

THE CITY UNIVERSITY OF NEW YORK

Important Notice to Applicants

Non Discrimination

It is the policy of the City University of New York (CUNY) and its constituent colleges and units to recruit, employ, retain, promote, and provide benefits to employees and to admit and provide services for students, without regard to race, color, national or ethnic origin, religion, age, sex, sexual orientation, gender identity, marital status, disability, genetic predisposition or carrier status, alienage, citizenship, military or veteran status, or status as victim of domestic violence.

Disability Accommodation Available for Applicants

If you require an accommodation for a disability in order to participate in the selection process, please contact the Human Resources Director.

Offer of Employment

Any offer of employment is contingent upon successful completion of CUNY's total employment screening process, including receipt of references that the University and/or College considers satisfactory. Official representations are solely those made in writing prior to appointment by the University/College executive or manager authorized to make appointments for his/her respective division and area of responsibility.

Post Offer Pre-Employment Medical Examination, Drug Screen, and Physical Fitness Assessment

For some positions, the hiring department may require a medical examination, drug test, and/or physical fitness assessment as a condition of employment, only if it is relevant to the job. If such is required, it will be stated in the Position Vacancy Announcement or Job Specification.

Employment Eligibility and Identity Documents Verification

Under *The Immigration and Reform Control Act of 1986*, we are required to verify your employment eligibility and identity within three (3) days of your reporting to work.

If you are claiming preference for military service, you will be required to submit an original *DD214* along with verification of your disciplinary record.

Reference and Background Checking

Current and former employers may be contacted for verification of any and all information stated in this application and or during any phase of the selection process. In order for CUNY to obtain this information, you will be asked to sign an *Authorization to Release Reference Information* form agreeing to hold any and all of your reference sources harmless and free of any liability for releasing information CUNY deems relevant to determining whether to employ you. For some positions a criminal background check may be required as part of the employment process. Applicants for these positions will be required to complete a personal disclosure and release form before this information may be obtained.



THE CITY UNIVERSITY OF NEW YORK
APPLICATION FOR EMPLOYMENT

Position Sought:
Full Time: _____ Part Time: _____
If part time, hours available:
_____ am _____ pm
Payroll Title:
Position Vacancy Number:

COLLEGE _____
(PRINT) Name _____
Last First Middle

If known by another name, please give that name _____

Home Address _____
No. Street Apt # City State Zip

Telephone Number (____) _____ (____) _____
Home Day Time

Email Address _____

Are you able to perform the essential functions of the position as described in the Position Vacancy Announcement and/or Job Specification with or without reasonable accommodation? Yes____No____. If you would require an accommodation to perform the essential functions of this job and you wish to make known at this time what that would be, please indicate:

Please identify if you have any relatives employed in the department for which you are applying. No relatives____Yes, I have (a) relative(s)____If yes, please explain

Are you legally eligible for employment in the United States? Yes____No____

Applicant Attestation: By my signature below, I declare and affirm that I have read and fully understand that:
Any misrepresentation or material omission of facts in this application or in any other materials I submit in support of my candidacy (including but not limited to the letter of application and resume/CV), or in any oral statements I may make during the selection process shall be sufficient cause for disciplinary action up to and including termination, in the event I am hired, or shall be sufficient cause to end further consideration of my application prior to being hired;
Present and past employers may be contacted for verification of data and reference check, unless I specifically request otherwise and provide reasons acceptable to the hiring official. This verification may, but need not, begin prior to my receiving an offer;
An offer of employment is contingent on successful completion of the entire employment selection process, including the receipt and review of references, satisfactory to the University;
No manager or representative of CUNY has the authority to make an offer of employment or to represent a condition of employment which is in violation of the bylaws, rules, regulations, or collective bargaining agreements governing the City University of New York;
Any representations that are contrary to these policies, even when made in writing, are unenforceable;
Under federal law, CUNY is required to verify my employment eligibility and my identity within three (3) days of my reporting to work. At that time, I must produce legitimate supporting documents.
Signature _____ Date _____

A. EDUCATION: Please indicate highest equivalent grade of education completed: Doctorate ___Masters ___
 Baccalaureate ___High School/GED ___

List schools attended, beginning with most recent (college, business school, high school, vocational or trade school, etc).

School Name	Location	Major Study	Credits Completed	Degree Received/Date
1.				
2.				
3.				

B. EMPLOYMENT HISTORY: Begin with present or last job (if currently unemployed) and work back for the last 15 years listing all job-related full or part time employment. Be sure to include any current CUNY employment held. Attach an extra page, if necessary.

1. Employer Name _____ Address _____

Dates Employed: From ____/____/____ To ____/____/____ Job Title _____
 Mo. Yr. Mo. Yr.

Full Time _____ Part Time _____ Average number of hours per week _____

Reason for Leaving _____

Name/Title of Immediate Supervisor _____ Telephone Number _____

Briefly Describe Duties: _____

Final Base Salary/Indicate One:
 Annual \$ _____ Weekly \$ _____
 Hourly \$ _____

2. Employer Name _____ Address _____

Dates Employed: From ____/____/____ To ____/____/____ Job Title _____
 Mo. Yr. Mo. Yr.

Full Time _____ Part Time _____ Average number of hours per week _____

Reason for Leaving _____

Name/Title of Immediate Supervisor _____ Telephone Number _____

Briefly Describe Duties: _____

Final Base Salary/Indicate One:
 Annual \$ _____ Weekly \$ _____
 Hourly \$ _____

3. Employer Name _____ Address _____

Dates Employed: From _____ / _____ To _____ / _____ Job Title _____
Mo. Yr. Mo. Yr.

Full Time _____ Part Time _____ Average number of hours per week _____
Reason for Leaving _____
Final Base Salary/Indicate One:
() Annual \$ _____ () Weekly \$ _____
() Hourly \$ _____

Name/Title of Immediate Supervisor _____ Telephone Number _____

Briefly Describe Duties: _____

Please explain any gaps in employment in excess of two months during the past 15 years.

C. Other Important Skills, Competencies, or Experience Not Identified Above: Identify other important skills, expertise, or related experiences (such as volunteer work, competence in a foreign language, etc.) that you feel should be considered in evaluating your suitability for this position.

D. Other Background Questions:

1. Have you previously been employed by CUNY in a position not reported in Section B? No _____ Yes _____ If yes, please give name of college, name and title of supervisor, dates of employment, title(s), and reason for leaving:

2. Have you ever been discharged or asked to resign from any employment? No _____ Yes _____ If yes, please explain briefly.

3. Have you ever been convicted of an offense anywhere, including felonies, misdemeanors or violations (not including traffic violations or convictions sealed, expunged, or set aside under federal or state law)? No _____ Yes _____
4. Are there any criminal charges or violations (except for traffic violations) **currently** pending against you? No _____ Yes _____

Note: A conviction record will not necessarily disqualify you from the position for which you are applying. Each record will be reviewed in accordance with guidelines established by the University and in accordance with New York State Law. Failure to tell the truth will, when discovered, automatically result in your elimination from consideration or your termination if you have been selected.

5. Please explain below all past convictions or currently pending charges against you (as specified in questions 3 and 4 above):

Offense	Date/ Conviction	Name/Location of Court	Disposition including incarceration

6. Are you a retiree of either a New York City or State agency or currently collecting a State/City pension? No _____ Yes _____
If yes, are you willing to suspend pension payment if offered a position with CUNY? No _____ Yes _____
7. The City University of New York may conduct a background investigation including, but not limited to, contacting references which you supply. Please list a minimum of three (3) persons residing in the United States who are not related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying.

PROFESSIONAL REFERENCES

Kindly provide name, title, address, daytime telephone number, and company affiliation for each reference listed.

Name, Title	Address/Phone Number	Company Affiliation



THE CITY UNIVERSITY OF NEW YORK

AUTHORIZATION TO RELEASE REFERENCE INFORMATION

COLLEGE _____

Name of Candidate _____
(PLEASE PRINT)

Position Sought _____

I have applied for a position with The City University of New York (CUNY) and would like CUNY to be fully informed of my qualifications for the position. I hereby authorize any current or former employer, professional reference, and education/training provider, to disclose in good faith any information they may have regarding and pertaining to my qualifications and fitness for employment.

