

NEW STUDENT ASSISTANTS ONLY

Only complete this packet if you have not already been on SUNY Cobleskill Student Payroll before.

WE CANNOT PROCESS PAYMENT AND YOU MAY NOT BEGIN WORKING UNTIL THIS PACKET OF PAPERWORK IS COMPLETED AND RETURNED TO THE HUMAN RESOURCES OFFICE.

- 1) Fill out as much of the Payroll Transaction Form as you can and sign the Student Signature area. Your supervisor must complete the rest of the form before returning. The appointment form must have the **hire date, hourly rate, account number to be charged and your supervisor's signature on the form.**
- 2) **Payroll Data Form** – Fill out both pages of data form
- 3) **W-4- Federal** - Fill out the bottom portion, (name, address, single or married, etc.)
- 4) **IT-2104** - NYS – Complete top portion only and answer questions: Are you a resident of New York City or Yonkers?
- 5) **Notification of Retirement Eligibility Form** – Retirement is available to all students to join but is not Mandatory. If you become an employee of New York State you are able to buy back previous service at a later date.
- 6) **Direct Deposit Form for NYS Employees** – You will need your bank account number (Not Debit Card) and your bank routing number.
- 7) **Student Employee Confidentiality Form**
- 8) **US Department of Homeland Security form, (I-9)**, Fill out section one and sign. Identification forms are needed. If you have an unexpired **Passport** that is only document needed. If you do not have a passport then two different id forms are needed. One must be from list B (**SUNY ID Card or License**) and one must be from list C (**Social Security Card or Birth Certificate**) on back of I-9 form. **Bring your two forms of ID to Human Resources-Knapp Hall 123.**

If you do not have two forms of ID from the list you may have your parents **fax** a copy of ID to the attention of Amanda Reinhart at (518) 255-5657 or a clear copy can be emailed to reinhaam@cobleskill.edu.

Paychecks and Direct Deposit stubs are sent to your home address on file.

If you need assistance completing paperwork, please contact the Human Resources Office, Knapp Hall 123 or call (518) 255-5423.

NEW Student Assistant Employment Authorization

If you have previously been on Student Payroll

Do not complete this packet.

Please complete a "Returning Student Assistant Employment Form"

Student Name: _____

Student Preferred First Name: (If Applicable): _____

Social Security No: _____

SUNY ID No. _____

Home Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Birth Date: _____ Home Phone No: _____

Student Signature: _____ Date: _____

Mailbox Number in Bouck Hall _____

SUPERVISOR MUST COMPLETE THIS SECTION

Position: _____ Line Item: _____

Effective Date: _____ End Date: _____

Hourly Rate \$ _____ Account No: _____

Supervisor-PRINT NAME _____

Supervisor Signature: _____ **Date:** _____

Budget Holder Signature (If Needed) _____

Maximum Earnings for Student (ACADEMIC YEAR) _____



PAYROLL EMPLOYMENT DATA FORM

Please complete the following and return it to the Payroll Office. This information is required for centralized personnel records. If you have any questions regarding completion of this form, please feel free to contact us at (518) 255-5423 or (518) 255-5412. You can also stop in Knapp Hall, Room 126.

Name: (First) _____ (Middle) _____ (Last) _____

Social Security Number: _____ **800 ID Number:** _____

Salutation: ____ Mr. ____ Ms. ____ Dr.

Birth date: (Month) _____ (Day) _____ (Year) _____

Birthplace: (State) _____ (City) _____ (Country) _____

Citizenship: (Country) _____ (Visa) _____

Gender: ____ Male ____ Female **Gender Identity:** ____ Male ____ Female ____ Non-Binary

Mailing Address: (Street) _____ Apt # _____

(City) _____ (State) _____ (Zip Code) _____

Home Phone: _____ **Cell Phone:** _____

Email Address: _____

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

Race (check ALL that apply):

American Indian or Alaska Native (Person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)

Asian (Person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, & Vietnam.)

Black or African American (Person having origins in any of the black racial groups of Africa.)

