## 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 <u>Human Resources (delhi.edu)</u> 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 <u>Vancko Hall (delhi.edu)</u>.

## 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

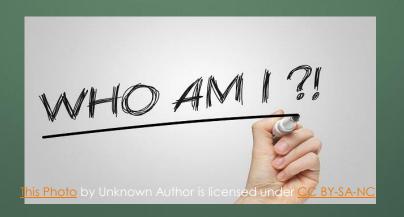
- Confidential Employment Questionnaire
- Employment Eligibility Verification, I-9 Form
- Tax Forms
- Direct Deposit Election/Decline Forms
- Retirement Employment Election/Decline Forms
- Disability Form
- Veteran Form



## 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.)



## 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!!!** 



Last Name (Family Name)

Address (Street Number and Name)

#### **Employment Eligibility Verification**

Department of Homeland Security

USCIS Form I-9 OMB No. 1615-0047 Expires 10/31/2022

ZIP Code

U.S. Citizenship and Immigration Services

► START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronical 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.) Middle Initial Other Last Names Used (if any) Address (Street Number and Name) Apt. Number City or Town ZIP Code U.S. Social Security Number Employee's E-mail Address Date of Birth (mm/dd/yyyy) 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 A noncitizen national of the United States (See instructions) A lawful permanent resident (Alien Registration Number/USCIS Number): 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 2. Form I-94 Admission Number: 3. Foreign Passport Number Country of Issuance: Today's Date (mm/dd/vvvv) 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.) 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)

First Name (Given Name)

City or Town

## 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

#### 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  Documents that Establish  Both Identity and  Employment Authorization   | OR |                                       | Documents that Establish Identity  | ID | Documents that Establish<br>Employment Authorization   |
|---|----|---------------------------------------|--|----|--|
| U.S. Passport or U.S. Passport Card   |    |                                       | Driver's license or ID card issued by a  | 1. | A Social Security Account Number card, unless the card includes one of                                   |
| Permanent Resident Card or Alien<br>Registration Receipt Card (Form I-551)  |    | U                                     | State or outlying possession of the<br>United States provided it contains a<br>photograph or information such as     |    | the following restrictions: (1) NOT VALID FOR EMPLOYMENT   |
| Foreign passport that contains a<br>temporary I-551 stamp or temporary  |    | ٥                                     | name, date of birth, gender, height, eye color, and address  |    | (2) VALID FOR WORK ONLY WITH<br>INS AUTHORIZATION  |
| I-551 printed notation on a machine-<br>readable immigrant visa   |    | و ا                                   | D card issued by federal, state or local<br>government agencies or entities,<br>provided it contains a photograph or |    | (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION   |
| Employment Authorization Document<br>that contains a photograph (Form<br>I-766)   |    | i<br>g                                | nformation such as name, date of birth,<br>gender, height, eye color, and address                                    | 2. | Certification of report of birth issued<br>by the Department of State (Forms<br>DS-1350, FS-545, FS-240) |
| For a nonimmigrant alien authorized   |    | 3. 8                                  | School ID card with a photograph   | 3. | Original or certified copy of birth  |
| to work for a specific employer<br>because of his or her status:  |    | 4. \                                  | /oter's registration card  |    | certificate issued by a State,<br>county, municipal authority, or  |
| Foreign passport; and   |    | 5. U.S. Military card or draft record |  |    | territory of the United States   |
| b. Form I-94 or Form I-94A that has   |    | 6. 1                                  | Military dependent's ID card   |    | bearing an official seal   |
| the following:  |    |                                       | J.S. Coast Guard Merchant Mariner<br>Card  | 4. |  |
| <ol><li>The same name as the passport;<br/>and</li></ol>  |    | <u> </u>                              | Native American tribal document  | 5. | U.S. Citizen ID Card (Form I-197)  |
| (2) An endorsement of the alien's<br>nonimmigrant status as long as<br>that period of endorsement has   |    | 9. [                                  | Driver's license issued by a Canadian government authority   | 6. | Identification Card for Use of<br>Resident Citizen in the United<br>States (Form I-179)                  |
| not yet expired and the<br>proposed employment is not in<br>conflict with any restrictions or<br>limitations identified on the form.                  |    |                                       | r persons under age 18 who are<br>unable to present a document<br>listed above:                                      | 7. | Employment authorization document issued by the<br>Department of Homeland Security                       |
| Passport from the Federated States<br>of Micronesia (FSM) or the Republic   |    | 10.                                   | School record or report card   |    |  |
| of the Marshall Islands (RMI) with  |    | 11.                                   | Clinic, doctor, or hospital record   |    |  |
| Form I-94 or Form I-94A indicating<br>nonimmigrant admission under the<br>Compact of Free Association Between<br>the United States and the FSM or RMI |    | 12.                                   | Day-care or nursery school record  |    |  |
|   |    |                                       |  |    |  |

