

# NEW STUDENT EMPLOYEE

Step-by-Step Guide Employment Guide

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# 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 <https://www.delhi.edu/mydelhi/hr/student-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

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small; margin: 0;">▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074  <span style="font-size: 2em; font-weight: bold;">2018</span>		
1	Your first name and middle initial	Last name	2	Your social security number
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold 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. <input type="checkbox"/>	
5	Total number of allowances you're claiming (from the applicable worksheet on the following pages)			5
6	Additional amount, if any, you want withheld from each paycheck			6 \$
7 I claim exemption from withholding for 2018, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶				7
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶				Date ▶

## 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: [https://www.tax.ny.gov/pdf/current\\_forms/it/it2104\\_fill\\_in.pdf](https://www.tax.ny.gov/pdf/current_forms/it/it2104_fill_in.pdf)



Department of Taxation and Finance

## Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

# IT-2104

<b>First name and middle initial</b>	<b>Last name</b>	<b>Your social security number</b>
<b>Permanent home address (number and street or rural route)</b>	<b>Apartment number</b>	Single or Head of household <input type="checkbox"/> Married <input type="checkbox"/>
<b>City, village, or post office</b>	<b>State</b>	<b>ZIP code</b>
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"/>		
<b>Complete the worksheet on page 3 before making any entries.</b>		
1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 18) .....	<b>1</b>	
2 Total number of allowances for New York City (from line 29) .....	<b>2</b>	
<b>Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.</b>		
3 New York State amount .....	<b>3</b>	
4 New York City amount .....	<b>4</b>	
5 Yonkers amount .....	<b>5</b>	
I certify that I am entitled to the number of withholding allowances claimed on this certificate.		
<b>Employee's signature</b>	<b>Date</b>	

**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.

### 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-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



NEW YORK STATE  
2018

Department of Taxation and Finance  
**Certificate of Exemption from Withholding**  
 New York State • New York City • Yonkers

**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	Filing status: Mark an X in only one box
Mailing address (number and street or PO box)	Apartment number	Date of birth (mmddyyyy)	A Single <input type="checkbox"/> B Married <input type="checkbox"/>
City, village, or post office	State	ZIP code	C Qualifying widow(er) with dependent child, or head of household with qualifying person..... <input type="checkbox"/>
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 2018, 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
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# 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



Department of Homeland Security

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 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):**

<input type="checkbox"/> 1. A citizen of the United States ?
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions) ?
<input type="checkbox"/> 3. A lawful permanent resident ? (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 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
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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 ?	

# 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 **OR**
- a **COMBINATION** of one selection from List B **AND** one selection from List C

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		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		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. <i>School ID card with a photograph</i>		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (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.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
		<b>For persons under age 18 who are unable to present a document listed above:</b>		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
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				

# 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' **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.)

# 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 [Online Services Enrollment](#)
    - 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 [Student Payroll Information](#) webpage to download this form and find other payroll related information





# 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](mailto:ehretsrh@delhi.edu)]

- [Child Protection Policies training in Vancko Hall](#)

[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](mailto: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** | [access your timesheet](#)
- **Self-Service** | [update your permanent home address](#)
- **NYS Payroll Online Services** | [access training guide](#)
  - 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

# Step 3

- 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: [humanresources@delhi.edu](mailto:humanresources@delhi.edu)
    - Fax: 607-746-4158