Native Hawaiian and other Pacific Islanders (Person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

White (Person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Disability Status: Not Disabled Acoustically Impaired Learning Disabled Legally Blind

Visually Impaired (Not Legally Blind) Mobility Impaired Multiple Impairment Other Impairment

Veteran Status: Non-Veteran Active Reserve Viet Nam Era Veteran Viet Nam Era Veteran from NY State

Disabled Veteran Disabled Viet Nam Veteran Disabled Viet Nam Veteran from NY State National Guard Active Veteran

Other Eligible Veteran Special Disabled Veteran Spouse of 100% Disabled Veteran

Military Separation Date: (Month) _____ (Day) _____ (Year) _____

(Classified employees must provide proof of service in order to receive veteran's credit for seniority)

Education: (Highest level of education completed) _____

(1) (Year) _____ (Month) _____ (Degree Type) _____

(State) _____ (City) _____ (College) _____

(Discipline) _____

(2) (Year) _____ (Month) _____ (Degree Type) _____

(State) _____ (City) _____ (College) _____

(Discipline) _____

Are you currently enrolled in college: ____ Yes ____ No **Degree in Progress:** _____

(State) _____ (City) _____ (College) _____

(Major) _____

Licenses: _____ **Specialization:** _____ **Year:** _____ **Month:** _____

Emergency Contacts:

(1) (First) _____ (Last) _____ (Relationship) _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

(2) (First) _____ (Last) _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____



Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

IT-2104

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

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

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

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

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

Employer: Keep this certificate with your records.

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

A Employee claimed more than 14 exemption allowances for New York State A

B Employee is a new hire or a rehire ... B First date employee performed services for pay (mm-dd-yyyy) (see Box B instructions):

You may report new hire information online instead of mailing the form to New York State. Visit www.nynewhire.com.

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

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

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

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

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

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

Step 1:
Enter Personal Information

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

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

Step 2:
Multiple Jobs or Spouse Works

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

Do **only one** of the following.

- (a) Reserved for future use.
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

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

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

Step 3:
Claim Dependent and Other Credits

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

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

Multiply the number of other dependents by \$500 \$ _____

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

3 \$

Step 4 (optional):
Other Adjustments

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

4(a) \$

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

4(b) \$

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

4(c) \$

Step 5:
Sign Here

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

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

Date

Employers Only

Employer's name and address

First date of employment

Employer identification number (EIN)

DIRECT DEPOSIT FORM FOR NYS EMPLOYEES

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

AC 2772 (REV 12/2022)

SECTION A: EMPLOYEE INFORMATION (REQUIRED)

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

SECTION B: REQUEST FOR EXEMPTION FROM DIRECT DEPOSIT

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

EMPLOYEE SIGNATURE _____ **DATE** _____

SECTION C: BALANCE ACCOUNT INFORMATION (REQUIRED)

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

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

SECTION D: ADDITIONAL ACCOUNT INFORMATION (OPTIONAL)

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

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

DIRECT DEPOSIT FORM FOR NYS EMPLOYEES

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

AC 2772 (REV 12/2022)

SECTION E: DIRECT DEPOSIT STATEMENT OPTIONS (OPTIONAL)

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

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

SECTION F: AUTHORIZATION (REQUIRED)

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

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

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

EMPLOYEE SIGNATURE _____ DATE _____

CANCELLATIONS

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

NEW YORK STATE PERSONAL PRIVACY LAW NOTIFICATION

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

New York State Employees' Retirement System

Please check one box.

I would like to join the **NYS Employees Retirement System**.

Sign into www.retirementatwork.org/suny to register for retirement and complete membership application (paper) and submit to Payroll to complete membership enrollment.

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

I am a current member of the NYS Employees Retirement System.

Sign into www.retirementatwork.org/suny to provide membership information AND complete membership application (paper) to submit to Payroll to complete membership enrollment.

(Print name)

(Signature)

(Department)

(Date)

(Title)

You will need the equivalent of ten years of full-time State service to become eligible for pension benefits.

Upon meeting eligibility requirements, you will be entitled to a lifetime pension at age 55 or a disability pension at an earlier age if you become permanently and totally disabled from gainful employment.

SUNY Cobleskill

Confidentiality and Security Compliance Agreement

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

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

New York State Cyber Security Policy P03-002: Information Security Policy, Rev. Date: August 1, 2007 Personal, Private, and Sensitive Information (PPSI):

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

PPSI includes, but is not limited to:

- Information concerning a person which, because of name, number, personal mark or other identifier, can be used to identify that person, in combination with:
- Social Security Number or any number derived from the Social Security Number;
- Driver’s license number or non-driver identification card number; or
- Mother’s maiden name; financial services account number or code; savings account number or code; checking account number or code; debit card number or code; automated teller machine number or code; electronic serial number.
- Other information which could be used to assume a person’s identity or gain access to a person’s financial resources or credit.
- Information used to authenticate the identity of a person or process (e.g., PIN, password, passphrase, and biometric data). This does not include distribution of one-time-use PINs, passwords, or passphrases.