## 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!

| W-4  | Employee's Withholding Certificate OMB No. 1545-0074   |   |  |  |  |  |  |
|--|--|---|--|--|--|--|--|
| roiii -                                      | Complete Form W-4 so that your employer can withhold the correct fede  | ral income tax from your pa                 | <sup>y.</sup> 20 <b>23</b>   |  |  |  |  |
| Department of the Tr<br>Internal Revenue Ser | natury y   | RS.   | 2020   |  |  |  |  |
| Step 1:                                      | (a) First name and middle initial Last name  | First name and middle initial Last name (b) |  |  |  |  |  |
| Enter<br>Personal                            | Address  | oes your name match the                     |  |  |  |  |  |
| Information                                  |  | e   | ame on your social security<br>ard? If not, to ensure you get                    |  |  |  |  |
|  | City or town, state, and ZIP code  |   | redit for your earnings,<br>contact SSA at 800-772-1213<br>ir go to www.ssa.gov. |  |  |  |  |
|  | (c) Single or Married filing separately  |   |  |  |  |  |  |
|  | Married filing jointly or Qualifying surviving spouse  | of knowled up a home for unum               | and and a supplicion individual t  |  |  |  |  |
|  | Head of household (Check only if you're unmarried and pay more than half the cost  |   |  |  |  |  |  |
|  | 35 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page<br>in from withholding, other details, and privacy.                      | 2 for more information                      | on each step, who can  |  |  |  |  |
| Step 2:<br>Multiple Job                      | Complete this step if you (1) hold more than one job at a time, or also works. The correct amount of withholding depends on income             |   |  |  |  |  |  |
| or Spouse<br>Works                           | Do only one of the following.  |   |  |  |  |  |  |
| WUIKS  | <ul><li>(a) Reserved for future use.</li><li>(b) Use the Multiple Jobs Worksheet on page 3 and enter the res</li></ul>                         | ult in Step 4(c) below: or                  |  |  |  |  |  |
|  | (c) If there are only two jobs total, you may check this box. Do the<br>option is generally more accurate than (b) if pay at the lower p       | e same on Form W-4 for                      | the other job. This  |  |  |  |  |
|  | higher paying job. Otherwise, (b) is more accurate   |   |  |  |  |  |  |
|  | TIP: If you have self-employment income, see page 2.   |   |  |  |  |  |  |
|  | os 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps<br>tte if you complete Steps 3-4(b) on the Form W-4 for the highest paying |   | (Your withholding will   |  |  |  |  |
| Step 3:                                      | If your total income will be \$200,000 or less (\$400,000 or less if m   | arried filing jointly):                     |  |  |  |  |  |
| Claim  | Multiply the number of qualifying children under age 17 by \$2,0   | 000 \$                                      |  |  |  |  |  |
| Dependent<br>and Other                       | Multiply the number of other dependents by \$500   | \$  |  |  |  |  |  |
| Credits                                      | Add the amounts above for qualifying children and other depend   | lents. You may add to                       |  |  |  |  |  |
| Chara 4                                      | this the amount of any other credits. Enter the total here   |   | 3 \$   |  |  |  |  |
| Step 4<br>(optional):                        | (a) Other income (not from jobs). If you want tax withheld<br>expect this year that won't have withholding, enter the amount                   |   |  |  |  |  |  |
| Other  | This may include interest, dividends, and retirement income  |   | 4(a) \$  |  |  |  |  |
| Adjustments                                  | (b) Deductions. If you expect to claim deductions other than the s   |   |  |  |  |  |  |
|  | want to reduce your withholding, use the Deductions Workshe-<br>the result here  | et on page 3 and enter                      | 4(b) \$  |  |  |  |  |
|  | the result have  |   | 4(5)   |  |  |  |  |
|  | (c) Extra withholding. Enter any additional tax you want withheld  | each pay period                             | 4(c) \$  |  |  |  |  |
|  |  |   |  |  |  |  |  |
| Step 5:                                      | Under penalties of perjury, I declare that this certificate, to the best of my knowle  | dge and belief, is true, com                | ect, and complete.   |  |  |  |  |
| Sign<br>Here                                 |  |   |  |  |  |  |  |
|  | Employee's signature (This form is not valid unless you sign it.)  | Date  |  |  |  |  |  |
| Employers<br>Only                            | Employer's name and address  |   | nployer identification<br>mber (EIN)   |  |  |  |  |
|  |  |   |  |  |  |  |  |
| For Privacy Act                              | and Paperwork Reduction Act Notice, see page 3. Cat  | No. 10220Q                                  | Form W-4 (2023)  |  |  |  |  |