I agree to hold such employers, references, educational/training institutions and any other persons giving references harmless from liability or damages for providing the requested information.

A photocopy or fax of this authorization shall be as valid as the original.

Signature _____ Date _____



PERSONAL DATA FORM

GENERAL INFORMATION	<p>_____</p> <p>Prefix _____</p> <p>_____</p> <p>Last Name _____</p> <p>_____</p> <p>First Name _____</p> <p>_____</p> <p>Middle Name _____</p>	CONTACT INFORMATION	<p>_____</p> <p>Number, Street _____ Apt# _____</p> <p>_____</p> <p>City _____</p> <p>_____</p> <p>State _____ Zip Code _____</p> <p>() _____ () _____</p> <p>Home Telephone # _____ Work Telephone # _____</p>
PERSONAL INFORMATION	<p>_____</p> <p>Social Security Number _____</p> <p>Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>_____</p> <p>Date of Birth _____</p>	ETHNICITY	<p>Please check the category that is most appropriate to your background.*</p> <p><input type="checkbox"/> (B) White (not Hispanic)</p> <p><input type="checkbox"/> (C) Black (not Hispanic)</p> <p><input type="checkbox"/> (D) Hispanic (of any race)</p> <p><input type="checkbox"/> (E) Puerto Rican</p> <p><input type="checkbox"/> (F) Asian</p> <p><input type="checkbox"/> (G) American Indian or Alaskan Native</p> <p><input type="checkbox"/> (H) Italian American</p> <p><input type="checkbox"/> (I) Native Hawaiian or Pacific Islander</p>
MARITAL STATUS	<p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Single</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Legally Separated</p> <p><input type="checkbox"/> Widowed</p>	CITIZENSHIP STATUS	<p>U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No: Country of Origin _____</p> <p><input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien</p> <p>Have you clearance to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Type of Visa _____</p> <p>Primary purpose in the U.S. _____</p> <p>Intended length of stay _____</p>
VETERAN STATUS	<p><input type="checkbox"/> Veteran – other than Vietnam</p> <p><input type="checkbox"/> Veteran – Vietnam</p> <p><input type="checkbox"/> No Service</p>		
EMERGENCY CONTACT 1	<p>_____</p> <p>Name _____</p> <p>_____</p> <p>Address _____</p> <p>_____</p> <p>City _____ State _____ Zip _____</p> <p>() _____ () _____</p> <p>Home Telephone # _____ Work Telephone # _____</p>	EMERGENCY CONTACT 2	<p>_____</p> <p>Name _____</p> <p>_____</p> <p>Address _____</p> <p>_____</p> <p>City _____ State _____ Zip _____</p> <p>() _____ () _____</p> <p>Home Telephone # _____ Work Telephone # _____</p>
EDUCATIONAL DATA	<p>Highest Educational Level: (Attach proof of degree)</p> <p><input type="checkbox"/> High School Diploma or Equivalence</p> <p><input type="checkbox"/> Associate Degree</p> <p><input type="checkbox"/> Bachelors Degree</p> <p><input type="checkbox"/> Masters Degree</p> <p><input type="checkbox"/> Doctorate</p>		<p>_____</p> <p>Employee Signature _____</p> <p>_____</p> <p>Date _____</p>

*We are required by law to monitor our Affirmative Action Program, and to collect ethnic data on all employees under Federal Executive Order #11246. Submission of this information is voluntary.

The City University of New York
New Employee Tax Compliance Notification Sheet

The Internal Revenue Service (“IRS”), the U.S. government tax authority, has issued strict regulations regarding the taxation and reporting of payments made to non-U.S. citizens. As a result, the City University of New York (“CUNY”) may be required to withhold U.S. income tax and file reports with the IRS in connection with payments made by the CUNY to employees (e.g., faculty, staff, and student employees) who are not U.S. citizens or permanent resident aliens (i.e., green card holders) and who receive payment for services. In addition, CUNY is required to report payments to the IRS.

All individuals who are not citizens or permanent resident aliens of the United States are required to complete an Individual Record using the **GLACIER** online Tax Compliance System. **If you are a new employee, you must go in person to receive a password and instructions of how to access GLACIER from the Nonresident Alien Tax Specialist.** If you have already completed your Individual Record in **GLACIER**, additional or updated information may be required.

GLACIER is accessible via the Internet from any web-accessible computer from anywhere in the world. When you receive your password and instructions, please complete the information on **GLACIER** immediately. **GLACIER** is simple and convenient to use; however, if you assistance, you should contact the Nonresident Alien Tax Specialist. Once you have completed the information in **GLACIER**, you must schedule an appointment with the Nonresident Alien Tax Specialist; please bring all completed forms and original documents to the appointment.

Please note: You must complete the entire process within 7 business days from the date you sign this notification sheet. If you do not complete the entire process within 7 business days, the maximum rate of U.S. federal income tax and all other applicable taxes, including FICA, will be withheld from all payments until you access GLACIER to input information and submit your forms for processing. Any tax withheld because the required tax information was not provided will not be refunded by CUNY.

The Nonresident Alien Tax Specialist is located at:

Lehman College - Payroll Department
Shuster Hall Room 227
718-960-8817 –Diane Hilton Wallace
E-mail: <mailto:hilton.wallace@lehman.cuny.edu>

I have been notified of my requirement to complete certain information in **GLACIER**. I understand that I must go to the Nonresident Alien Tax Specialist office to obtain access and instructions for **GLACIER**.

Employee Name (Print)	
Employee Signature	Date
E-mail Address	Employee Phone Number
	Date

Original to Nonresident Alien Tax Specialist
Copy to Employee
Copy to Form I-9 Certifier
Copy to Human Resources

According to Section 3002 of the New York State Education Law and Section 62 of the New York State Civil Service Law, every employee of the College is required to review and complete the following oath of allegiance.

.....

AMENDED OATH OF ALLEGIANCE

PRINT (Last Name)

PRINT (First Name)

PRINT (M. I.)

DEPARTMENT _____

I do hereby pledge and declare that I will support the Constitution of the United States of America and the Constitution of the State of New York, and that I will faithfully discharge the duties of the position of _____ according to the best of my ability.

(Signature of Staff Member)

(Post Office address of Staff Member)

Date

NOTICE TO EMPLOYEE

Under an act recently passed by the New York State Legislature and by agreement between the City and municipal employee unions, employees in titles which are represented in collective bargaining but who are not union members are subject to a deduction from their salary in an amount equal to the dues payable by a union member.

STATEMENT

I have been informed that I have the right to join or refrain from joining the union certified for my title. I understand that if I refrain from joining I will be subject to an Agency Shop fee deduction which shall be an amount equivalent to the amount of dues payable by a union member.

Employee's Signature _____ Date _____

TO BE FILLED OUT BY THE AGENCY

Notice to Union

Please be advised of the appointment or change in status of the employee as indicated below:

Employee Name: _____ S.S. No. ____/____/____

Employee Home Address: _____

Title: _____ Title Code No. _____

Payroll: Bank _____ Dept. No. _____ Paycheck Frequency _____

Leave Status: _____ Job Code: _____ Distribution No. _____

Payroll Clerk: _____ Payroll Clerk's Signature _____

Agency: _____ Agency Address _____

(Name of Union)

Weekly, bi-Weekly, 28 day, monthly, four times a semester

To the union: Agency Shop fee deduction cannot begin until the above Agency Payroll Section receives this form for further processing.

TO BE FILLED OUT BY THE APPROPRIATE UNION

Please start Agency Shop deductions for the employee as follows:

Code: _____ Amount: \$ _____

It is hereby certified that the above employee is in a title certified to this union and covered under an Agency Shop Fee Agreement currently in effect with the Employer. It is further certified that the amount of Agency Shop Fee deduction, as indicated, is the amount equivalent to the amount of dues payable by a member.

