



Welcome to SUNY Morrisville! Congratulations on your upcoming employment to the student payroll. Please complete as much of the packet as possible and we will assist you with any questions you might have when you return your packet to the Payroll Office.

**WE CANNOT PROCESS PAYMENT AND STUDENTS CANNOT BEGIN WORKING UNTIL THIS PACKET OF PAPERWORK IS COMPLETED AND RETURNED TO THE PAYROLL OFFICE.**

**New Hire Checklist** – Please prepare this form with your Name, Employment Position and Morrisville ID #. Once you turn in all your paperwork to payroll, someone in HR will check off all the required documents as they review your completed forms to make sure you have provided all required documents.

**I-9 List of Acceptable Documents-** As a new hire, you are required to present proof of identification and US Citizenship. You must provide one or more of the documents highlighted on this form and bring to the HR office at your time of scheduled appointment. Most commonly, students will bring in a valid US Passport **or** a Driver's License and Social Security card **or** Driver's License and Birth Certificate.

**\*All must be original, unexpired documents. We cannot accept copies, no exceptions.**

**Personal Information form-** Please complete this form to its fullest. Students must use their legal name as well as their legal address on all forms. Campus addresses will not be accepted.

**Equal Employment Opportunity Self-Identification Applicant Survey** – These forms are voluntary.

**Form W-4** – Federal Tax Form – Please complete all areas on page 1 of the W-4 form. (If you have any questions regarding how to complete your W-4, please consult with your tax advisor. We cannot provide any tax recommendations.)

**Form IT-2104** – New York State Tax Form – Please complete all areas on page 1 of the IT-2104 form. (If you have any questions regarding how to complete your IT-2104, please consult with your tax advisor. We cannot provide any tax recommendations.)

**Direct Deposit form** – We highly recommend signing up for direct deposit. All paychecks are mailed directly from Albany, NY to your **legal home address** listed on your paperwork. Along with this direct deposit form, will also need you to provide us with a Direct Deposit Authorization form, Bank Verification form **or** a voided check. Please contact your bank in order to receive the correct form for your account. Once we have received one of these forms of verification, we will be able to activate your account for you. If you do not provide us with proper verification, your paychecks will be mailed to the address listed on your paperwork.

**Employee's Retirement Selection Form** – Employee's Retirement is optional; however, we must have you check if you would like to sign up for Retirement System or not. You must only complete the Employees Retirement System Membership Registration form (RS 5420) if you choose to sign up for New York State Local Retirement System.

**All forms must be brought with you to your HR Orientation session, along with your completed agreement form and proper identification documents listed below to complete the required I-9 form.**



# SUNY MORRISVILLE

## SUNY Morrisville New Hire Student Checklist Federal Work Study / Student Temp Service

Employee Name: \_\_\_\_\_

Position: \_\_\_\_\_

Student Morrisville ID#: \_\_\_\_\_

Start Date: \_\_\_\_\_ First Paycheck Date: \_\_\_\_\_

### **REQUIRED PAYROLL INFORMATION:**

\_\_\_\_\_ Agreement Form

\_\_\_\_\_ Employment Eligibility Verification – Form I-9 (Includes copies of required documentation)

\_\_\_\_\_ Student Post Employment Information Form

\_\_\_\_\_ Federal Tax Form – W-4

\_\_\_\_\_ New York State Tax Form – IT-2104

\_\_\_\_\_ Employee's Retirement System Form

\_\_\_\_\_ Confidentiality and Security Compliance Agreement

### **OPTIONAL PAYROLL INFORMATION:**

\_\_\_\_\_ Direct Deposit Form for NYS Employees

\_\_\_\_\_ New York State Employee's Retirement Application Form

\_\_\_\_\_ Equal Employment Opportunity Self-Identification Applicant Survey

### **Pay Schedule:**

\_\_\_\_\_ Received

\_\_\_\_\_ Not Received

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

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

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

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
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:                             <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                                     <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:                             <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security                             <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b>, document, not a List C document.</p> </li> </ol>
<p><b>Acceptable Receipts</b></p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



# Employment Eligibility Verification

## Department of Homeland Security

### U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No.1615-0047  
Expires 07/31/2026

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**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 (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number
<p><b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b></p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<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 (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2.</b> and <b>3.</b> above) authorized to work until (exp. date, if any)						
If you check <b>Item Number 4.</b> , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

**If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.**

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p><b>Additional Information</b></p>    <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