- Information that identifies specific structural, operational, or technical information, such as maps, mechanical or architectural drawings, floor plans, operational plans or procedures, or other detailed information relating to electric, natural gas, steam, water supplies, nuclear or telecommunications systems or infrastructure, including associated facilities, including, but not limited to:

- Training and security procedures at sensitive facilities and locations as determined by the Office of Homeland Security (OHS);
- Descriptions of technical processes and technical architecture;
- Plans for disaster recovery and business continuity; and
- Reports, logs, surveys, or audits that contain sensitive information.
- Security related information (e.g., vulnerability reports, risk assessments, security logs).
- Other information that is protected from disclosure by law or relates to subjects and areas of concern as determined by the College's executive management.

Family Educational Rights and Privacy Act (FERPA)

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

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

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

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

Print Name

Signature

Date



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

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

► **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

Employer Completes Next Page



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

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

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A	OR	List B	AND	List C
Identity and Employment Authorization		Identity		Employment Authorization

Document Title	Document Title	Document Title
Issuing Authority	Issuing Authority	Issuing Authority
Document Number	Document Number	Document Number
Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy)
Document Title	Additional Information	QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority		
Document Number		
Expiration Date (if any) (mm/dd/yyyy)		
Document Title		
Issuing Authority		
Document Number		
Expiration Date (if any) (mm/dd/yyyy)		

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ *(See instructions for exemptions)*

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative Payroll Examiner/Administrative Assistant	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name SUNY Cobleskill	
Employer's Business or Organization Address (Street Number and Name) 106 Suffolk Circle	City or Town Cobleskill	State NY	ZIP Code 12043

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 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		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 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. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.

SUNY Cobleskill

State University of New York
BI-WEEKLY COLLEGE WORKSTUDY and STUDENT ASSISTANT
 2022 – 2023 Payroll Schedule

PR NO.	Bi-weekly Work Period	Electronic Time Record Due <u>Thursday</u>	Payment Issued On <u>Thursday</u>
9	7/7 – 7/20/22	7/21/22	8/11/2022
10	7/21 - 8/3/22	8/4/22	8/25/2022
11	8/4 – 8/17/22	8/18/22	9/8/2022
12	8/18 – 8/31/22	9/1/22	9/22/2022
13	9/1 – 9/14/22	9/15/22	10/6/2022
14	9/15 – 9/28/22	9/29/22	10/20/2022
15	9/29 - 10/12/22	10/13/22	11/3/2022
16	10/13 - 10/26/22	10/27/22	11/17/2022
17	10/27 – 11/9/22	11/10/22	12/1/2022
18	11/10 – 11/23/22	11/24/22	12/15/2022
19	11/24 - 12/7/22	12/8/22	12/29/2022
20	12/8 - 12/21/22	12/22/22	1/11/2023
21	12/22 – 1/4/23	1/5/23	1/26/2023
22	1/5 – 1/18/23	1/19/23	2/9/2023
23	1/19– 2/1/23	2/2/23	2/23/2023
24	2/2 – 2/15/23	2/17/23	3/9/2023
25	2/16 – 3/2/23	3/2/23	3/23/2023
26	3/2 – 3/15/23	3/16/23	4/6/2023
1	3/16 – 3/29/23	3/30/23	4/20/2023
2	3/30 – 4/12/23	4/13/23	5/4/2023
3	4/13 – 4/26/23	4/27/23	5/18/2023
4	4/27 – 5/10/23	5/11/23	6/1/2023
5	5/11 – 5/24/23	5/25/23	6/15/2023
6	5/25 – 6/7/23	6/8/23	6/29/2023
7	6/8 – 6/21/23	6/22/23	7/13/2023
8	6/22 – 7/5/23	7/6/23	7/27/2023
9	7/6 – 7/19/23	7/20/23	8/10/2023
10	7/20 - 8/2/23	8/3/23	8/24/2023
11	8/3 – 8/16/23	8/17/23	9/7/2023

Electronic time records are due by Thursday C.O.B. following completion of the pay period (Thursday - Wednesday), unless otherwise indicated.

Due to strict deadlines, late time records will be processed in the **FOLLOWING** pay period.