card with a photograph Voter's registration card	3.	Certification of Report of Birth issued by the Department of State (Form DS-1350)						
	 a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: 		5. 6. 7.	U.S. Military card or draft record Military dependent's ID card U.S. Coast Guard Merchant Mariner	4.	Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States						
	(1) The same name as the passport; and(2) An endorsement of the alien's	-	; { {	; 8 9	;	,			8. o	Card Native American tribal document Driver's license issued by a Capadian	5.	bearing an official seal Native American tribal document
	nonimmigrant status as long as that period of endorsement has not yet expired and the				9.		government authority		U.S. Citizen ID Card (Form I-197) Identification Card for Use of			
L	proposed employment is not in conflict with any restrictions or limitations identified on the form.		F	unable to present a document listed above:	_	Resident Citizen in the United States (Form I-179)						
6.	Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form		10. 11.	School record or report card Clinic, doctor, or hospital record	8.	Employment authorization document issued by the Department of Homeland Security						
	I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		12	. Day-care or nursery school record								

Confidential Employment Questionnaire

- > This form is required for entering you into the payroll system
- > Information will only be used for statistical reporting
- Personally identifiable information will not be released
- For question 3: If you select 'Hispanic' <u>you must</u> 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.)

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
- Please complete the Retirement Program Election Form whether you decide to enroll in ERS or not
- > If you do want to enroll in ERS, please complete the below:
 - NYS ERS Membership Registration
 - Do not sign your name unless in the presence of a Notary Public. Bring valid government issued photo ID when having documents notarized such as drivers license or passport.
 - Designation of Beneficiary with Contingent Beneficiary
 - A beneficiary is someone who is entitled to receive monies or other benefits in the event of your death
 - Sign up to view your ERS account online (optional)



State University of New York

Retirement Program Election continued...

- View your ERS account on the web with *Retirement Online* (optional)
 - Retirement Online is a secure area where members can access their personal retirement information, contribution balance, beneficiary designations, estimated service credit and other important membership information. To sign up:
 - Visit <u>Online Services Enrollment</u>
 - Choose Individual
 - Review Terms
 - Click Next
 - Create a user ID (6-32 characters. It cannot contain your first or last name, or any special characters)
 - Enter all other requested information
 - Confirm all data entered
 - Click Finish
 - You will be mailed a password via the US Postal Service. This password will expire 45 days from the date of the letter. Keep your user ID and password secure and confidential.

Direct Deposit Form For NYS Employees

We encourage all employees to set up direct deposit, why?

- > Direct deposit is more secure than a paper check
- Its reliable, mail delivery is variable and paper checks can be delayed a day or more
- Its convenient, no need to stop at your student mailbox to pick up your check or travel to the bank to cash it
- > Save the environment by opting out of receiving a paper stub
- Some banks also deposit your check into your bank account the night before payday, so you have direct access to your funds whenever and wherever you are!

Direct Deposit Form For NYS Employees

- Complete all of Section A
 - Minus the NYS EMPLID # N_____, [you will be issued this number

once you are entered into the payroll system]

- Complete all of Section B
 - Choose the first box: 'New or Additional'
 - Write out the full name of your bank(s)
 - Please write clearly your account number(s)
 - Note how much of your pay you would like direct deposited into each account, ex: 100%



Direct Deposit Form For NYS Employees continued...

- Section C You can satisfy this section in 1 of 3 ways:
 - Your bank may complete OR
 - You may attach a VOID check OR
 - If this is an online bank, log into your account, select and print the direct deposit screen and attach to your form
- Section D| All individuals listed on the account must sign and date this form, ex: parent, spouse, guardian etc.
- You can change your direct deposit information at any time by completing a new form and submitting it to the Office of Human Resources located in Bush Hall
- Check out the <u>Student Payroll Information</u> webpage to download this form and find other payroll related information

Voluntary Self-Identification of Disability

- Read carefully and check one of the boxes on page 1
- Print your name and date the form
- If you select "Yes, I have a disability..." please complete page 2

Voluntari	Solf-Idontification	of Disability
voluntar	y sem-intentineation	VI DISADINLY

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Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2
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Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

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 without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I 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:

 Blindness
 Autism
 Deafness
 Carcer
 HIV/AIDS
 Diabetes
 Epilepsy
 Muscular dystrophy
 Bipolar disorder
 Bipolar disorder
 Major depression
 Multiple sclerosis (MS)
 Missing limbs or partially missing limbs
 Post-traumatic stress disorder (PTSD)
 Obsessive compulsive disorder
 Impairments requiring the use of a wheelchair
 Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

YES, I HAVE A DISABILITY (or previously had a disability)
 NO, I DON'T HAVE A DISABILITY
 IDON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

Please list your request for reasonable accomodations below:

SUNY IDENTIFIERS:

I AM A CURRENT EMPLOYEE
Title of position:

I AM APPLYING FOR A POSITION
Title of position:

Invitation to Self-Identify for Veterans

- Everyone must read this form, even if you are not a veteran
- A response is required on page 2
- Print your name, date the form, and choose"I am a current employee"

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.



If you are going to be employed as a Lifeguard or Water Safety Instructor

You must complete ALL of the *Child Protection Policies* requirements below:

- Read
 - SUNY Child Protection Policy
 - SUNY's Mandatory Reporting Policy
 - SUNY Delhi Procedure
 - Key Contact Information
- > Complete
 - Child Protection Policy Acknowledgment Form

[submit this form to Ruth Ehrets, Office of Human Resources, Bush Hall, ehretsrh@delhi.edu]

<u>Child Protection Policies training in Vancko Hall</u>

[takes approximately 1-2 hours to complete, if you require accessibility or learning accommodations please contact Mary Morton x4430 or Bush Hall Office of Human Resources or mortonmb@delhi.edu]

- a) sign into Vancko Hall using the link above
- b) in the upper right corner, type into the search bar Child Protection, search
- c) click on the course SUNY Delhi Child Protection Policies Training
- d) click Enroll Me
- e) begin the course by clicking **Start Here**

Step 2

SUNY Human Resources Portal AKA SUNY HR Portal

- > Time & Attendance <u>access your timesheet</u>
- Self-Service update your permanent home address
- > NYS Payroll Online Services <u>access training guide</u>
 - 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



- Student Payroll Calendar view time sheet deadlines & pay dates
- Introduction to Getting Paid by NYS understand payroll documents

Step 4

Final Steps

Submit completed new employee paperwork to the Office of Human Resources Monday through Friday between 2 and 4 pm

Resources, Save these links

- Student Payroll Information webpage
- SUNY HR Portal link
- Office of Human Resources, Payroll and Affirmative Action
 - Located: 103 Bush Hall Hours: Monday through Friday 2p — 4p during academic year Phone: 607-746-4495 E-mail: <u>humanresources@delhi.edu</u>
 - Fax: 607-746-4158