<p><b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.</p>		First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative
		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code

**For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.**

# SUNY MORRISVILLE

— EST. 1908 —

## PERSONAL INFORMATION FORM

Please complete the following and return it to the Payroll Office. This information is required for centralized personnel records. If you have any questions regarding completion of this form, please feel free to contact us at 315-684-6038 or [humanresources@morrisville.edu](mailto:humanresources@morrisville.edu)

**Name:** (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

**Chosen Name (if applicable):** \_\_\_\_\_  
*SUNY Morrisville recognizes the needs of students and employees who wish to be identified by a first name that differs from their legal name. Your chosen name is how your name is displayed for internal communication and certain external communications.*

**Social Security Number:** \_\_\_\_\_ **Morrisville Campus ID Number:** \_\_\_\_\_

**Mailing Address:** (Street) \_\_\_\_\_ Apt # \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Birth date:** (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

**Birthplace:** (State) \_\_\_\_\_ (City) \_\_\_\_\_ (Country) \_\_\_\_\_

**Sex:**  Male  Female **Gender Identity:**  Male  Female  X

**Citizenship:**  I am a United States Citizen  I am NOT a United States Citizen (Visa) \_\_\_\_\_

**Ethnicity (Check ONLY one):**  Not Hispanic or Latino  Hispanic or Latino

**Education: (Highest level of education completed):**  High School Graduate or GED  High School, some additional training  
 Associates Degree  Bachelor's Degree  Master's Degree  Doctoral Degree  
 Professional Degree  Some Graduate Work  Technical School  Less Than High School

**If you're Highest Education Level is a College Degree, please complete requirements below and send transcript to Human Resources.**

(1) (Degree Type) \_\_\_\_\_ (Degree Program) \_\_\_\_\_

(Degree Award Date) \_\_\_\_\_ (University Name) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_

**Are you currently enrolled in college:** Yes No **Degree in Progress:** \_\_\_\_\_

(State) \_\_\_\_\_ (City) \_\_\_\_\_ (College) \_\_\_\_\_

(Major) \_\_\_\_\_

### Emergency Contacts:

(1) (First) \_\_\_\_\_ (Last) \_\_\_\_\_ (Relationship) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

(2) (First) \_\_\_\_\_ (Last) \_\_\_\_\_ (Relationship) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Prior New York State and SUNY Service:

**Have you ever worked FOR New York State:**  Yes  No If yes, dates: \_\_\_\_\_

**Have you ever worked FOR SUNY:**  Yes  No If yes, dates: \_\_\_\_\_

# Equal Employment Opportunity Self-Identification Applicant Survey

Applicant Name: \_\_\_\_\_

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

Position Applied For: \_\_\_\_\_

## Survey of Sex, Ethnic Group and Race

Our organization is an equal opportunity employer and government contractor. It has been and shall continue to be both the official policy and the commitment of the Company, including all its divisions to further equal employment opportunities in hiring or employment. Our organization is committed to the employment and advancement of minorities, females, individuals with disabilities, and veterans. No question on this form is intended to secure information to be used for such discrimination. If you fall into one of these protected classifications, we invite you to identify to yourself and receive coverage under our company's Affirmative Action Plan.

Completion of this form is voluntary and in no way affects the decision regarding your employment opportunity. Our organization is required by federal regulations to report information as requested below. The information provided will be held in the strictest confidence, will be maintained in a separate file, and will not be used in a manner inconsistent with the Acts. You may inform us of your status related to the following data or your change in status at this time and/or any time in the future.

**Select the categories that apply. Definitions below.**

Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Gender Identity:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> X
Ethnic Group:	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino	
Race: (select all that apply)	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White	
	<input type="checkbox"/> American Indian or Alaska Native		

### Definitions – Race / Ethnic Groups

**Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

## **Applicant Survey**

### **Survey of Protected Veteran Status**

This employer is a government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended (Section 4212), which requires government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. Our affirmative action policy prohibits discrimination and requires us to take affirmative action to employ and advance in employment qualified protected veterans at all levels of employment. The below invitation is made pursuant to this policy.

Disclosure of this information is voluntary and refusing to provide it will not subject you to any adverse treatment. The information will be used only in ways that are consistent with Section 4212. 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.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service ("VETS"), toll-free, at 1-866-4-USA-DOL.