## 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)



epartment of Taxation and Finance

#### IT-2104

#### **Employee's Withholding Allowance Certificate**

| 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 Married  |
| City, village, or post office  | State ZIP code   | Married, but withhold at higher single rate  |
| ony, maga, or pour once  | 211 000  | Note: If married but legally separated, mark an X in<br>the Single or Head of household box. |
| Are you a resident of New York City?   |  |  |
| Before making any entries, see the Note below<br>1 Total number of allowances you are claiming for   | w, and if applicable, complete the worksheet                                     |  |
| 2 Total number of allowances for New York Cit  |  |  |
| Use lines 3, 4, and 5 below to have additional   | al withholding per pay period under special                                      | agreement with your employer.  |
| 3 New York State amount  |  |  |
| 4 New York City amount   |  | 4  |
| 5 Yonkers amount   |  | 5  |
| certify that I am entitled to the number of withh  | olding allowances claimed on this certificate.                                   |  |
| Penalty – A penalty of \$500 may be imposed for<br>rom your wages. You may also be subject to cri  |  | s the amount of money you have withheld  |
| Employee's signature   |  | Date   |
| Employee: Give this form to your employer and<br>reeded.   | keep a copy for your records. Remember to re                                     | eview this form once a year and update i   |
| iote: Single taxpayers with one job and zero de<br>lependents, heads of household or taxpayers the<br>instructions. Visit www.tax.ny.gov (search: 11 | hat expect to itemize deductions or claim tax cr                                 |  |
| imployer: Keep this certificate with your rec  | ords.  |  |
| fany of the following apply, mark an <b>X</b> in each co<br>opy of this form to New York State. See <b>Employ</b> e                                  | rresponding box, complete the additional informa                                 |  |
| Employee claimed more than 14 exemption a  | 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                             | y) (see Bax B instructions):   |
|  | ine instead of mailing the form to New York Sta                                  |  |
| Note: Employers must report individuals<br>using the online reporting website above  | s under an <b>independent contractor arrangen</b><br>e, <b>not</b> Form IT-2104. | nent with contracts in excess of \$2,500   |
| Are dependent health insurance benefits a  | vailable for this employee?Yes   | No 🗌   |
| If Yes, enter the date the employee qua  | lifies (mm-dd-yyyy):   |  |
| Employer's name and address (Employer: complete this section of  | only if you are sending a copy of this form to the New York State Tax D          | 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)



Department of Taxation and Finance

IT-2104-E

#### Certificate of Exemption from Withholding

New York State . New York City . Yonkers

This certificate will expire on April 30, 2024.

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 2022; and
- 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).

#### Group B

 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 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 |
|---|-----------------------|-------------------|----------------------------|---------------------|----------------------|
|   |                       |                   |                            | A Single            | B Married            |
| Mailing address (number and street or PO Box)   | Apartm                | ent number        | Date of birth (mmddyyyy)   | C Qualifying sur    |                      |
|   |                       |                   |                            | head of house       |                      |
| City, village, or post office   | State                 |                   | ZIP code                   | qualifying per      | son                  |
|   |                       |                   |                            |                     |                      |
| _   |                       |                   |                            |                     | _                    |
| Are you a full-time student? Yes No   |                       | Are you a militar | ry spouse exempt under the | SCRA? Yes           | No No                |
| 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 certification)   | ate 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 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.)

|                          | DIRECT DEPOSIT FORM FOR NYS EMPLOYEES HETURA COMPLETED TOWN TO YOUR ADDITIONATION (REQUIRED)   | wi area (MAY WINNER)  |
|--------------------------|--|---|
| Complete Section A       | Sample Student Name  (123) 456-7899  Samplestudent@gma   | 1234  |
|                          | 123 Main Street, Delhi, NY 13753   | incom   |
|                          | SECTION B: REQUEST FOR EXEMPTION FROM DIRECT DEPOSIT   |   |
|                          | I feeting request an exemption have the requirement to be past by street depost just can't to State Finance  | Law § 200(40)(00)   |
|                          | EMPLOYEE SIGNATURE EMP   |   |
|                          | SECTION C: BALANCE ACCOUNT INFORMATION (REQUIRED)  |   |
| Complete Section C       | Puriopating in full Overt Deposit requires one batterior account; this secount withercover any excess of fun-<br>are deposition as indicated. The batterior assisted designated will be lead in the deposit order. Alter-pays<br>sental representation of the deposition in the batterior account. If no offset assistants are leaded, the full not just<br>batterior account. The employee's notion impait appear on the account. A socied check or written incollection<br>showing the account number, studing number, and name(x) on the account must accompany this form for it  | roll amounts, such as have<br>ay sell be deposited into the |
| ACC. #1-17/11-2/4/11-2/5 | BALANCE ACCOUNT (BEGGINED) ACTION New Charge Assout   Add/Over   | ger John Ausson Hukber                                      |
|                          | THE Micheans   Disease ACCOUNT # 000123456789 ROUTING # 04   | 4072324   |
|                          | PRIMICIAL INSTRUCTION Sample Bank Name DESTRIBUTION OF   | Excess  |
|                          | SECTION D: ADDITIONAL ACCOUNT INFORMATION (OPTIONAL)   | -   |
|                          | Up to deven fixed amount or percentage deposits may be processed in addition to the fasterus associated interest some majorar on the sententially. For more than for accounts, effect on additional AC 377 revitation from the framest institution pleasing the account market, making number, and number), or the test from the sech account fields.  | 72.15 youlot-sheek or written                               |
|                          | DEPOSE GROEF ACTION AM COmprehension Associated Associated Associated Associated Associated Associated Associated Associated Actions and Associated Associ | Helder Consw  |
|                          | TYPE Desiry Damps ACCOUNTS ROUTINGS  |   |
|                          | PRIMICAL INSTITUTION DISTRIBUTION (  |   |
|                          | TYPE   Chambra   SCOCIAT # BOUTERC   BOUTERC   TYPE   Chambra   SCOCIAT # BOUTERC #  | Histor Concer   |

