



Human Resources

Borough of Manhattan Community College
The City University of New York
www.bmcc.cuny.edu

199 Chambers Street
New York, NY 10007-1097
tel. 212-220-8300
fax 212-220-2364

Dear New Employee:

Welcome to BMCC. Attached are a variety of documents concerning your appointment to the college that you need to be aware of or must complete. Please read these materials carefully and provide all of the requested information as quickly as possible.

We hope you will enjoy your experience at the college. Best wishes for a productive and successful career at BMCC.

Sincerely,

Robert E. Diaz
Vice President of Legal Affairs and
Faculty & Staff Relations



Human Resources

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Full Time Instructional Staff/Faculty/ECP Packet Checklist

When you accept an offer of employment with the Borough of Manhattan Community College, you must present ORIGINAL documents as outlined below.

Proof of Identity and Employment Eligibility

Under federal law you must complete an Employment Verification (I-9) form in the presence of an HR officer. Be sure to bring appropriate proof of identity/eligibility to HR before your first day of work.

Social Security Card

Agency Shop Agreement

Curriculum Vitae

Health Benefits Application

Three letters of reference

PSC-CUNY Welfare Fund Datasheet

Original Transcript (highest degree)

Retirement Program Election Form

Employment Packet – CUNY

Death Benefit Beneficiary Designation Card

Personnel Information Form

Emergency Contact

Amended Constitutional Oath Upon Appointment

Employee's Withholding Allowance Certificate (W-4 and IT-2104)

If applicable, complete and return:

Direct Deposit of Net Pay Enrollment

Transit Benefit Enrollment/Wage Works)

Tax Certification for Foreign Nationals

Please take time to familiarize yourself with the following:

- Health Plan costs and optional riders, etc.
- A comparison of pension plans
- Departmental Mailboxes and E-mail Accounts

- TIAA-CREF enrollment instructions
- Listing of various policies/procedures on BMCC Web.

The timing of your initial pay check will be based on the process and our receipt of the above documents. If you have any questions about your appointment or payroll process, please call us at 212-220-8300.

Print Name

Date

Signature

BOROUGH OF MANHATTAN COMMUNITY COLLEGE

The City University of New York IMMIGRATION REFORM AND CONTROL ACT OF 1986

EMPLOYMENT ELIGIBILITY VERIFICATION INFORMATION

Among other changes, the Immigration Reform and Control Act of 1986 creates a national employment verification system which places responsibility for verification of the identity and employment eligibility of all employees on the employer. Effective June 1, 1987 this new law requires employers to request and examine original documentation pertaining to the identity and employment eligibility of all new hires and rehires, including U.S. citizens, permanent residents, and non-immigrant visa holders.

Should you accept an offer of employment with the Borough of Manhattan Community College, you must present **ORIGINAL** documentation, outlines on the next page of the document, on or before your first day of work.

After these documents are reviewed, you will then be required to complete and sign an Employment Eligibility Verification Form (Form 9) in the presence of the designated representative of the College.

Should you accept an offer of employment with the College, this process should be completed on or before your first day of work. Otherwise, your employment at the College will be jeopardized.

If you have any questions concerning the employment process at Borough of Manhattan Community College, please call **Human Resources Office, 212-220-8300**

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
<ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (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 	OR	<ol style="list-style-type: none"> 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 <li style="text-align: center;">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 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 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. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

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

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.



Policies and Procedures are available on BMCC HR Website:

- **Acceptable use of computer resources**
- **ADA/504**
- **Children on Campus**
- **Domestic Violence and the Workplace Violence Prevention Policy and Procedures**
- **Non-Discrimination and Sexual Harassment**
- **Sexual Assault, Stalking, and Domestic and Intimate Partner Violence against Students**
- **Time Allowed Employees to Vote**
- **Time Off for Donating Blood**
- **Time Off for Religious Observance**

Borough of Manhattan Community College

New Employee On-Boarding & Existing Employee Orientation for IT Security

Why is IT Security important at CUNY?