#### **INVITATION TO SELF-IDENTIFY**

#### **PLEASE ANSWER THE FOLLOWING QUESTIONS**

Do you identify as one (or more) of the following protected veteran categories? Categories and definitions below.  
*Please check the appropriate box below this section. NOTE: You do not have to indicate which specific category applies.*

**Disabled Veteran:** (i) a veteran of the U.S. military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veteran Affairs; or (ii) a person who was discharged or released from active duty because of a service-connected disability.

**Recently Separated Veteran:** any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

**Armed Forces Service Medal Veteran:** a veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces medal was awarded pursuant to Executive Order 12985.

**Active Duty Wartime or Campaign Badge Veteran:** a veteran who served on active duty in the U.S. military, ground, naval, or air service either during a "period of war" as defined below or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

"Period of war" is defined for these purposes by the Department of Labor as:

- June 27, 1950 to January 31, 1955 (Korean conflict)
- February 28, 1961 to May 7, 1975 (for veterans serving in the Republic of Vietnam)
- August 5, 1964 to May 7, 1975 (for all other veterans who served during the Vietnam conflict)
- August 2, 1990 to the present (Gulf War)

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

- I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE.
- I AM NOT A PROTECTED VETERAN.
- I DECLINE TO ANSWER.

Applicant Name: \_\_\_\_\_

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

## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

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

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

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

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

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

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

### 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: \_\_\_\_\_

## MEMORANDUM

TO: All Employees  
FROM: Payroll Office  
RE: Additional Tax Form Information  
DATE: March 2021

When filling out your tax forms, please note the following:

### **Federal Tax form W-4**

Effective in 2020 a new W-4 was put in place and less taxes are being taken as a result of the Tax Cuts and Jobs Act. Please be sure to read through all steps and complete the worksheet if needed. Employees should seek financial advice from their tax preparer or other financial advisor to determine what steps need to be taken to ensure enough taxes are being withheld.

### **New York State IT-2104**

Please read through the form carefully and complete attached worksheet if needed.

For the question: Are you a resident of New York City –  
The 5 counties designated to be within the City of New York are:

Bronx County (Bronx)

Kings County (Brooklyn)

New York County (Manhattan)

Queens County (Queens)

Richmond County (Staten Island)

If your permanent address is within one of these counties, you must answer yes to this question.

If you are not a resident of the State of New York, please see the Payroll Officer.

# Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

### Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately		
<input type="checkbox"/> Married filing jointly or Qualifying surviving spouse		
<input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

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

### Step 2: Multiple Jobs or Spouse Works

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

Do **only one** of the following.

- (a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

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

### Step 3: Claim Dependent and Other Credits

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000	\$ _____
Multiply the number of other dependents by \$500	\$ _____

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here

**3** \$ \_\_\_\_\_

### Step 4 (optional): Other Adjustments

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income

**4(a)** \$ \_\_\_\_\_

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here

**4(b)** \$ \_\_\_\_\_

(c) **Extra withholding.** Enter any additional tax you want withheld each pay period

**4(c)** \$ \_\_\_\_\_

### Step 5: Sign Here

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

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

\_\_\_\_\_  
Date

### Employers Only

Employer's name and address

First date of  
employment

Employer identification  
number (EIN)



Department of Taxation and Finance

# Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

# IT-2104

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

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

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

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

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

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

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

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

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

Employee's signature	Date
----------------------	------

**Employee:** Give this form to your employer and keep a copy for your records. Remember to review this form once a year and update it if needed.

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

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

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

A Employee claimed more than 14 exemption allowances for New York State ..... A   
B Employee is a new hire or a rehire ... B  First date employee performed services for pay (mm-dd-yyyy) (see Box B instructions):

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

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

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

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

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

Scan here



<https://www.tax.ny.gov/r/it2104i-2024>

# DIRECT DEPOSIT FORM FOR NYS EMPLOYEES

RETURN COMPLETED FORM TO YOUR AGENCY/DEPARTMENT PAYROLL OR PERSONNEL OFFICE

AC 2772 (REV 12/2022)

## SECTION A: EMPLOYEE INFORMATION (REQUIRED)

<b>NAME</b> (LAST, FIRST, MI)	<b>NYS EMPLID</b> N	<b>LAST 4 SSN</b>
<b>PHONE</b> (AREA CODE + PHONE NUMBER)	<b>WORK EMAIL</b>	
<b>HOME ADDRESS</b> (STREET, CITY, STATE, ZIP CODE)		