FRANCIAL INSTITUTION

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DEPOSIT ORDER4 ACTION

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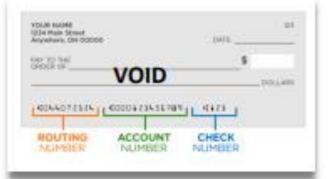
ROUTING#

**PICUTING #** 

Add Change Distriction Add/Change Joint Arcsum Habber Chance

MASS | Change Distriction | NAS/Change Jant Assount Hables | Cancer

DEPUTED DROWN ACTION AND COMPUTED CONTRACTOR AND ACTION ACTION ACTION ACTIONS AND ACTION ACTI



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 MORROWSHIPMENT PARROLL OR PERSONNEL OFFICE.

AC 2713 (MIN) TROODER

#### SECTION E: DIRECT DEPOSIT STATEMENT OPTIONS (OPTIONAL)

Go Paperess - I do not wint a printed copy of my Direct Deposit pay stull sent to me. I understand that I will net receive a printed copy of my Direct Deposit pay stub. It understand that I can new and print my electronic pay stubs as seel as strange

my Direct Deposit assenser opsor with MYS-Paying Crime (MYSPC); https://psuning.co.my.ptu/

#### SECTION F: AUTHORIZATION (REQUIRED)

The just account holder for accounts losted in Sections 8 and C. If any must sign on the corresponding limit to enalisability at account or otherges in account holdertar. By signing this form, the employee and any lost account holder along the State, forcing the Sharingsia institution, to debit the account in order to recover any salary to which the employee was not extitled at that was deposited to the account in error. This mesons of recovery shall not prevent the State from utilizing any other lauful mesons to retrinor solary payments to adopt the employee is not writted.

| BALANCE ACCOUNT JOINT ACCOUNT HOLDER | from account holder asquestion 11/01/202 |
|--------------------------------------|--|
| DEPOSIT ORDER-1 JOINT ACCOUNT HOLDER | DATE                                     |
| DEPOSIT ORDER-2 JOINT ACCOUNT HOLDER | DATE                                     |
| REPORT ORDER JUGAT ACCOUNT HOUSE     | DATE                                     |
| DEPOSIT ORDER 4 JONET ACCOUNT HOUSER | DATE                                     |
| REQUEST ORDER & JOAN ACCOUNT HOUSE   | takte                                    |

I contrib that I need and understand the instructions to this form, including the authorization for recovery, In signing this form, I authorize my NYS sating payment to be sent to the stranguistic financial multiulouts) to be deposited into the specified account(s), and all non-payrist arounds due to the sent to the designated financial notifiation to be deposited this the losterior economic designates. I understand that this form augmented any previous effections I have made, and that changes may take up to him populat periods to

DATE 01/01/2023

The agreement represented by the automorphics will remain in effect until conceils to the employee, the francial institution, or the State agency. Engineers should mandain accounts carceled and replaced by new accounts until the new bareaution is complete. If associated accounts are not beingurantly maintained with the new account receives the employee's direct depost framaction, empropees may superiorce is delay in payments. The financial institution may careal the agreement by providing the employee and the State agency with a unition relian 30 days in advance of the canonitative date. The frozzolal restitutor cannot cannot fine authorization settings. nulfication to both the employee and the State agency. The State agency may cancer an employee's direct deposits when internal control policies recall be comprovised by this lives of salary payment.

