



Welcome back 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.

Rehire 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 rehire employee, if your documents provided to complete your I-9 during your previous employment have expired, 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 to recertify your I-9 form. 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.**

Confirmation of Personal Information & Direct Deposit for Rehire Employees - This is to verify your information provided during your previous employment so we can make changes accordingly.

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 – When returning employees are off the payroll for more than 3 pay periods (over semester breaks), direct deposit information is inactivated by the Office of the State Comptroller in Albany. If your banking information has changed, or if you did not sign up for direct deposit previously and wish to do so, please complete the Direct Deposit form. If you wish to reactivate your direct deposit, please list so on your Confirmation of Demographics and Direct Deposit form.

*If you are making changes or are just signing up for direct deposit for the first time, we 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.

All forms must be brought with you to your HR Orientation session, along with your completed agreement form.



SUNY Morrisville Rehire Student Checklist
Federal Work Study / Student Temp Service

Employee Name: _____

Position: _____

Student Morrisville ID#: _____

Start Date: _____ First Paycheck Date: _____

REQUIRED PAYROLL INFORMATION:

_____ Agreement Form

_____ Confirmation of Personal Information & Direct Deposit for Rehire Employees

_____ Federal Tax Form – W-4

_____ New York State Tax Form – IT-2104

_____ Confidentiality and Security Compliance Agreement

Pay Schedule:

_____ Received

_____ Not Received

Student Signature: _____ Date: _____

Phone: _____ Email Address: _____

Confirmation of Personal Information & Direct Deposit for Rehire Employees



Please Verify Information Below:

Employee Name: _____

Social Security #: _____

Legal Address: _____

City/State/Zip: _____

Phone Number: _____

Email: _____

Please note when employees are off the payroll for more than 3 pay periods (over semester breaks), direct deposit information is inactivated by the Office of the State Comptroller in Albany.

If your banking information has changed, or you wish to start direct deposit at this time, you will need to complete a new direct deposit form. The form is available online on the HR website or by contacting the Payroll Department at payroll@morrisville.edu

Please select one of the options below:

I have NOT previously had direct deposit and do NOT wish to sign up at this time.

I have NOT previously had direct deposit and wish to sign up at this time (Please attach completed direct deposit form)

I have NOT had any changes to my banking information and would like to reactivate my direct deposit. (Please list your current direct deposit information below)

Bank	Account # (Last 4 Digits)	Savings or Checking	\$/ % / Excess

I have had changes to my banking information and need to complete a new direct deposit form.

*Please note: We do not handle any paychecks. All direct deposit stubs and physical checks will be mailed to your legal address on file. Please feel free to go paperless and opt out of receiving your direct deposit stub. You can do this by visiting www.suny.edu/hrportal and clicking on the NYS Payroll Online icon.

Signature: _____ Date: _____

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

OMB No. 1545-0074

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**Give Form W-4 to your employer.****Your withholding is subject to review by the IRS.****2023****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 www.ssa.gov .
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, other details, and privacy.

**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) Reserved for future use.
- (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 ☐

TIP: If you have self-employment income, see page 2.

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)
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Department of Taxation and Finance

Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

IT-2104

First name and middle initial		Last name		Your Social Security number	
Permanent home address (number and street or rural route)			Apartment number		Single or Head of household <input type="checkbox"/> Married <input type="checkbox"/>
City, village, or post office			State	ZIP code	Married, but withhold at higher single rate <input type="checkbox"/>
Note: If married but legally separated, mark an X in the <i>Single or Head of household</i> box.					
Are you a resident of New York City? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Are you a resident of Yonkers? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Before making any entries, see the Note below, and if applicable, complete the worksheet in the instructions.					
1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 19, if using worksheet)				1	
2 Total number of allowances for New York City (from line 31, if using worksheet)				2	
Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.					
3 New York State amount				3	
4 New York City amount				4	
5 Yonkers amount				5	

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

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

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

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

Employer: Keep this certificate with your records.

If any of the following apply, mark an **X** in each corresponding box, complete the additional information requested, and send an additional copy of this form to New York State. See **Employer** in the instructions. Visit www.tax.nys.gov (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.

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
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DIRECT DEPOSIT FORM FOR NYS EMPLOYEES

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

AC 2772 (REV 12/2022)

SECTION A: EMPLOYEE INFORMATION (REQUIRED)

NAME (LAST, FIRST, MI)	NYS EMPLID N	LAST 4 SSN
PHONE (AREA CODE + PHONE NUMBER)	WORK EMAIL	
HOME ADDRESS (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.

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

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.

Print Name

Signature

Date

Student Payroll Schedule 2023

Pay Period	Payroll Period Dates		Submit To Supervisor	Pay Date
20	12/22/2022	01/04/2023	01/04/2023	01/26/2023
21	01/05/2023	01/18/2023	01/18/2023	02/09/2023
22	01/19/2023	02/01/2023	02/01/2023	02/23/2023
23	02/02/2023	02/15/2023	02/15/2023	03/09/2023
24	02/16/2023	03/01/2023	03/01/2023	03/23/2023
25	03/02/2023	03/15/2023	03/15/2023	04/06/2023
26	03/16/2023	03/29/2023	03/29/2023	04/20/2023
01	03/30/2023	04/12/2023	04/12/2023	05/04/2023
02	04/13/2023	04/26/2023	04/26/2023	05/18/2023
03	04/27/2023	05/10/2023	05/10/2023	06/01/2023
04	05/11/2023	05/24/2023	05/24/2023	06/15/2023
05	05/25/2023	06/07/2023	06/07/2023	06/29/2023
06	06/08/2023	06/21/2023	06/21/2023	07/13/2023
07	06/22/2023	07/05/2023	07/05/2023	07/27/2023
08	07/06/2023	07/19/2023	07/19/2023	08/10/2023
09	07/20/2023	08/02/2023	08/02/2023	08/24/2023
10	08/03/2023	08/16/2023	08/16/2023	09/07/2023
11	08/17/2023	08/30/2023	08/30/2023	09/21/2023
12	08/31/2023	09/13/2023	09/13/2023	10/05/2023
13	09/14/2023	09/27/2023	09/27/2023	10/19/2023
14	09/28/2023	10/11/2023	10/11/2023	11/02/2023
15	10/12/2023	10/25/2023	10/25/2023	11/16/2023
16	10/26/2023	11/08/2023	11/08/2023	11/30/2023
17	11/09/2023	11/22/2023	11/22/2023	12/14/2023
18	11/23/2023	12/06/2023	12/06/2023	12/28/2023
19	12/07/2023	12/20/2023	12/20/2023	1/11/2024
20	12/21/2023	01/03/2024	01/03/2024	1/25/2024

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