Name of Union Official: _____

THE CITY UNIVERSITY OF NEW YORK: FORM 210
Certification of Prior NYS or NYC Public Service
Collection of Public Pension Funds: Calendar Year _____

Dear CUNY job candidate:

The New York State Retirement and Social Security Law requires retirees of a public pension plan within the State or City of New York to disclose prior public employment and pension plan history to The City University New York for the purpose of establishing a retiree's eligibility for employment. Failure to disclose such information can result in the suspension or diminution of the retiree's public pension benefits

INSTRUCTIONS: Please complete Sections A, B and C as they pertain to you, and then sign the bottom portion of the form. A copy of this form will be required to be submitted prior to any appointment decision made by the college. ***You are responsible*** for forwarding a copy of the signed form to the college personnel office. (Adjuncts who have checked #2 in Section B must submit this form every semester in which their employment continues)

Section A

Name (last, first)	Social Security Number
<hr/>	
Position Applied for	College

Section B: Affidavit or Prior Service (Please check the one which applies to you):

- 1) I have no prior service with a public service agency, organization or jurisdiction funded by New York City or New York State;
- 2) I am a former employee of _____ of the City/State of New York:
 I am collecting a retirement benefit from a public pension system (including an ORP) maintained by the State or City of New York (***please provide pension plan name***) _____
 I am not collecting a retirement benefit based upon this public service;

Section C: Current Positions in Public Service (Please check one of the following only if you checked #2 in Section B):

- 1) I am not currently working for another public service agency, organization or jurisdiction funded by New York City or New York State, nor have I worked at any such entity during the calendar year;
 - 2) I am now working for, or have worked for during the calendar year, another public service agency, organization or jurisdiction funded by New York City or New York State (***please provide details of this employment***):
-
-

Attestation: I hereby attest that the information I have provided above is correct to the best of my knowledge.

Signature: _____ Date: _____

Witnessed by: _____ Title _____ Date: _____
Department Official

Received by: _____ Title: _____ Date: _____

REVISED CONVICTIONS To be used instead of Form 602a R-01/01 (Applicants for Security and Public Safety positions are subject to a more vigorous criminal history background check.)

A conviction record will not necessarily disqualify you from the position for which you are applying. Each record is reviewed to determine eligibility in accordance with guidelines established by the University and in accordance with New York State Law. However, **FAILURE TO REPORT THE REQUIRED INFORMATION WILL AUTOMATICALLY DISQUALIFY YOU REGARDLESS OF THE REASON FOR THE OMISSION/FALSIFICATION.**

For each conviction or pending charge, you may state facts in favor of your employment on a separate sheet to be attached to this form. These facts will be considered when your application is being reviewed.

A suspended sentence, a fine, a conditional discharge, a Certificate of Relief from Disabilities, or an adjournment in contemplation of dismissal, does not expunge an offense from your record, and the offense must be reported.

1. Were you **ever** convicted of an offense anywhere including **felonies, misdemeanors or violations (except for traffic violations or convictions sealed, expunged or set aside under Federal or State law)**?

Answer YES or NO _____

Only a court can determine youthful offender status and seal a conviction. You are not considered a youthful offender just because of your age at the time of the conviction. If you are unsure whether a conviction was sealed, respond yes to the question and explain below or in an attachment why you are unsure. Most traffic tickets involve infractions or violations, which need not be reported. However, some convictions, such as driving while intoxicated, are classified as misdemeanors or more serious offenses, which must be reported.

2. Are there any criminal charges or violations (except for traffic violations) **currently** pending against you?

Answer YES or NO _____

3. In the space below, please list: a) all felony convictions and felony pending charges **regardless of the date received**; and b) for misdemeanors and violations, all your convictions and pending charges **for the past 10 years**. If none, write "NONE". You must list convictions even if you plead guilty or received a Certificate of Relief from Disabilities, and regardless of the penalty or sentence you received.

Date of Conviction (Mo/Yr)	Offense of which you were convicted	Name/location of court	Disposition including incarceration

WARNING: FALSIFYING OR OMITTING ANY MATERIAL REQUIRED ON THIS FORM WILL RESULT IN YOUR DISQUALIFICATION AND YOUR REMOVAL FROM CUNY SERVICE AND MAY RESULT IN CRIMINAL PROSECUTION. YOUR STATEMENTS WILL BE CHECKED USING COURT OR OTHER RECORDS. REMEMBER TO RESPOND TO THE THREE QUESTIONS AND FILL IN THE INFORMATION REQUESTED ABOVE.

DECLARATION FOR THE SECTIONS ABOVE

DATE: _____

I, _____, residing at _____
 (Print name) (Address)

do declare that all the statements contained herein are true and correct to the best of my knowledge. _____
 (Signature)

To be completed by College HR/Personnel Department

Candidate _____ College _____ Dept. _____ Date _____

CSC Title _____ Action (Appt, Trans, Reinst) _____ App't Date _____ Status _____

Completed by _____ Title _____ Date _____

HR/Personnel Director _____
 (Signature)



Direct Deposit Form for NYS Employees

(To be used for enrollment, changes and cancellations)

Section A: Employee Information	
NAME (LAST, FIRST, MI) _____	WORK PHONE # (____) _____
LAST FOUR DIGITS OF SOCIAL SECURITY # _____	AGENCY/DEPT CODE _____

For more than three accounts or if you prefer to list each Financial Institution on a separate form, use additional forms as necessary. Up to seven fixed amount or percentage deposits may be processed as well as one excess (net pay) deposit.

Section B: Account Type	New or Additional *	Change Joint Account Holder *	Change Amount or Percentage	Cancel	Name of Financial Institution	Account Number	Amount, Percentage or Excess
	(✓)	(✓)	(✓)	(✓)			
1. <input type="checkbox"/> Savings <input type="checkbox"/> Checking							
2. <input type="checkbox"/> Savings <input type="checkbox"/> Checking							
3. <input type="checkbox"/> Savings <input type="checkbox"/> Checking							

*For new/additional accounts with joint account holders or to add a joint account holder to existing accounts, both signatures are required in Section D.

Section C: This section must be completed by your financial institution for new/additional accounts when directing funds into a savings account or into a checking account if a voided personal check is not attached. The employee's name MUST appear on the account(s).			
As a representative of the below named financial institution, I certify that this institution is ACH capable and agree to receive and deposit the salary to the account shown above in accordance with Part 102 of the Codes, Rules, and Regulations of the State of New York and to be bound by such rules. Salary credited to the account below will be available to the depositor on payday.			
1. NAME OF FINANCIAL INSTITUTION _____		Account Type <input type="checkbox"/> Savings <input type="checkbox"/> Checking	
Depositor's Account Number (EFT Format) _____		Routing Number _____	
Print or Type Representative's Name	Signature of Representative	Telephone Number	Date
2. NAME OF FINANCIAL INSTITUTION _____		Account Type <input type="checkbox"/> Savings <input type="checkbox"/> Checking	
Depositor's Account Number (EFT Format) _____		Routing Number _____	
Print or Type Representative's Name	Signature of Representative	Telephone Number	Date
3. NAME OF FINANCIAL INSTITUTION _____		Account Type <input type="checkbox"/> Savings <input type="checkbox"/> Checking	
Depositor's Account Number (EFT Format) _____		Routing Number _____	
Print or Type Representative's Name	Signature of Representative	Telephone Number	Date

Section D: Employee/Joint Account Holders Certification: I certify that I read and understand the instructions to this form, including the authorization for recovery. In signing this form, I authorize my salary payment to be sent to the designated financial institution(s) to be deposited into the specified account(s). The joint account holder for accounts listed in Section B, if any, must sign on the corresponding line for new/additional accounts or account holder(s).	
Employee Signature _____	Date _____
B-1 Joint Account Holder _____	Date _____
B-2 Joint Account Holder _____	Date _____
B-3 Joint Account Holder _____	Date _____

INSTRUCTIONS: Please complete the form as described below, and then forward it to your agency/department payroll or personnel office. You can also contact that office for assistance in completing the form.