#### NEW YORK STATE PERSONAL PRIVACY LAW NOTIFICATION.

The New York State Office of the State Comptroller Bureau of State Played Services requests parametrial information on this form to sperate tiln New York Blate Drend Depositifizations Funds Transfer Program. Tils information is beleg requestral jursused in Diate Finance Law \$200(4) and Flat 162 of Title 2 of the New York Codes, Rules and Regulations. The Information will be provided to the designated financial inelliation(s); and in then appropriate for the purposes of processing payments, and for other officer business of the Office of the State Compitation. No further decisions of this information will be made whose such disclosure is authorized or required to law. An employed's fedure to provide the requested information may steay or prevent the record of payments through the Direct Deposit Electronic Punts Yuander Program. The information provided will be countained in the State Paymill System under the direction. of the Sureau of State Payof 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 PAIRFOLL OR PERSONN   | L OFFICE AC 2772 (REV 12/2022)  |  |  |  |  |  |
|---|---|--|--|--|--|--|
| SECTION A: EMPLOYEE INFORMATION (REQUIRED)  NAME LAST, PRIST, MI)  Sample Student Name  N  (12.3) 456-7899  NORK EMAIL Samplestud   | 1234<br>lent@gmail.com  |  |  |  |  |  |
| 123 Main Street, Delhi, NY 13753  SECTION B: REQUEST FOR EXEMPTION FROM DIRECT DE I hereby request an exemption from the requirement to be paid by direct deposit pursu   |   |  |  |  |  |  |
| EMPLOYEE BIONATURE 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 truvel reimbursoments, will be deposited in the balance account. If no other accounts are total, the full not pay will be deposited into the balance account rule engineers name resust appear on the account accounts or written verification from the financial involutions showing the account number, routing number, and name(s) on the account must accompany this form for the balance account.  **REMANDED SOCIETY OF THE COUNTY OF THE Chance Account |   |  |  |  |  |  |
| TYPE Checking Savings ACCOUNT #   | ROUTING #   |  |  |  |  |  |
| FINANCIAL INSTITUTION   | DISTRIBUTION III Excess   |  |  |  |  |  |
| SECTION D: ADDITIONAL ACCOUNT INFORMATION (OPTIC<br>Up to seven fixed amount or percentage deposits may be processed in addition t<br>employer's name must appear on the account(s). (For more than five accounts, attach<br>verification from the financial institution showing the account number, routing number<br>this form for each account listed.   | o the balance account listed in Section B. The<br>an additional AC 2772.) A voided check or written   |  |  |  |  |  |
|   | nange Joint Account Holder Cancel   |  |  |  |  |  |
| TYPE Checking Savings ACCOUNT#  | ROUTING #   |  |  |  |  |  |
| FINANCIAL INSTITUTION   | DISTRIBUTION S or%  |  |  |  |  |  |
| DEPOSIT ORDER-2 ACTION Add Change Distribution AddiC  |   |  |  |  |  |  |
|   | hange Joint Account Holder Cancel   |  |  |  |  |  |
| TYPE Checking Starings ACCOUNT #  | nange Joint Account Holder  |  |  |  |  |  |
| TYPE Checking Savings ACCOUNT 8 FINANCIAL INSTITUTION   |   |  |  |  |  |  |
| FINANCIAL INSTITUTION   | ROUTING #   |  |  |  |  |  |
| FINANCIAL INSTITUTION   | ROUTING # DISTRIBUTION S %  |  |  |  |  |  |
| FINANCIAL INSTITUTION  DEPOSIT ORDER-3 ACTION Add Change Distribution AddiC   | ROUTING #  DISTRIBUTION S or %  large Joint Account Hidder Cancel   |  |  |  |  |  |
| FINANCIAL INSTITUTION  DEPOSIT ORDER-3 ACTION Add Change Distribution AddiC  TYPE Checking Savings ACCOUNT #  FINANCIAL INSTITUTION   | ROUTING #  DISTRIBUTION S or%  sample Joint Account Holder  |  |  |  |  |  |
| FINANCIAL INSTITUTION  DEPOSIT ORDER-3 ACTION Add Change Distribution AddiC  TYPE Checking Savings ACCOUNT #  FINANCIAL INSTITUTION   | ROUTING #  DISTRIBUTION S or 5  ange Joint Account Holder Cancel  ROUTING #  DISTRIBUTION S or 5  |  |  |  |  |  |
| FINANCIAL INSTITUTION  DEPOSIT ORDER-3 ACTION Add Change Distribution AddiC  TYPE Checking Savings ACCOUNT #  FINANCIAL INSTITUTION  DEPOSIT ORDER-4 ACTION Add Change Distribution AddiC   | ROUTING #  DISTRIBUTION \$Or%  sample Joint Account Holder   Cancel  ROUTING #  DISTRIBUTION \$Or%  sample Joint Account Holder   Cancel                  |  |  |  |  |  |
| FINANCIAL INSTITUTION  DEPOSIT ORDER-S ACTION Add Change Distribution AddiC  TYPE Checking Savings ACCOUNT #  FINANCIAL INSTITUTION  DEPOSIT ORDER-4 ACTION Add Change Distribution AddiC  TYPE Checking Savings ACCOUNT #  FINANCIAL INSTITUTION   | ROUTING #  DISTRIBUTION SOr%  tange Joint Account HolderCancel  ROUTING #  DISTRIBUTION S or%  tange Joint Account HolderCancel  ROUTING #                |  |  |  |  |  |
| FINANCIAL INSTITUTION  DEPOSIT ORDER-S ACTION Add Change Distribution AddiC  TYPE Checking Savings ACCOUNT #  FINANCIAL INSTITUTION  DEPOSIT ORDER-4 ACTION Add Change Distribution AddiC  TYPE Checking Savings ACCOUNT #  FINANCIAL INSTITUTION   | ROUTING #  DISTRIBUTION SO%  Image Joint Account HolderCancel  ROUTING #  DISTRIBUTION SO%  Image Joint Account HolderCancel  ROUTING #  DISTRIBUTION SO% |  |  |  |  |  |

## 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.

- o ERS Membership Registration Form: Click <u>HERE</u>
- o ERS Beneficiary Form (A beneficiary is someone who is entitled to receive monies or other benefits in the event of your death): Click HERE
- o 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.
- o These forms can also be found on the HR Website: <u>Human Resources Forms (delhi.edu)</u>
- O You can access any of your retirement information online: Click <u>HERE</u>