- We must ensure our academic and administrative systems continue to be available to run the business of the University and to serve our faculty, students, and staff
- We must maintain accurate University data and prevent unauthorized changes (g.g., grades, financial aid information).
- We must be reputable custodians and are required by law to protect the privacy of personal data belonging to our faculty, students, and staff.

What are the IT security risks to CUNY?

- Don't be phished. Phishing is a scam in which an e-mail message directs you to click on a link that takes you to a web site where you are prompted for personal information, such as passwords, social security number, bank account number or credit card number. Both the link and the web site may closely resemble an authentic web site, but they are not legitimate.
- Don't disclose personal information to someone you don't know. Social engineering is an approach to gain access to information through misrepresentation. It is the conscious manipulation of people to obtain information without their realizing that a security breach is occurring. It may take the form of impersonation via telephone or in person, and through e-mail.
- Don't disclose personal information within CUNY unless it is absolutely necessary. The need for disclosing your social security number outside of the Human Resources (HR) department would be unusual. When in doubt, contact the HR department directly to verify the legitimacy of the request.
- Protect your user ID and password and never share them. Your user ID is your identification, and it is what links you to your actions on CUNY's computer systems. Your password authenticates your user ID. Use passwords that are difficult to guess the change them regularly.
- You are responsible for actions taken with your ID and password. Log off or lock your computer when you are away from your workstation. In most cases, hitting the "Control-Alt-Delete" keys and then selecting "Lock Computer" will keep other out. You will need your password to sign back in, but doing this several times a day will help you to remember your password.
- E-mail and portable devices are not secure. Do not ship personal information belonging to you or CUNY faculty, students and staff to portable devices (e.g., portable hard drives, memory) or send or request to be sent such personal information in an e-mail text or as an email attachment without encryption.
- Be careful when using Internet. Malicious code can take forms such as a virus, worm, or Trojan and can be hidden behind an infected web page or a downloaded program. Keep an anti-virus and anti-malware programs and the software on your workstation up-to-date at all times. Only install software authorized by your department, and never disable or change security programs and their configuration.

Where are the CUNY IT Security information resources?

- [Security.cuny.edu](http://security.cuny.edu) is available 24 hours a day from any Internet accessible location without a user ID and password. All relevant policies, procedures, and advisories, the IT Security awareness program and materials, and links to external IT security information resources are located here.
- Find the Policy on Acceptable Use of Computer Resources under Info Security Policies.
- Find the IT Security Procedures-General under Info Security Policies.
- To take the IT Security Awareness tutorial, approximately 30 minutes, click on the padlock on the home page of security.cuny.edu.

Who to contact for help with IT Security at CUNY?

- Your Supervisor
- Your College Web-site
- security.cuny.edu
- The College IT Security Manager (click on Campus Security Managers Contact Information at security.cuny.edu under Contact Us).
- The College Chief Information Officer or equivalent in the Central Office department.
- The CUNY Central IT Security Office at security@mail.cuny.edu or the Contact us page at security.cuny.edu or the Who to Contact for Help page at security.cuny.edu

Where are some external resources for help with IT Security located?

- New York State Office of Cyber Security and Critical Infrastructure Coordination (CSCIC) at www.csic.state.ny.us
- Federal Trade Commission at www.ftc.gov
- Privacy Rights Clearinghouse-Nonprofit Consumer Information and Advocacy Organization at www.privacyrights.org
- Anti-Phishing Working Group-Committed to wiping out Internet scams and fraud at www.antiphishing.org
- Microsoft Malware Protection Center, Threat Research and Response at www.microsoft.com/security/portal

What is required of me as an employee of CUNY?

- Acknowledge, by signature below, receipt of the Policy on Acceptable Use of Computer Resources.
- Acknowledge, by signature below, receipt of the IT Security Procedures-General.
- Complete the IT Security Awareness tutorial within the first 30 days of employment.
- Maintain compliance with the Policy on Acceptable Use of Computer resources and the IT Security Procedures at all times.