NEW/ADDITIONAL ACCOUNT OR CHANGES IN ACCOUNT HOLDERS: Employee **must** complete Sections **A, B, and D** for each new/additional account or for changes in account holders. See instructions below for Section **C**.

Section A: Indicate your name, work phone number and Agency/Department code. For your personal privacy, enter only the last four digits of your social security number.

Section B: To enroll in direct deposit or add an account, place a check mark in the account type (checking or savings) and in the “New or Additional” column. For changes in account holders, place a check mark in the account type and in the appropriate “Change” column. Indicate the name of the financial institution, account number, and amount or percentage to be deposited.

- Employees may choose **up to seven** fixed amount or percentage deposits, as well as **one excess** (net pay) deposit. This form accommodates up to three accounts. For more than three accounts or if you prefer to list each financial institution on a separate form, use additional forms as necessary.
- Account number is obtained from a personal check, bank statement, or the financial institution.
- To deposit a fixed amount, enter a specific amount (may include cents, e.g. \$100.25). To deposit a portion of the paycheck, enter a specific percent (must be a full percentage, e.g. 50%). Write the word “**excess**” to deposit the remainder of monies after all other distributions.

Section C: For Savings Accounts, this section **must** be completed by your financial institution(s). For Checking Accounts, this section **must** be completed by your financial institution(s) if you are **not** attaching a voided personal check. The employee’s name **must** appear on the account.

Section D: The Employee/Joint Account Holder Certification **must** be signed by the employee in **all** instances and any joint account holder if this is a new/added account. By signing this form, the employee and any joint account holder each 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.

CHANGES TO MONEY OR PERCENTAGE AMOUNT: Employees may add, change or cancel the money or percentage amount deposited to an account by completing Sections **A, B, and D** of a new Direct Deposit Form. Section **C** does **not** need to be completed for these changes. In Section **B**, place a check mark in the appropriate “Change” column. New fixed amount or percentage direct deposits will be assigned a lesser priority than existing fixed amount or percentage direct deposits. For example, if an employee’s pay is not sufficient to cover all direct deposits, the most recently designated direct deposit(s) will not be taken.

To change direct deposit priorities, please contact your agency payroll or personnel office. Financial institution changes may take up to two payroll periods to become effective. 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. Joint account holder’s signature is not required for these transactions.

CANCELLATIONS: The agreement represented by this authorization will remain in effect until canceled by the employee, the financial institution, or the State agency. To cancel the agreement, the employee **must** complete Sections **A, B and D** of a new Direct Deposit Form for the transaction(s) to be canceled. Joint account holder’s signature is not required. 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.

Additional Information

The information on this form is required pursuant to Part 102 of the Codes, Rules and Regulations of New York State (2 NYCRR 102). **This form is a legal document and cannot be altered by the agency, employee or financial institution. If there are any changes, the employee must complete a new form.** The information supplied by the employee will be provided only to the designated financial institution(s) and/or their agent(s) for the purpose of processing payments. Failure by the employee to provide the requested information may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program of the Bureau of State Payroll Services, NYS Office of the State Comptroller.

Form W-4 (2010)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on his or her tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____			
B	Enter "1" if: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	}	B _____
{	<ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	}			
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____			
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____			
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____			
F	Enter "1" if you have at least \$1,800 of child or dependent care expenses for which you plan to claim a credit	F _____			
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children. 	G _____			
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H _____			
	For accuracy, complete all worksheets that apply. <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$18,000 (\$32,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$18,000 (\$32,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	}	
{	<ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$18,000 (\$32,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	}			

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2010
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 _____	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ _____	
7 I claim exemption from withholding for 2010, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 _____
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1** Enter an estimate of your 2010 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions **1** \$ _____
- 2** Enter:

{	\$11,400 if married filing jointly or qualifying widow(er)	}	2	\$ _____
	\$8,400 if head of household				
	\$5,700 if single or married filing separately				
- 3** **Subtract** line 2 from line 1. If zero or less, enter “-0-” **3** \$ _____
- 4** Enter an estimate of your 2010 adjustments to income and any additional standard deduction. (Pub. 919) **4** \$ _____
- 5** **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 6* in Pub. 919.) **5** \$ _____
- 6** Enter an estimate of your 2010 nonwage income (such as dividends or interest) **6** \$ _____
- 7** **Subtract** line 6 from line 5. If zero or less, enter “-0-” **7** \$ _____
- 8** **Divide** the amount on line 7 by \$3,650 and enter the result here. Drop any fraction **8** _____
- 9** Enter the number from the **Personal Allowances Worksheet**, line H, page 1 **9** _____
- 10** **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1** Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) **1** _____
- 2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3.” **2** _____
- 3** If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet **3** _____

Note. If line 1 is **less than** line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4–9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4** Enter the number from line 2 of this worksheet **4** _____
- 5** Enter the number from line 1 of this worksheet **5** _____
- 6** **Subtract** line 5 from line 4 **6** _____
- 7** Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ _____
- 8** **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____
- 9** Divide line 8 by the number of pay periods remaining in 2010. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2009. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$7,000 -	0	\$0 - \$6,000 -	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
7,001 - 10,000 -	1	6,001 - 12,000 -	1	65,001 - 120,000	910	35,001 - 90,000	910
10,001 - 16,000 -	2	12,001 - 19,000 -	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
16,001 - 22,000 -	3	19,001 - 26,000 -	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 27,000 -	4	26,001 - 35,000 -	4	330,001 and over	1,280	370,001 and over	1,280
27,001 - 35,000 -	5	35,001 - 50,000 -	5				
35,001 - 44,000 -	6	50,001 - 65,000 -	6				
44,001 - 50,000 -	7	65,001 - 80,000 -	7				
50,001 - 55,000 -	8	80,001 - 90,000 -	8				
55,001 - 65,000 -	9	90,001 -120,000 -	9				
65,001 - 72,000 -	10	120,001 and over	10				
72,001 - 85,000 -	11						
85,001 -105,000 -	12						
105,001 -115,000 -	13						
115,001 -130,000 -	14						
130,001 - and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

Form with fields for First name and middle initial, Last name, Your social security number, Permanent home address, Apartment number, City, village, or post office, State, ZIP code. Includes checkboxes for Single or Head of household, Married, and 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? Yes [] No []
Are you a resident of Yonkers? Yes [] No []

Complete the worksheet on page 3 before making any entries.

1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 20) 1. []
2 Total number of allowances for New York City (from line 31) 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.

Employee's signature Date

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: detach this page and give it to your employer; keep pages 3 and 4 for your records.

Employers only: Please mark an X in the appropriate box(es) to indicate why you are sending a copy of this form to New York State:

Employee is a new hire [] Employee claimed more than 14 exemption allowances for New York State []

Employer's name and address (Employer: complete this section only if you must send a copy of this form to the NYS Tax Department.) Employer identification number

Instructions

Changes for 2010

The additional withholding per week dollar amounts and the number of allowances in the charts on page 4 of the instructions for this form have been revised for tax year 2010. If you filed a 2009 Form IT-2104 (dated 4/09) based on the tax rate increase effective for tax year 2009, and you used the charts on page 4 of the 2009 Form IT-2104 to compute an additional dollar amount to claim on lines 3, 4, or 5 of Form IT-2104, you should complete a new 2010 Form IT-2104 and give it to your employer.

Who should file this form

This certificate, Form IT-2104, is completed by an employee and given to the employer to instruct the employer how much New York State (and New York City and Yonkers) tax to withhold from the employee's pay. The more allowances claimed, the lower the amount of tax withheld.

If you do not file Form IT-2104, your employer may use the same number of allowances you claimed on federal Form W-4. Due to differences in tax law, this may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers. Complete Form IT-2104 each year and file it with your employer if the number of allowances you may claim is different from federal Form W-4 or has changed. Common reasons for completing a new Form IT-2104 each year include the following:

- You started a new job.
You are no longer a dependent.
Your individual circumstances may have changed (for example, you were married or have an additional child).
You itemize your deductions on your personal income tax return.