## State University of New York Retirement Program Election continued..

your estate as primary beneficiary, you may not name any contingent

·This form is for designating beneficiaries to receive your ordinary

death or post retirement death benefit. You may not designate

entitled to receive accidental death benefits are mandated by statute.

beneficiaries to receive accidental death benefits. The beneficiaries

| lew York State and L<br>10 State Street, Alban   | SL<br>ocal Retiren   |  |                               | Re  | eceived        | Date   |  | Er                                     | nploy<br>N  | ees'<br>lemb   |  |   | egis             | stra<br>RS 8   |             |
|--|--|--|-------------------------------|---|----------------|--|--|--|---|--|--|---|------------------|--|-------------|
| ax Number: (518  | 486-438  | 2  |                               |   |                |  |  | Plan                                   | Tier  | Rate   | Date   | of Membe  | rship (          | mm/ddi   | YYYY)       |
| or questions con<br>proliment call: (!   |  |  |                               |   |                |  |  |  |   |  | $ldsymbol{le}}}}}}}}$ | $\perp$   |                  | Щ  |             |
| YSLRS ID   |  |  |                               | Social S  | Security       | Number *   |  |  |   |  | Registra   | tion Num  | ber              |  |             |
|  | JLJL   |  |                               |   |                |  | Ш  |  |   |  |  |   |                  |  |             |
| art 1: Employe   | e – Read   | informati  | ion pro                       | wided on page   | 2. Com         | plete part 1   | and si   | gn at the                              | bottom  | of the for   | m.   |   |                  |  |             |
| Employee's Las   | t Name:  |  |                               |   |                | First Nan  | ne:  |  |   |  |  |   | Aiddle           | Initial:   |             |
| Employee's Ado   | iress:   |  | -                             |   | Apt            | City   |  |  |   |  | Si   | ate Z   | ip Cod           | le   |             |
|  |  |  |                               |   |                |  |  |  |   |  |  |   |                  |  |             |
| ormer Name: (  | if applicabl   | e)   |                               |   |                |  | Date of  | Birth (n                               | nm/dd/yyy   | y)   |  |   | Sex              |  |             |
|  |  |  |                               |   |                |  |  |  |   |  |  | Male  | Fe               | male [   | ×           |
| If yes, please<br>NYS Teachers',<br>'eachers', NYC   | indicate na<br>, NYS Em<br>Employee  | ame of sy<br>ployees',<br>is')                                   | stem:<br>, NYS                | Police and Fi   | re, NYC        | Police Pen   | sion Fi  | and, NY                                | C Fire Pe   |  |  |   |                  | Yes  | No<br>, NYC |
| Employer's Nam   | _  | r page 2   | . IOI ac                      | uditional line  | rmatio         | ii and iiisc   | ruction  | is rega                                | ruing th  | Compi  |  | ver's Tele  |                  | :  |             |
| Employer's Add   | lress:   |  |                               |   |                |  |  |  |   |  | Employ   | ver's Fax   | Numb             | er:  |             |
|  |  |  | $\overline{}$                 |   |                |  |  |  |   |  |  |   |                  |  | $\neg$      |
| Job  | Code [1]   |  |                               |   | En             | nployee Cla  | assifica   | tion                                   |   |  | □ Pag  | udae P21  |                  | Coll To  |             |
| Job  | Code [1]   |  |                               | 12 Month  | _              | fonth 1  | 12 M Pr  | visional                               | On  | Call   | Reg  |   |                  | Full Ti  |             |
| Job<br>Hire Date [   |  |  | ull-Tin                       | Seasonal  | 10 N           | fonth 1  | 12 M Pro<br>Per Die  | visional                               | Standa  | Call   | ☐ Tem  | porary<br>State Age   | ency U           | Part Ti  | me          |
| Hire Date [:   |  |  | ull-Tin                       | Seasonal<br>ne Permanent<br>nent [3b]   | 10 N           | titute   | 12 M Pro<br>Per Die  | visional                               |   | Call   | ☐ Tem  | porary<br>State Age   |                  | Part Ti  | me          |
| Hire Date (  | 3a]  | Ар   | ull-Tin<br>pointm             | Seasonal<br>ne Permanent<br>nent [3b]   | 10 N Subs      | titute   | 12 M Pro<br>Per Die<br>Code                                      | ovisional<br>m                         | Standa<br>Workda  | call<br>ard<br>y [4]   | For S  | State Age<br>Agen   | ency U           | Part Ti<br>se Onli   | me<br>y –   |
| Hire Date [:   | 3aj<br>Year  | Ар   | ull-Tin<br>pointm             | Seasonal<br>ne Permanent<br>nent [3b]   | 10 N Subs      | fonth 1<br>titute 1<br>Location C  | 12 M Pro<br>Per Die<br>Code                                      | ovisional<br>m                         | Standa<br>Workda  | call<br>ard<br>y [4]   | For S  | State Age<br>Agen   | ency U           | Part Ti<br>se Onli   | me<br>y =   |
| Hire Date [: fonth Day   | 3a]<br>Year  | Ap<br>Month  | Pull-Tin<br>pointm<br>Day     | Seasonal<br>ne Permanent<br>nent [3b]   | Subs           | Location C   | Per Die<br>Code<br>season<br>e day th                            | al, on ca                              | Standa<br>Workda<br>all or per eation is b  | call<br>ard<br>y [4]<br>diem emp<br>eing sub                   | For S  | Agen  | ency U<br>cy Coo | Part Ti<br>se Onli   | me<br>y =   |
| Hire Date (:  ### Day  ### Day  ### Pay  ### Pay | 3a]<br>Year<br>ayment  | Month  Semi  | - Month                       | Seasonal ne Permanent nent [3b] Year  | For a : is wor | Location C substitute, substit | 12 M Pro<br>Per Die<br>Code<br>season<br>o day th                | al, on cae applica                     | Standa<br>Workda<br>all or per cation is b  | ard y [4] diem empeing sub                                     | For 3  | State Age Agen Dlease ch Yes e Specify  | neck if          | Part Ti<br>se Onli<br>se<br>he/she                                   | me<br>y =   |
| Hire Date [  | Year  Year  Weekly allized Wa  employmational, you                                     | App Month  Semi- ge [5]  ent is on u must so bership in I am ent | - Month Tier 6 an ho for exit | Seasonal ne Permanent nent [3b] Year  Monthly ir requires empl urly, daily, or u amples.  I-time, tempor d date below t ew York state | To N Subs      | Location C  Locati | Per Dier<br>Code<br>Season<br>o day the<br>emi- Annue<br>ask thi | al, on cae applicate alized Wat you us | Standa<br>Workda<br>Ill or per e<br>ation is b<br>Annually<br>(age for in<br>e this calc<br>east 12 me<br>ership. | Call and y [4] diem empeling sub- Cothe dividuals sulation for | For 3  ployee, pmitted.  er- Please who work or all other ear, mer   | State Agen Agen Please ch Yes Specify k part-timer tiers as                                       | ne, seas well. S | Part Ti<br>se Onli<br>se<br>he/she<br>sonal, c<br>see pag<br>tional. | they        |
| Hire Date [: fonth Day  Frequency of Pa Weekly Bi Projected Annu portant: If your imbership is op cknowledge that call Security La   | year  Year  -Weekly allized Wa  employment tonal, you t my mem w and that etirement of | App Month  Semi- ge [5]  ent is on u must so bership in I am ent | - Month Tier 6 an ho for exit | Seasonal ne Permanent nent [3b] Year  Monthly ir requires empl urly, daily, or u amples.  I-time, tempor d date below t ew York state | To N Subs      | Location C  Locati | Per Dier<br>Code<br>Season<br>o day the<br>emi- Annue<br>ask thi | al, on cae applicate alized Wat you us | Standa<br>Workda<br>Ill or per e<br>ation is b<br>Annually<br>(age for in<br>e this calc<br>east 12 me<br>ership. | Call and y [4] diem empleing subi                              | For 3  ployee, pmitted.  er- Please who work or all other ear, mer   | State Agen Agen  Dlease of Yes  E Specify  k part-timer tiers as  mbership icle 15 of ill be mail | ne, seas well. S | Part Ti<br>se Onli<br>se<br>he/she<br>sonal, c<br>see pag<br>tional. | they        |