## SECTION B: REQUEST FOR EXEMPTION FROM DIRECT DEPOSIT

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

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

## SECTION C: BALANCE ACCOUNT INFORMATION (REQUIRED)

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

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

## SECTION D: ADDITIONAL ACCOUNT INFORMATION (OPTIONAL)

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

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

# DIRECT DEPOSIT FORM FOR NYS EMPLOYEES

RETURN COMPLETED FORM TO YOUR AGENCY/DEPARTMENT PAYROLL OR PERSONNEL OFFICE

AC 2772 (REV 12/2022)

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

Check the box to opt out of receiving a printed copy of your direct deposit pay stub:

Go Paperless - I do not want a printed copy of my Direct Deposit pay stub sent to me. I understand that I will **not** receive a printed copy of my Direct Deposit pay stub. I understand that I can view and print my electronic pay stubs as well as change my Direct Deposit statement option with NYS Payroll Online (NYSPO): <https://psonline.osc.ny.gov/>

## SECTION F: AUTHORIZATION (REQUIRED)

The joint account holder for accounts listed in Sections B and C, if any, must sign on the corresponding line for new/additional accounts or changes in account holder(s). By signing this form, the employee and any joint account holder allows the State, through the financial institution, to debit the account in order to recover any salary to which the employee was not entitled or that was deposited to the account in error. This means of recovery shall not prevent the State from utilizing any other lawful means to retrieve salary payments to which the employee is not entitled.

BALANCE ACCOUNT JOINT ACCOUNT HOLDER	DATE
DEPOSIT ORDER-1 JOINT ACCOUNT HOLDER	DATE
DEPOSIT ORDER-2 JOINT ACCOUNT HOLDER	DATE
DEPOSIT ORDER-3 JOINT ACCOUNT HOLDER	DATE
DEPOSIT ORDER-4 JOINT ACCOUNT HOLDER	DATE
DEPOSIT ORDER-5 JOINT ACCOUNT HOLDER	DATE

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

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

### CANCELLATIONS

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

### NEW YORK STATE PERSONAL PRIVACY LAW NOTIFICATION

The New York State Office of the State Comptroller Bureau of State Payroll Services requests personal information on this form to operate the New York State Direct Deposit/Electronic Funds Transfer Program. This information is being requested pursuant to State Finance Law §200(4) and Part 102 of Title 2 of the New York Codes, Rules and Regulations. The information will be provided to the designated financial institution(s) and/or their agent(s) for the purpose of processing payments, and for other official business of the Office of the State Comptroller. No further disclosure of this information will be made unless such disclosure is authorized or required by law. An employee's failure to provide the requested information may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program. The information provided will be maintained in the State Payroll System under the direction of the Bureau of State Payroll Services.

(optional)

INFORMATION ON THE EMPLOYEE'S RETIREMENT SYSTEM

Please check one:

\_\_\_\_\_ I would like to join the Employees' Retirement System. Please send a membership application.

\_\_\_\_\_ I understand that I am eligible to join the Employees' Retirement System. However, I chose NOT to join at this time. I also understand that if my employment status changes to full-time and permanent, I must join the Retirement System at that time. I certify that I have not been a member of the New York State Employees' Retirement System (ERS) in the last seven years, or, if a member, that I withdrew my contributions upon separation from service and no longer have an active membership with the system.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Department

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Assistant  
Title

\_\_\_\_\_  
SS#

Employees who are either part time or temporary may elect to join the Employees Retirement System; they are not, however, required to join. Employees who are both full time and permanent must join the Retirement System.

You must complete a membership application to join. You are required to contribute 3% of your salary to the Retirement System. You will need the equivalent of five years of full-time State service to become eligible for pension benefits.

If you join the System, your beneficiary will be protected by a death benefit after you have been credited by the System with one year of service. Upon meeting eligibility requirements, you will be entitled to lifetime pension at age 55 or a disability pension at an earlier age if you become permanently and totally disabled from gainful employment.

\*\*\*\*\*

PLEASE RETURN TO:  
Payroll Department  
SUNY Morrisville  
Brooks Hall, 3rd Floor

## About the Retirement System

The New York State and Local Retirement System (NYSLRS) administers two distinct systems. They are the Employees' Retirement System (ERS) and the Police and Fire Retirement System (PFRS). With more than one million members, retirees and beneficiaries, and nearly 3,000 employers, NYSLRS is one of the largest public retirement systems in the nation.