- You claim allowances for New York State credits.
You owed tax or received a large refund when you filed your personal income tax return for the past year.
Your wages have increased and you expect to earn \$100,000 or more during the tax year.
The total income of you and your spouse has increased to \$100,000 or more for the tax year.
You have significantly more or less income from other sources or from another job.
You no longer qualify for exemption from withholding.
You have been advised by the Internal Revenue Service that you are entitled to fewer allowances than claimed on your original federal Form W-4, and the disallowed allowances were claimed on your original Form IT-2104.

Exemption from withholding

You cannot use Form IT-2104 to claim exemption from withholding. To claim exemption from income tax withholding, you must file Form IT-2104-E, Certificate of Exemption from Withholding, with your employer. You must file a new certificate each year that you qualify for exemption. This exemption from withholding is allowable only if you had no New York income tax liability in the prior year, you expect none in the current year, and you are over 65 years of age, under 18, or a full-time student under 25. If you are a dependent who is under 18 or a full-time student, you may owe tax if your income is more than \$3,000.

Withholding allowances

You may **not** claim a withholding allowance for yourself or, if married, your spouse. Claim the number of withholding allowances you compute in Part 1 and Part 3 on page 3 of this form. If you want more tax withheld, you may claim fewer allowances. **If you claim more than 14 allowances**, your employer **must send** a copy of your **Form IT-2104** to the New York State Tax Department. You may then be asked to verify your allowances. If you arrive at negative allowances (less than zero) on lines 1, 2, 20, or 31, and your employer cannot accommodate negative allowances, **enter 0** and see *Additional dollar amount(s)* below.

Income from sources other than wages — If you have more than \$1,000 of income from sources other than wages (such as interest, dividends, or alimony received), reduce the number of allowances claimed on line 1 and line 2 (if applicable) of the IT-2104 certificate by one for each \$1,000 of nonwage income. If you arrive at negative allowances (less than zero), see *Withholding allowances* above. You may also consider filing estimated tax, especially if you have significant amounts of nonwage income. Estimated tax requires that payments be made by the employee directly to the Tax Department on a quarterly basis. For more information, see the instructions for Form IT-2105, *Estimated Income Tax Payment Voucher for Individuals*, or see *Need help?* below.

Other credits (Worksheet line 13) — If you will be eligible to claim any credits other than the credits listed in the worksheet, such as an investment tax credit, you may claim additional allowances as follows:

- If you expect your New York adjusted gross income to be less than \$300,000, divide the amount of the expected credit by 70 and enter the result (rounded to the nearest whole number) on line 13.
- If you expect your New York adjusted gross income to be between \$300,000 and \$500,000, divide the amount of the expected credit by 80 and enter the result (rounded to the nearest whole number) on line 13.
- If you expect your New York adjusted gross income to be over \$500,000, divide the amount of the expected credit by 90 and enter the result (rounded to the nearest whole number) on line 13.

Example: You expect your New York adjusted gross income to be less than \$300,000. In addition, you expect to receive a flow-through of an investment tax credit from the S corporation of which you are a shareholder. The investment tax credit will be \$160. Divide the expected credit by 70. $160/70 = 2.2857$. The additional withholding allowance(s) would be 2. Enter **2** on line 13.

Married couples with both spouses working — If you and your spouse both work, you should each file a separate IT-2104 certificate with your respective employers. You should each mark an **X** in the box *Married, but withhold at higher single rate* on the certificate front, and divide the total number of allowances that you compute on line 20 and line 31 (if applicable) between you and your working spouse. Your withholding will better match your total tax if the higher wage-earning spouse claims all of the couple's allowances and the lower wage-earning spouse claims zero allowances. **Do not** claim more total allowances than you are entitled to. If you and your spouse's combined wages are between \$100,000 and \$1,100,000, use one of the charts in Part 4 to compute the number of allowances to transfer to line 19.

Taxpayers with more than one job — If you have more than one job, file a separate IT-2104 certificate with each of your employers. Be sure to claim only the total number of allowances that you are entitled to. Your withholding will better match your total tax if you claim all of your allowances at your higher-paying job and zero allowances at the lower-paying job. In addition, to make sure that you have enough tax withheld, if you are a single taxpayer or head of household with two or more jobs, reduce the number of allowances by six on line 1 and line 2 (if applicable) on the certificate you file with your higher-paying job employer. If you arrive at negative allowances (less than zero), see *Withholding allowances* above.

If your combined wages are between \$100,000 and \$1,100,000, use one of the charts in Part 4 to compute the number of allowances to transfer to line 19. Substitute the words *Highest paying job for Higher earner's wages* within the charts.

Dependents — If you are a dependent of another taxpayer and expect your income to exceed \$3,000, you should reduce your withholding allowances by one for each \$1,000 of income over \$2,500. This will ensure that your employer withholds enough tax.

Following the above instructions will help to ensure that you will not owe additional tax when you file your return.

Heads of households with only one job — If you will use the head-of-household filing status on your state income tax return, mark the *Single or Head of household* box on the front of the certificate. If you have only one job, you may also wish to claim two additional withholding allowances on line 14.

Married couples with only one spouse working — If your spouse does not work and has no income subject to state income tax, mark the *Married* box on the front of the certificate. You may also wish to claim two additional allowances on line 15.

Additional dollar amount(s)

You may ask your employer to withhold an additional dollar amount each pay period by completing lines 3, 4, and 5 on Form IT-2104. In most instances, if you compute a negative number of allowances using the worksheet on page 3 and your employer cannot accommodate a negative number, for each negative allowance claimed you should have an additional \$1.90 of tax withheld per week for New York State withholding on line 3, and an additional \$0.80 of tax withheld per week for New York City withholding on line 4. Yonkers residents should use 10% (.10) of the New York State amount for additional withholding for Yonkers on line 5.

Note: If you are requesting that your employer withhold an additional dollar amount on lines 3, 4, or 5 of this allowance certificate, the additional dollar amount, as determined by these instructions or by using the chart in Part 4, is accurate for a weekly payroll. Therefore, if you are paid other than weekly, you will need to adjust the dollar amount(s) that you compute. For example, if you are paid biweekly, you must double the dollar amount(s) computed using the worksheet on page 3.

Avoid underwithholding

Form IT-2104, together with your employer's withholding tables, is designed to ensure that the correct amount of tax is withheld from your pay. If you fail to have enough tax withheld during the entire year, you may owe a large tax liability when you file your return. The Tax Department must assess interest and may impose penalties in certain situations in addition to the tax liability. Even if you do not file a return, we may determine that you owe personal income tax, and we may assess interest and penalties on the amount of tax that you should have paid during the year.

Privacy notification

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 5-a, 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Manager of Document Management, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone (518) 457-5181.

Need help?



Internet access: www.nystax.gov

Get answers to frequently asked questions; check your refund status; check your estimated tax account; download forms, publications; get tax updates and other information.



Telephone assistance is available from 8:00 A.M. to 5:00 P.M. (eastern time), Monday through Friday.

Refund status:	(518) 457-5149
In-state callers without free long distance:	1 800 443-3200
Personal Income Tax Information Center:	(518) 457-5181
In-state callers without free long distance:	1 800 225-5829
To order forms and publications:	(518) 457-5431
In-state callers without free long distance:	1 800 462-8100
Fax-on-demand forms: Forms are available 24 hours a day, 7 days a week.	1 800 748-3676
Text Telephone (TTY) Hotline (for persons with hearing and speech disabilities using a TTY):	1 800 634-2110

Worksheet

Part 1 – Complete this part to compute your withholding allowances for New York State and Yonkers (line 1).