| Office of the New York State Comptroller Received D.  | Designation of Beneficiary with Contingent Beneficiaries   |                                |   | the State of New York:                |  |
|---|--|--------------------------------|---|---------------------------------------|--|
| New York State and Local Retirement System<br>110 State Street, Albarry, New York 12244-0001  |  | death benefit payable on my    | neficiary(ies). I hereby name the folion<br>behalf. If I have named more than one<br>nefit payable. I reserve the right to char | e beneficiary, it is my intention tha |  |
| Please type or print clearly<br>in blue or black ink  | RS 5127  | Name                           |   | Name                                  |  |
| NYSLRS ID Social Security No  | imber [last 4 digits] Retirement System [check one]  | Address                        |   | Address                               |  |
| TOTAL XXX-XX-   | Employees' Retirement System (ERS) Police and Fire' Retirement System (PFRS)   |                                |   |                                       |  |
|   | Total and the realization of state (Trito)   |                                | Birth Date  |                                       | Birth Date                             |
|   | , NOTARIZED AND FILED WITH THE   | Phone Number                   |   | Phone Number                          |  |
| RETIREMENT SYSTEM PRIOR   | TO YOUR DEATH TO BE EFFECTIVE.   | Name                           |   | Name                                  |  |
| Member / Pensioner Information  |  | Address                        |   | Address                               |  |
|   |  |                                |   |                                       |  |
| Name:   | Former Name: (if applicable)   | Relationship                   | Birth Date  | Relationship                          | Birth Date                             |
|   |  | Phone Number                   |   | Phone Number                          |  |
| Home Address:   |  | Designation of Contingent      | Beneficiary(ies). If all of the designate   | ated primary beneficiaries die bef    | ore I do, any ordinary death or post   |
|   |  |                                | able on my behalf shall be paid to the f<br>of my death should share equally any  |                                       |  |
| City, State, Zip Code:  |  | should be paid to my estate    | or any other beneficiary I name thereat   | fter. I reserve the right to change t | this designation at any time.          |
| City, State, 21p code.  |  | Name                           |   | Name                                  |  |
|   |  | Address                        |   | Address                               |  |
| Phone Number:   | Email Address:   |                                |   |                                       |  |
|   |  |                                | Birth Date  |                                       | Birth Date                             |
| Employed by:  | Employer Address:  | Phone Number                   |   | Phone Number                          |  |
| IMPORTANT INFORMA   | TION REGARDING THIS FORM   | Name                           |   | Name                                  |  |
| *If you find this form is not suited to the type of designation you prefe   |  |                                |   |                                       |  |
| please advise the Retirement System. In the meantime, for you protection and the protection of your beneficiary(ies), you should be protected to the protection of your beneficiary(ies), you should be protected to the protection of your beneficiary(ies). |  |                                |   |                                       |  |
| make an interim designation using this form. If you wish to designal  | Have the form notarized, making sure the notary has  |                                | Birth Date  |                                       | Birth Date                             |
| more beneficiaries than this form allows or to designate a Trus<br>Guardian-ship or payment under the Uniform Transfers to Minors A   |  | Phone Number                   |   | Phone Number                          |  |
| please contact the Retirement System for the appropriate form.  | New York State and Local Retirement System   |                                | This form must be signed, date  | ed and notarized in order to          | be valid.                              |
| <ul> <li>Attachments to your beneficiary form are unacceptable.</li> </ul>  | 110 State Street<br>Albany, NY 12244-0001  | L certify that the information | on my application is true and comple  | ete to the best of my knowledge       | I further certify that I am aware that |
| •New beneficiary forms filed will supersede any previous designation  |  | any false statement I know     | ingly make or permit to be made or  |                                       |  |
| Therefore, if you want to add or delete a beneficiary, for example<br>new child, you must include on the new form all beneficiaries yo  | In accordance with the Personal Privacy Law you are hereby advised   | punishable by potential incor  | O NOT S   | TONT                                  |  |
| wish to designate.  | Retirement System is required to maintain records. The records are   | Member / Pensioner             | U NUI S   | Date                                  | ė                                      |
| •The same person or persons cannot be designated as both primar   | necessary to determine eligibility for and to calculate benefits. Failure<br>to provide in-formation may result in the failure to pay benefits the way | ACKNOWLEDGEMEN                 | I TO BE COMPLETED BY A N  | NUTAKT PUBLIC                         |  |
| and contingent beneficiaries. We can make payment to a continger  | t you prefer. The System may provide certain information to  | 01-1                           | 0   | On the                                |  |
| beneficiary(ies) only if all primary beneficiary(ies) die before you do.  | participating employers. The official responsible for maintaining these<br>records is the Director of Member & Employer Services, New York             | State of                       | County of   | On the day o                          | of in the                              |
| <ul> <li>If you wish to have these benefits distributed through your estate, you should name "my estate" as beneficiary. Your estate can be name</li> </ul>   | u State and Local Retirement Systems, Albany, NY 12244. For  | year before r                  | me, the undersigned, personally   | y appeared                            |  |
| as either primary or contingent beneficiary. However, if you name   |  | personally known to me         | e or proved to me on the basi   | s of satisfactory evidence            | to be the individual(s) whose          |