The New York State Comptroller is administrative head of NYSLRS and is responsible for ensuring the System's benefit programs are managed properly and effectively. He is also trustee of the New York State Common Retirement Fund (the Fund) and is one of the largest institutional investors in the world. The Fund's assets come from three main sources of incoming funds: member contributions, investment income and employer contributions. Each year, the Fund's value is determined at the end of its fiscal year, March 31. Members are eligible to receive a pension after 10 years of active membership.

## Your Benefits

Your membership in the Employees' Retirement System or the Police and Fire Retirement System provides many benefits, including:

- Service retirement benefits.
- Disability retirement benefits for permanent on-the-job and non-job-related disabilities.
- Death benefits.
- Vesting of benefits.
- Loans for contributing members.
- The ability to transfer membership to and from other public retirement systems in New York State; and
- The crediting of withdrawn service from another public retirement system in New York State.

Your service retirement, ordinary and accidental disability and death benefits vary depending on your tier and/or retirement plan coverage

## If You Are an ERS Member:

<b>You are in:</b>	<b>If you joined:</b>
Tier 1	Before July 1, 1973
Tier 2	July 1, 1973, through July 26, 1976
Tier 3	July 27, 1976, through August 31, 1983
Tier 4	September 1, 1983, through December 31, 2009
Tier 5	January 1, 2010, through March 31, 2012
Tier 6	April 1, 2012, or after

### Mandatory Contributions

- Most Tier 6 members contribute between 3 and 6 percent for their entire careers. Contribution percentages are based on earnings.
- The amount that Tier 6 members contribute is initially based on their annual wage, as provided by their employer during the membership enrollment process and is adjusted to reflect changes in earnings every state fiscal year.

## **SUNY Morrisville**

### **Confidentiality and Security Compliance Agreement**

I understand that I may be granted access to information and data that may contain records subject to federal or state regulations (“regulated data”) regarding privacy and confidentiality, and that I may handle other information considered Personal, Private, and Sensitive. My continued access to this information is based on my agreement to comply with the following terms and conditions regardless of my SUNY Morrisville employment, internship or volunteer status:

- I will comply with all state and federal laws and college policies that govern access to and use of information about employees, interns, volunteers, applicants, students, donors and vendors.
- My right to access this is strictly limited to the specific information and data that is relevant and necessary for me to perform my job-related duties.
- I am prohibited from accessing, using, copying or otherwise disseminating regulated data that is not relevant and necessary for me to perform my job-related duties.
- I will not share regulated data unless explicitly authorized to do so, and in no instance will I share regulated data with third parties without appropriate authorization.
- I will sign-out of electronic records systems when I am not actively using them.
- I will keep my account credentials (e.g., UserID, password) confidential, and will not disclose or share them with anyone. A request for someone else to use your Morrisville password(s) is considered fraudulent activity.
- If issued keys or other means of entry, I will not copy or share them with anyone and I will report lost or stolen keys immediately to my supervisor.

**New York State Cyber Security Policy P03-002: Information Security Policy (Rev. Date: November 23, 2021)**

**Personal, Private, and Sensitive Information (PPSI):**

Any information where unauthorized access, disclosure, modification, destruction or disruption of access to or use of such information could severely impact the College, its critical functions, its employees, its customers, third parties, or citizens of New York. This term shall be deemed to include, but is not limited to, the information encompassed in existing statutory definitions, e.g. General Business Law §§399-dd; 399-h(1)(c),(d),(e); 899-aa(1)(a)(b); Public Officers Law, §§86(5); 92(7), (9); State Technology Law §§202(5); 208(1)(a).

**PPSI includes, but is not limited to:**

- Information concerning a person which, because of name, number, personal mark or other identifier, can be used to identify that person, in combination with:
- Social Security Number or any number derived from the Social Security Number;
- Driver’s license number or non-driver identification card number; or
- Mother’s maiden name; financial services account number or code; savings account number or code; checking account number or code; debit card number or code; automated teller machine number or code; electronic serial number.
- Other information which could be used to assume a person’s identity or gain access to a person’s financial resources or credit.

- Information used to authenticate the identity of a person or process (e.g., PIN, password, passphrase, and biometric data). This does not include distribution of one-time-use PINs, passwords, or passphrases.
- Information that identifies specific structural, operational, or technical information, such as maps, mechanical or architectural drawings, floor plans, operational plans or procedures, or other detailed information relating to electric, natural gas, steam, water supplies, nuclear or telecommunications systems or infrastructure, including associated facilities, including, but not limited to:
  - Training and security procedures at sensitive facilities and locations as determined by the Office of Homeland Security (OHS);
  - Descriptions of technical processes and technical architecture;
  - Plans for disaster recovery and business continuity; and
  - Reports, logs, surveys, or audits that contain sensitive information.
- Security related information (e.g., vulnerability reports, risk assessments, security logs).
- Other information that is protected from disclosure by law or relates to subjects and areas of concern as determined by the College's executive management.