6 Enter the number of dependents that you will claim on your state return (<i>do not include yourself or, if married, your spouse</i>) ...	6. _____
For lines 7, 8, and 9, enter 1 for each credit you expect to claim on your state return.	
7 College tuition credit	7. _____
8 New York State household credit	8. _____
9 Real property tax credit	9. _____
For lines 10, 11, and 12, enter 3 for each credit you expect to claim on your state return.	
10 Child and dependent care credit	10. _____
11 Earned income credit	11. _____
12 Empire State child credit	12. _____
13 Other credits (<i>see instructions</i>)	13. _____
For lines 14 and 15, enter 2 if either situation applies.	
14 Head of household status and only one job	14. _____
15 Married couples with only one spouse working and only one job	15. _____
16 Enter an estimate of your federal adjustments to income, such as alimony you will pay for the tax year and deductible IRA contributions you will make for the tax year. Total estimate \$ _____. Divide this estimate by \$1,000. Drop any fraction and enter the number	16. _____
17 If you expect to itemize deductions on your state tax return, complete Part 2 below and enter the number from line 28. All others enter 0	17. _____
18 Add lines 6 through 17	18. _____
19 If you have more than one job, or are married with both spouses working, and your combined wages are between \$100,000 and \$1,100,000, enter the appropriate number from one of the charts in Part 4. All others enter 0	19. _____
20 Subtract line 19 from line 18. Enter the result, including negative amounts, here and on line 1. If your employer cannot accommodate negative allowances, enter 0 here and on line 1 and see <i>Additional dollar amounts</i> in the instructions. (If you have more than one job, or if you and your spouse both work, see instructions.)	20. _____

Part 2 – Complete this part only if you expect to itemize deductions on your state return.

21 Enter your estimated federal itemized deductions for the tax year	21. _____
22 Enter your estimated state, local, and foreign income taxes included on line 21 (<i>if your estimated New York AGI is over \$1 million, you must enter on line 22 all estimated federal itemized deductions included on line 21 except charitable contributions</i>)	22. _____
23 Subtract line 22 from line 21	23. _____
24 Enter your estimated college tuition itemized deduction	24. _____
25 Add lines 23 and 24	25. _____
26 Based on your federal filing status, enter the applicable amount from the table below	26. _____

Standard deduction table

Single (cannot be claimed as a dependent) ... \$ 7,500	Qualifying widow(er) \$15,000
Single (can be claimed as a dependent) \$ 3,000	Married filing jointly \$15,000
Head of household \$10,500	Married filing separate returns \$ 7,500

27 Subtract line 26 from line 25 (<i>if line 26 is larger than line 25, enter 0 here and on line 17 above</i>)	27. _____
28 Divide line 27 by \$1,000. Drop any fraction and enter the result here and on line 17 above	28. _____

Part 3 – Complete this part to compute your withholding allowances for New York City (line 2).

29 Enter the amount from line 6 above	29. _____
30 Add lines 14 through 17 above and enter total here	30. _____
31 Add lines 29 and 30. Enter the result here and on line 2	31. _____

(continued on page 4)



Certificate of Exemption from Withholding

IT-2104-E

New York State • New York City • Yonkers

This certificate will expire on April 30, 2011.

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 2009; **and**
- you do not expect to have a New York income tax liability for 2010 (for this purpose, you have a tax liability if your return shows tax before the allowance of any credit for income tax withheld).

Group B

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

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

Print or type	First name and middle initial	Last name	Social security number	Filing status: Mark an X in only one box
	Mailing address (<i>number and street or rural route</i>)	Apartment number	Date of birth (<i>mm-dd-yyyy</i>)	A Single <input type="checkbox"/> B Married <input type="checkbox"/>
	City, village, or post office	State	ZIP code	C Qualifying widow(er) with dependent child, or head of household with qualifying person <input type="checkbox"/>
Are you a full-time student? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you a military spouse exempt under the SCRA? Yes <input type="checkbox"/> No <input type="checkbox"/>		
I certify that the information on this form is correct and that, for the year 2010, 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	
Employer name and address (<i>Employer: complete this section only if you must send a copy to the NYS Tax Department; see instructions</i>)			Employer identification number	Date
			Mark an X if a newly hired employee <input type="checkbox"/>	

----- Cut here and give the above certificate to your employer -----

Instructions

Employee

Who qualifies — 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 2009; **and**
- you do not expect to have a New York income tax liability for 2010 (for this purpose, you have a tax liability if your return shows tax before the allowance of any credit for income tax withheld).

Group B

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

If you meet the conditions in Group A or Group B, file this certificate, Form IT-2104-E, with your employer. Otherwise, your employer must withhold New York State income tax (and New York City and Yonkers personal income tax, if applicable) from your wages. Do not send this certificate to the Tax Department.

Generally, as a resident, you are required to file a New York State income tax return if you are required to file a federal income tax return, or if your federal adjusted gross income plus your New York additions is more than \$4,000, regardless of your filing status. However, if you are single and can be claimed as a dependent on another person's federal return, you must file a New York State return if your federal adjusted gross income plus your New York additions is more than \$3,000.

If you are a nonresident and have income from New York sources, you must file a New York return if the sum of your federal adjusted

gross income and New York additions to income is more than your New York standard deduction.

A penalty of \$500 may be imposed for furnishing false information that decreases your withholding amount.

When to claim exemption from withholding — File this certificate with your employer if you meet the conditions listed in Group A or Group B above. **You must file a new certificate each year if you wish to continue to claim the exemption.**

Military spouses — Under the Servicemembers Civil Relief Act (SCRA), as amended by the Military Spouses Residency Relief Act, you may be exempt from New York income tax (and New York City and Yonkers personal income tax, if applicable) on your wages if: 1) your spouse is a member of the armed forces present in New York in compliance with military orders; 2) you are present in New York solely to be with your spouse; and 3) you are domiciled in another state.

Liability for estimated tax — If, as a result of this exemption certificate, your employer does not withhold income tax from your wages and you later fail to qualify for exemption from tax, you may be required to pay estimated tax and be subject to penalty if it is not paid. For further information, see Form IT-2105, *Estimated Income Tax Payment Voucher for Individuals*.

Multiple employers — If you have more than one employer, you may claim exemption from withholding with each employer as long as your total expected income will not cause you to incur a New York income tax liability for the year 2010 and you had no liability for 2009.

Revocation by employee — You must revoke this exemption certificate (1) within 10 days from the day you expect to incur a New York income tax liability for the year 2010, (2) on or before December 1, 2010, if you expect to incur a tax liability for 2011, or (3) when you no longer qualify for exemption under the SCRA.

If you are required to revoke this certificate, if you no longer meet the age requirements for claiming exemption, or if you want income tax withheld from your pay (because, for example, you expect your income to exceed \$3,000), you **must** file Form IT-2104, *Employee's Withholding Allowance Certificate*, with your employer. Follow the instructions on Form IT-2104 to determine the correct number of allowances to claim for withholding tax purposes.

Filing status — Mark an **X** in one box on Form IT-2104-E that shows your present filing status for federal purposes.

Need help? — For help completing this form, **employees** may call (518) 457-5181, and **employers** may call (518) 485-6654. In-state callers without free long distance call 1 800 225-5829 (for employees) or 1 877 698-2910 (for employers).

Employer

Keep this certificate with your records. If an employee who claims exemption from withholding on Form IT-2104-E usually earns more than \$200 per week, you **must** send a copy of that employee's Form IT-2104-E to: **NYS Tax Department, Income Tax Audit Administrator, Withholding Certificate Coordinator, W A Harriman Campus, Albany NY 12227.**

The Tax Department will not accept this form if it is incomplete. We will review these certificates and notify you of any adjustments that must be made.

Due dates for sending certificates received from employees who claim exemption and earn more than \$200 per week are:

Quarter	Due date	Quarter	Due date
January – March	April 30	July – September	October 31
April – June	July 31	October – December	January 31

Revocation by employer — You must revoke this exemption within 10 days if, on any day during the calendar year, the date of birth stated on the certificate filed by the employee indicates the

employee no longer meets the age requirements for exemption. The revocation must be in the form of a written notice to the employee.

New hires — If you are submitting a copy of this form because you are choosing to use this form to comply with New York State's New Hire Reporting Program, mark an **X** in the box and mail a copy of the completed form, within 20 days of hiring, to:

**NYS TAX DEPARTMENT, NEW HIRE NOTIFICATION
PO BOX 15119, ALBANY NY 12212-5119**

To report newly-hired employees online go to www.nynewhire.com.

Privacy notification — The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 5-a, 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Manager of Document Management, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone (518) 457-5181.