SOCIAL SECURITY DISCLOSURE REQUIREMENT

records and in the administration of the Retirement System

In accordance with the Federal Privacy Act of 1974, you are hereby

advised that disclosure of the Social Security Account Number is man-

datory pursuant to sections 11, 31, 34 and 334 of the Retirement and Social Security Law. The number will be used in identifying retirement

NOTARY PUBLIC (Please sign and affix stamp)

name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the

same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or

the person upon behalf of which the individual(s) acted, executed the instrument.

RS 5127 (Rev. 11/22)

(Page 2 of 2)

## 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

Name:

Employee ID:

(If applicable)

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

Date:

#### 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 <a href="https://www.dol.gov/ofccp">www.dol.gov/ofccp</a>.

#### 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

#### 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.

#### 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 DATE SEPARATED FROM MILITARY SERVICE:

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

[ ]I am NOT a protected veteran.

[] ARMED FORCES SERVICE MEDAL VETERAN

I AM APPLYING FOR A POSITION

Title of position:

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.

| the Ameri | cans with Disabilities Act, may be informed. |                               |
|-----------|--|-------------------------------|
| Your Na   | me (Print legibly)                           | Today's Date (Month/Day/Year) |
| SUNY I    | DENTIFIERS:                                  |                               |
|           | I AM A CURRENT EMPLOYEE                      |                               |
|           | 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.



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/studentpayroll-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.



gettingpaid 2013.pdf (state.ny.us)

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.

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