If you discover or suspect a security breach, you should report the incident to your supervisor, the college IT Security Manager (click on Contact Us at security.cuny.edu) and the CUNY Central IT Security Office (security @mail.cuny.edu) immediately.

I hereby acknowledge receipt of the Policy on Acceptable Use of Computer Resources and the IT Security Procedures-General.

(Printed Name)

(Signed)

Borough Of Manhattan Community College
(College/business area)

(Date)

**Borough of Manhattan Community college
Office of Human resources
Personnel Information form**

Name (print) _____ **Social Security Number** _____

Title _____ **Department** _____ **Date of Appointment** _____

Female Male **Date of Birth** _____

Ethnicity:

American Indian Alaskan Native Asian
 Black Hispanic Italian American
 Pacific Islander Puerto Rican White

U.S. Citizen: Yes No **If you are not a U.S. Citizen,**

Of what country are you a citizen: _____

What type of VISA are you holding: _____ **Expiration Date:** _____

Are you a Veteran? Yes No **If you are a veteran, please specify:**

Active Reserve Disabled Disabled Vietnam Era
 Inactive Reserve Retired Vietnam Era

Home Address: _____
(print) _____

Telephone Number: _____

Emergency Contact: _____ **Relationship:** _____

Address:

Telephone Number: _____ **Business Number:** _____

Education:	Degree	Major	Date Earned	Institution

To be completed by the Office of Human Resources

I-9 Date: _____ **Work Authorization Expiration Date:** _____ **Staff Initial** _____ **Date:** _____



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AMENDED CONSTITUTIONAL OATH UPON APPOINTMENT

(In compliance with Section 62 of the New York State Civil Service Law)

“I hereby pledge and declare that I will support the Constitution of the United States 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”

Name: _____

Signature: _____

Address: _____

Date: _____



Name

Position

THE CITY UNIVERSITY OF NEW YORK

EMPLOYMENT APPLICATION

Important Notice to Applicants

Non Discrimination

It is the policy of the University to recruit, employ, retain, promote, and provide benefits to employees and to admit and provide services for students without regard to race, color, creed, national origin, ethnicity, ancestry, religion, age, sex, sexual orientation, gender, gender identity, marital status, partnership status, disability, genetic information, alienage, citizenship, military or veteran status, pregnancy, or status as a victim of domestic violence/stalking/sex offenses, or any other legally prohibited basis in accordance with federal, state and city laws.

All questions or concerns regarding the University's non-discrimination policy or procedure should be addressed to the College's Chief Diversity Officer. Inquiries or complaints concerning sex discrimination and harassment may be referred to the College's Title IX Coordinator or to the Office of Civil Rights of the United States Department of Education.

Disability Accommodation Available for Applicants

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

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 the 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 Notice or Job Specification.

Employment Eligibility and Identity Documents Verification

Under the *Immigration and Reform Control Act of 1986*, CUNY is 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 is obtained.



THE CITY UNIVERSITY OF NEW YORK

APPLICATION FOR EMPLOYMENT

College Job ID# Full-time Part-time

Position If part-time, hours available A.M. P.M.

Contract Title

Personal Information

Last First Middle

If known by another name, please provide

Address Apt. #

City State Zip Code Daytime Phone #

email Evening Phone #

Are you able to perform the essential functions of the position as described in the Position Vacancy Notice and/or Job Specification with or without reasonable accommodation? Yes No

If no and 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 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	<input type="text"/>	School Name	<input type="text"/>	School Name	<input type="text"/>						
Location	<input type="text"/>	Location	<input type="text"/>	Location	<input type="text"/>						
Major Study	<input type="text"/>	Major Study	<input type="text"/>	Major Study	<input type="text"/>						
Credits completed	<input type="text"/>	Degree received	<input type="text"/>	Credits completed	<input type="text"/>	Degree received	<input type="text"/>	Credits completed	<input type="text"/>	Degree received	<input type="text"/>

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.)