### **Family Educational Rights and Privacy Act (FERPA)**

The Family Educational Rights and Privacy Act (FERPA) is a federal law enacted in 1974 that protects the confidentiality of a student's records. As an employee of SUNY Morrisville, you must become familiar with the basic provisions of FERPA to comply with this federal law. All employees, including full-time, part-time, hourly, and student employees, have the same responsibilities under FERPA. Student educational records must only be accessed if there is a legitimate educational reason to do so.

All student information gained from student records (whether the files are paper or computer generated) or from conversations heard in the course of your work are strictly confidential. As such, you may not share this information with anyone. In addition, no files or copies of records are ever allowed to leave the office or department. Files or copies of records are not to be left unattended in public areas for others to view.

You must avoid acquiring student information that you do not need to do your job, nor should you exchange information about students that you may have learned while performing your job unless there is legitimate educational reason to do so. Disclosure of information (for example, telling another person of a student's class schedule) is considered a violation.

I understand that violations of this agreement may result in the revocation of my access privileges to college information systems, appropriate administrative action, including but not limited to disciplinary action and termination, and may also subject me to prosecution by federal or state authorities. I certify that I have read all of the above information pertaining to Personal, Private, and Sensitive Information (PPSI) and I agree to comply with the above terms and conditions.

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Print Name

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Signature

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Date

## Student Payroll Schedule 2024

Pay Period	Payroll Period Dates		Submit To Supervisor	Pay Date
20	12/21/2023	01/03/2024	01/03/2024	<b>01/25/2024</b>
21	01/04/2024	01/17/2024	01/17/2024	<b>02/08/2024</b>
22	01/18/2024	01/31/2024	01/31/2024	<b>02/22/2024</b>
23	02/01/2024	02/14/2024	02/14/2024	<b>03/07/2024</b>
24	02/15/2024	02/28/2024	02/28/2024	<b>03/21/2024</b>
25	02/29/2024	03/13/2024	03/13/2024	<b>04/04/2024</b>
26	03/14/2024	03/27/2024	03/27/2024	<b>04/18/2024</b>
01	03/28/2024	04/10/2024	04/10/2024	<b>05/02/2024</b>
02	04/11/2024	04/24/2024	04/24/2024	<b>05/16/2024</b>
03	04/25/2024	05/08/2024	05/08/2024	<b>05/30/2024</b>
04	05/09/2024	05/22/2024	05/22/2024	<b>06/13/2024</b>
05	05/23/2024	06/05/2024	06/05/2024	<b>06/27/2024</b>
06	06/06/2024	06/19/2024	06/19/2024	<b>07/11/2024</b>
07	06/20/2024	07/03/2024	07/03/2024	<b>07/25/2024</b>
08	07/04/2024	07/17/2024	07/17/2024	<b>08/08/2024</b>
09	07/18/2024	07/31/2024	07/31/2024	<b>08/22/2024</b>
10	08/01/2024	08/14/2024	08/14/2024	<b>09/05/2024</b>
11	08/15/2024	08/28/2024	08/28/2024	<b>09/19/2024</b>
12	08/29/2024	09/11/2024	09/11/2024	<b>10/03/2024</b>
13	09/12/2024	09/25/2024	09/25/2024	<b>10/17/2024</b>
14	09/26/2024	10/09/2024	10/09/2024	<b>10/31/2024</b>
15	10/10/2024	10/23/2024	10/23/2024	<b>11/14/2024</b>
16	10/24/2024	11/06/2024	11/06/2024	<b>11/28/2024</b>
17	11/07/2024	11/20/2024	11/20/2024	<b>12/12/2024</b>
18	11/21/2024	12/04/2024	12/04/2024	<b>12/26/2024</b>
19	12/05/2024	12/18/2024	12/18/2024	<b>1/9/2025</b>
20	12/19/2024	01/01/2025	01/01/2025	<b>1/23/2025</b>

Timesheets are due on the last day of each payroll.

Please adhere to the deadlines in order to avoid payment delays.

**Time and Attendance website:** [www.suny.edu/time](http://www.suny.edu/time)