Instructions**Read all instructions carefully before completing this form.**

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

When Should Form I-9 Be Used?

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

Filling Out Form I-9**Section 1, Employee**

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

Employers should note the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in **Section 2** evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

Preparer/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers (Form M-274)*. You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

Section 3, Updating and Reverification

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B; and:
 1. Examine any document that reflects the employee is authorized to work in the United States (see List A or C);
 2. Record the document title, document number, and expiration date (if any) in Block C; and
 3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, you can download them from our website at www.uscis.gov/forms or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at www.uscis.gov or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at www.uscis.gov/e-verify or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at www.uscis.gov.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address <i>(Street Name and Number)</i>		Apt. #	Date of Birth <i>(month/day/year)</i>
City	State	Zip Code	Social Security #

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):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature _____ Date *(month/day/year)* _____

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature _____	Print Name _____
Address <i>(Street Name and Number, City, State, Zip Code)</i> _____	
Date <i>(month/day/year)</i> _____	

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on *(month/day/year)* _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative _____	Print Name _____	Title _____
Business or Organization Name and Address <i>(Street Name and Number, City, State, Zip Code)</i> _____		Date <i>(month/day/year)</i> _____

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name <i>(if applicable)</i> _____	B. Date of Rehire <i>(month/day/year)</i> <i>(if applicable)</i> _____	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.		
Document Title: _____	Document #: _____	Expiration Date <i>(if any)</i> : _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative _____	Date <i>(month/day/year)</i> _____
--	------------------------------------

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

**Documents that Establish Both
Identity and Employment
Authorization**

LIST B

**Documents that Establish
Identity**

LIST C

**Documents that Establish
Employment Authorization**

OR

AND

1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	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	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	
	5. U.S. Military card or draft record	5. Native American tribal document
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	6. U.S. Citizen ID Card (Form I-197)
	8. Native American tribal document	
	9. Driver's license issued by a Canadian government authority	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
For persons under age 18 who are unable to present a document listed above:		
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	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

DESIGNATION OF BENEFICIARY
(Non-Instructional Staff)

Name - Please Print

Social Security Number

Title

CUNY
Agency

ACCIDENTAL DEATH BENEFIT

- I. In accordance with the provisions of Personal Orders No. 26/71, 28/71 and 74/46, the accidental death benefit of \$25,000 provided for therein is to be paid to the beneficiaries designated below in the following order:

	<u>NAME OF BENEFICIARY (IES)</u>	<u>RELATIONSHIP</u>	<u>ADDRESS</u>	<u>% OF BENEFIT</u>
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	If none of the above-designated beneficiaries shall survive me, payment shall be made to my estate.			

UNUSED ANNUAL LEAVE AND ACCRUED OVERTIME BENEFIT

- II. In accordance with the provisions of Mayor's Executive Order No. 34, dated March 26, 1971, the lump-sum cash payment for the accrued annual leave and accrued compensatory time provided for therein is to be paid to the following beneficiary or beneficiaries or to my estate as indicated below in the following manner (fill in below if you desire to name a beneficiary other than your estate).

	<u>NAME OF BENEFICIARY (IES)</u>	<u>RELATIONSHIP</u>	<u>ADDRESS</u>	<u>% OF BENEFIT</u>
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	If none of the above-designated beneficiaries shall survive me, payment shall be made to my estate.			

ALL PREVIOUS DESIGNATED BENEFICIARIES ARE HEREBY CANCELLED AND IT IS DIRECTED THAT PAYMENTS BE MADE UPON MY DEATH BE MADE SPECIFIED ABOVE.

Signature of Employee (DO NOT PRINT)

Address of Employee

Signed at (City, State)

Date Signed

Signature of Witness (DO NOT PRINT)

Address of Witness

Signed at (City, State)

Date Signed

NOTE: IT IS YOUR RESPONSIBILITY TO SUBMIT A NEW DESIGNATION OF BENEFICIARY WHENEVER CHANGING PERSONAL CIRCUMSTANCES MAKE A CHANGE IN BENEFICIARY NECESSARY.

THE CITY UNIVERSITY OF NEW YORK WORKPLACE VIOLENCE POLICY & PROCEDURES

The City University of New York has a long-standing commitment to promoting a safe and secure academic and work environment that promotes the achievement of its mission of teaching, research, scholarship and service. All members of the University community—students, faculty and staff—are expected to maintain a working and learning environment free from violence, threats of harassment, violence, intimidation or coercion. While these behaviors are not prevalent at the University, no organization is immune.

The purpose of this policy is to address the issue of potential workplace violence in our community, prevent workplace violence from occurring to the fullest extent possible, and set forth procedures to be followed when such violence has occurred.

Policy

The City University of New York prohibits workplace violence. Violence, threats of violence, intimidation, harassment, coercion, or other threatening behavior towards people or property will not be tolerated. Complaints involving workplace violence will not be ignored and will be given the serious attention they deserve. Individuals who violate this policy may be removed from University property and are subject to disciplinary and/or personnel action up to and including termination, consistent with University policies, rules and collective bargaining agreements, and/or referral to law enforcement authorities for criminal prosecution. Complaints of sexual harassment are covered under the University's Policy Against Sexual Harassment.

The University, at the request of an employee or student, or at its own discretion, may prohibit members of the public, including family members, from seeing an employee or student on University property unless necessary to transact University-related business. This policy particularly applies in cases where the employee or student suspects that an act of violence will result from an encounter with said individual(s).

Scope

All faculty, staff, students, vendors, contractors, consultants, and others who do business with the University, whether in a University facility or off-campus location where University business is conducted, are covered by this policy. This policy also applies to other persons not affiliated with the University, such as former employees, former students, and visitors. When students have complaints about other students, they should contact the Office of Student Affairs at their campus.

Definitions

Workplace violence is any behavior that is violent, threatens violence, coerces, harasses or intimidates others, interferes with an individual's legal rights of movement or expression, or disrupts the workplace, the academic environment, or the University's ability to provide services to the public. Examples of workplace violence include, but are not limited to:

1. Disruptive behavior intended to disturb, interfere with or prevent normal work activities (such as yelling, using profanity, verbally abusing others, or waving arms and fists).
2. Intentional physical contact for the purpose of causing harm (such as slapping, stabbing, punching, striking, shoving, or other physical attack).
3. Menacing or threatening behavior (such as throwing objects, pounding on a desk or door, damaging property, stalking, or otherwise acting aggressively; or making oral or written statements specifically intended to frighten, coerce, or threaten) where a reasonable person would interrupt such behavior as constituting evidence of intent to cause harm to individuals or property.
4. Possessing firearms, imitation firearms, knives or other dangerous weapons, instruments or materials. No one within the University community, shall have in their possession a firearm or other dangerous weapon, instrument or material that can be used to inflict bodily harm on an individual or damage to University property without specific written authorization from the Chancellor or the college President regardless of whether the individual possesses a valid permit to carry the firearm or weapon.

Reporting of Incidents

1. General Reporting Responsibilities

Incidents of workplace violence, threats of workplace violence, or observations of workplace violence are not to be ignored by any member of the University community. Workplace violence should promptly be reported to the appropriate University official (see below). Additionally, faculty, staff and students are encouraged to report behavior that they reasonably believe poses a potential for workplace violence as defined above. It is important that all members of the University community take this responsibility seriously to effectively maintain a safe working and learning environment.

2. Imminent or Actual Violence

Any person experiencing or witnessing imminent danger or actual violence involving weapons or personal injury should call the Campus Public Safety Office immediately, or call 911.

3. Acts of Violence Not Involving Weapons or Injuries to Persons

Any person who is the subject of a suspected violation of this policy involving violence without weapons or personal injury, or is a witness to such suspected violation, should report the incident to his or her supervisor, or in lieu thereof, to their respective Campus Public Safety Office. Students should report such incidents to the Office of Student Affairs at their campus or in lieu thereof, their campus Public Safety Office. The Campus Public Safety Office will work with the Office of Human Resources and the supervisor or the Office of Student Affairs on an appropriate response.