Employer Name	<input type="text"/>	Job Title	<input type="text"/>				
Address	<input type="text"/>	Briefly describe duties	<input type="text"/>				
Telephone	<input type="text"/>						
Name/Title of Immediate Supervisor	<input type="text"/>	Date employed from	<input type="text"/>	Date employed to	<input type="text"/>		
Telephone	<input type="text"/>	Reason for leaving	<input type="text"/>				
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Salary (Indicate one):	Gross Annual	<input type="text"/>	Gross Weekly	<input type="text"/>	Gross Hourly	<input type="text"/>

Employer Name	<input type="text"/>	Job Title	<input type="text"/>				
Address	<input type="text"/>	Briefly describe duties	<input type="text"/>				
Telephone	<input type="text"/>						
Name/Title of Immediate Supervisor	<input type="text"/>	Date employed from	<input type="text"/>	Date employed to	<input type="text"/>		
Telephone	<input type="text"/>	Reason for leaving	<input type="text"/>				
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Salary (Indicate one):	Gross Annual	<input type="text"/>	Gross Weekly	<input type="text"/>	Gross Hourly	<input type="text"/>

Employer Name	<input type="text"/>	Job Title	<input type="text"/>				
Address	<input type="text"/>	Briefly describe duties	<input type="text"/>				
Telephone	<input type="text"/>						
Name/Title of Immediate Supervisor	<input type="text"/>	Date employed from	<input type="text"/>	Date employed to	<input type="text"/>		
Telephone	<input type="text"/>	Reason for leaving	<input type="text"/>				
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Salary (Indicate one):	Gross Annual	<input type="text"/>	Gross Weekly	<input type="text"/>	Gross Hourly	<input type="text"/>

Please explain any gaps in employment in excess of two (2) months during the past 15 years

C. Important skills, competencies, or experience not identified above (Identify other important skills, competencies, expertise, or related experiences (such as volunteer work, competence in foreign language, etc.) that you feel should be considered in evaluating your suitability for this position.

D. Background Questions

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

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

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 law or state law? Yes No

4. Are there any criminal charges or violations (except for traffic violations) **currently** pending against you? Yes No

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 of conviction	Name and location of Court	Disposition including incarceration
<div style="border: 1px solid black; height: 40px;"></div>	<div style="border: 1px solid black; width: 60px;"></div>	<div style="border: 1px solid black; width: 100px;"></div>	<div style="border: 1px solid black; width: 100px;"></div>
Offense	Date of conviction	Name and location of Court	Disposition including incarceration
<div style="border: 1px solid black; height: 40px;"></div>	<div style="border: 1px solid black; width: 60px;"></div>	<div style="border: 1px solid black; width: 100px;"></div>	<div style="border: 1px solid black; width: 100px;"></div>
Offense	Date of conviction	Name and location of Court	Disposition including incarceration
<div style="border: 1px solid black; height: 40px;"></div>	<div style="border: 1px solid black; width: 60px;"></div>	<div style="border: 1px solid black; width: 100px;"></div>	<div style="border: 1px solid black; width: 100px;"></div>

6. Are you a retiree of either a New York City or State agency or currently collecting a State/City pension? Yes No

If yes, are you willing to suspend pension payment if offered the position with CUNY? Yes No

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:

Name, Title	Name, Title	Name, Title
<div style="border: 1px solid black; width: 150px;"></div>	<div style="border: 1px solid black; width: 150px;"></div>	<div style="border: 1px solid black; width: 150px;"></div>
Company Affiliation	Company Affiliation	Company Affiliation
<div style="border: 1px solid black; width: 150px;"></div>	<div style="border: 1px solid black; width: 150px;"></div>	<div style="border: 1px solid black; width: 150px;"></div>
Address	Address	Address
<div style="border: 1px solid black; width: 150px;"></div>	<div style="border: 1px solid black; width: 150px;"></div>	<div style="border: 1px solid black; width: 150px;"></div>
Daytime Phone #	Daytime Phone #	Daytime Phone #
<div style="border: 1px solid black; width: 150px;"></div>	<div style="border: 1px solid black; width: 150px;"></div>	<div style="border: 1px solid black; width: 150px;"></div>

email	email	email
<div style="border: 1px solid black; width: 150px;"></div>	<div style="border: 1px solid black; width: 150px;"></div>	<div style="border: 1px solid black; width: 150px;"></div>

E. Recruitment Source:

From which source did you learn of this position?