4. Commission of a Crime

All individuals who believe a crime has been committed against them have the right, and are encouraged, to report the incident to the appropriate law enforcement agency.

5. False Reports

Members of the University community who make false and malicious complaints of workplace violence, as opposed to complaints which, even if erroneous, are made in good faith, will be subject to disciplinary action and/or referral to civil authorities as appropriate.

6. Incident Reports

The University will report incidents of workplace violence consistent with the College Policies for Incident Reporting Under the Campus Security Policy and Statistical Act (Cleary Act).

Responsibilities

1. Presidents

The President of each constituent college of The City University of New York, the Chief Operating Officer at the Central Office, and the Deans of the Law School and the Sophie Davis School of Biomedical Education shall be responsible for the implementation of this policy on his or her respective campus. The responsibility includes dissemination of this policy to all members of the college community, ensuring appropriate investigation and follow-up of all alleged incidents of workplace violence, constituting a Workplace Violence Advisory Team (See #7. below), and ensuring that all administrators, managers, and supervisors are aware of their responsibilities under this policy through internal communications and training.

2. Campus Public Safety Office

The Campus Public Safety Office is responsible for responding to, intervening, and documenting all incidents of violence in the workplace. The Campus Public Safety Office will immediately log all incidents of workplace violence and will notify the respective supervisor of an incident with his/her employee, or notify the appropriate campus official of an incident with a student. All officers should be knowledgeable of when law enforcement action may be appropriate. Public Safety will maintain an internal tracking system of all threats and incidents of violence. Annual reports will be submitted to the President (at the same time as the report noted below) detailing the number and description of workplace violence incidents, the disposition of the incidents, and recommend policy, training issues, or security procedures that were or should be implemented to maintain a safe working and learning environment. These incidents will be reported in the Annual Report of the College Advisory Committee on Campus Security consistent with the reporting requirements of Article 129A Subsection 6450 of the NYS Education Law (Regulation by Colleges of Conduct on Campuses and Other College Property for Educational Purposes).

Officers will be trained in workplace violence awareness and prevention, non-violent crises intervention, conflict management, and dispute resolution.

Officers will work closely with Human Resources when the possibility of workplace violence is heightened, as well as on the appropriate response to workplace violence incidents consistent with CUNY policies, rules, procedures and applicable labor agreements, including appropriate disciplinary action up to and including termination.

When informed, Public Safety will maintain a record of any Orders of Protection for faculty, staff, and students. Public Safety will provide escort service to members of the college community within its geographical confines, when sufficient personnel are available. Such services are to be extended at the discretion of the Campus Public Safety Director or designee. Only the President, or designee, in his/her absence, can authorize escort service outside of the geographical confines of the college.

3. Supervisors

Each dean, director, department chairperson, executive officer, administrator, or other person with supervisory responsibility (hereinafter “supervisor”) is responsible within his/her area of jurisdiction for the implementation of this policy. Supervisors must report to their respective Campus Public Safety Office any complaint of workplace violence made to him/her and any other incidents of workplace violence of which he/she becomes aware or reasonably believes to exist. Supervisors are expected to inform their immediate supervisor promptly about any complaints, acts, or threats of violence even if the situation has been addressed and resolved. After having reported such complaint or incident to the Campus Public Safety Director and immediate supervisor, the supervisor should keep it confidential and not disclose it further, except as necessary during the investigation process and/or subsequent proceedings.

Supervisors are required to contact the Campus Public Safety Office immediately in the event of imminent or actual violence involving weapons or potential physical injuries.

4. Faculty and Staff

Faculty and staff must report workplace violence, as defined above, to their supervisor. Faculty and staff who are advised by a student that a workplace violence incident has occurred or has been observed must report this to the Campus Public Safety Director immediately. Recurring or persistent workplace violence that an employee reasonably believes is not being addressed satisfactorily, or violence that is, or has been, engaged in by the employee’s supervisor should be brought to the attention of the Campus Public Safety Director.

Employees who have obtained Orders of Protection are expected to notify their supervisors and the Campus Public Safety Office of any orders that list CUNY locations as protected areas.

Victims of domestic violence who believe the violence may extend into the workplace, or employees who believe that domestic or other personal matters may result in their being subject to violence extending into the workplace, are encouraged to notify their supervisor, or the Campus Public Safety Office. Confidentiality will be maintained to the extent possible.

Upon hiring, and annually thereafter, faculty and staff will receive copies of this policy. Additionally, the policy will be posted throughout the campus and be placed on the CUNY website and on the college's website, as appropriate.

5. Office of Human Resources

The Office of Human Resources at each campus is responsible for assisting the Campus Public Safety Director and supervisors in responding to workplace violence; facilitating appropriate responses to reported incidents of workplace violence; notifying the Campus Public Safety Office of workplace violence incidents reported to that office; and consulting with, as necessary, counseling services to secure professional intervention.

The Office of Human Resources is responsible for providing new employees or employees transferred to the campus with a copy of the Workplace Violence Policy and Procedures and insuring that faculty and staff receive appropriate training. The Office of Human Resources will also be responsible for annually disseminating this policy to all faculty and staff at their campus, as well as posting the policy throughout the campus and on the college's website, as appropriate.

6. Students

Students who witness violence, learn of threats, or are victims of violence by employees, students or others should report the incident immediately to the Campus Public Safety Office. If there is no imminent danger, students should report threatening incidents by employees, students or others as soon as possible to the Campus Public Safety Office or Office of Student Affairs. Students will be provided with workplace violence awareness information (including information regarding available counseling services) upon registration each year.

7. Workplace Violence Advisory Team

A college President shall establish a Workplace Violence Advisory Team at his/her college. This Team, working with the College Advisory Committee on Campus Security, will assist the President in responding to workplace violence; facilitating appropriate responses to reported incidents of workplace violence; assessing the potential problem of workplace violence at its site; assessing the college's readiness for dealing with workplace violence; evaluating incidents to prevent future occurrences; and utilizing prevention, intervention, and interviewing techniques in responding to workplace violence. This Team will also develop workplace violence prevention tools (such as pamphlets, guidelines and handbooks) to further assist in recognizing and preventing workplace violence on campus. It is recommended that this Team include representatives from Campus Public Safety, Human Resources, Labor Relations, Counseling Services, Occupational Health and Safety, Legal, and others, including faculty, staff and students, as deemed appropriate by the President.

In lieu of establishing the Workplace Violence Advisory Team, a President may opt to expand the College Advisory Committee on Campus Security with representatives from the areas recommended above to address workplace violence issues at the campus and perform the functions outlined above.

8. University Communications

All communications to the University community and outside entities regarding incidents of workplace violence will be made through the University Office of University Relations after consultation with the respective President or his/her designee.

Education

Colleges are responsible for the dissemination and enforcement of this policy as described herein, as well as for providing opportunities for training in the prevention and awareness of workplace violence. The Office of Faculty and Staff Relations will provide assistance to the campuses in identifying available training opportunities, as well as other resources and tools, (such as reference materials detailing workplace violence warning signs) that can be incorporated into campus prevention materials for dissemination to the college community. Additionally, the Office of Faculty & Staff Relations will offer periodic training opportunities to supplement the college's training programs.

Confidentiality

The University shall maintain the confidentiality of investigations of workplace violence to the extent possible. The University will act on the basis of anonymous complaints where it has a reasonable basis to believe that there has been a violation of this policy and that the safety and well being of members of the University community would be served by such action.

Retaliation

Retaliation against anyone acting in good faith who has made a complaint of workplace violence, who has reported witnessing workplace violence, or who has been involved in reporting, investigating, or responding to workplace violence is a violation of this policy. Those found responsible for retaliatory action will be subject to discipline up to and including termination.

Approved by the Board of Trustees
June 28, 2004



DEPARTMENT OF HUMAN
RESOURCES

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Receipt of CUNY Workplace Violence Policy & Procedures

This is to certify that I have read and received the *CUNY Workplace Violence Policy & Procedures*. A copy of this receipt will be placed in my Human Resources File.

Please Print

Name

Title

Department

Please Sign Below

Signature

Date