- Campus Posting
- Electronic Mail
- Personal Contact
- Other

Name

Newspapers / Publications

- New York Times
- Chronicle of Higher Education
- Hispanic Outlook
- Black Issues
- Discipline-specific journal
- Other

Name

Internet Job Services / University web site

- CUNY Web Site
- College Web Site
- Monster.com
- Higheredjobs.com
- Hotjobs.com
- America's Job Bank
- Careerbuilder.com
- Diversity.com
- Other

Name

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College

Name of Candidate

Position sought

Authorization to Release Reference Information

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

The City University of New York is an Affirmative Action /Equal Employment Opportunity/Americans with Disabilities Act/IRCA Employer

Report of External Employment for Classified Staff

Employee/Candidate: Please complete sections A-D regarding your CUNY employment and external employment, both full-time and part-time. Carefully read the attestation in section E and sign the bottom. Once it has been completed and signed, please submit this to the Human Resources Department of the CUNY College at which you are primarily employed or to which you have applied.

All Information on this form is subject to verification. Please be advised that you are required to resubmit this form with updates if there are any changes to your external employment.

A. Employee Information

Employee Name:		Date Completed	
----------------	--	----------------	--

B. CUNY Primary Position

Title:		
College:	Department:	
Regular Work Schedule	Number of Hours per Week	Date of Appointment

CUNY Secondary Position

Title:		
College:	Department:	
Regular Work Schedule	Number of Hours per Week	Date of Appointment

C. External Employment

Employer:

Address:

Telephone & Fax Numbers:

Job Title:

Department:

Supervisor Name & Title:

Regular Work Schedule	Number of Hours per Week	Date of Appointment

D. No External Employment

I have no external employment. I understand that if I plan to obtain external employment, I must contact the HR Department of my school and submit an updated "Report of External Employment of Classified Staff" form BEFORE I begin the external employment.

E. Employee Attestation

By my signature below, I declare and affirm that the information submitted above is true and complete. I acknowledge that my full-time position at CUNY is my primary employment. I understand that any misrepresentation or material omission of facts in this form shall be a sufficient basis for ending further consideration of my application, or, in the event I have already been hired, shall constitute sufficient cause for disciplinary action, which may result in a penalty up to and including termination of employment.

Signature

Date

Sections E & F & G are for Office Use Only

F. Supervisor/Department Head Approval

Approve: I have reviewed this employee's CUNY employment and his/her completed External Employment form and have determined that there is no conflict of interest between the two positions and that the situation is in compliance with CUNY's policy regarding external employment.

Do Not Approve: I have reviewed this employee's CUNY employment and his/her completed External Employment form and have determined that this situation is NOT in compliance with CUNY's policy regarding external employment for the following reason(s):

- there is a conflict of interest between the two positions
- there is an overlap in scheduled work hours
- there is not adequate time allocated for travel between the positions.

Comments:

Signature

Date

Print Name

Title

G. Human Resources Director Approval:

Approve: I have reviewed this employee's CUNY employment and his/her completed External Employment form and have determined that there is no conflict of interest between the two positions and that the situation is in compliance with CUNY's policy regarding external employment.

Do Not Approve: I have reviewed this employee's CUNY employment and his/her completed External Employment form and have determined that this situation is NOT in compliance with CUNY's policy regarding external employment for the following reason(s):

- there is a conflict of interest between the two positions
- there is an overlap in scheduled work hours
- there is not adequate time allocated for travel between the positions.

Comments:

Signature

Date

Print Name

Title

H. Presidential Approval for External Full-Time Positions:

Approve: I have reviewed this employee's CUNY employment and his/her completed External Employment form and have determined that there is no conflict of interest between the two positions and that the situation is in compliance with CUNY's policy regarding external employment.

Do Not Approve: I have reviewed this employee's CUNY employment and his/her completed External Employment form and have determined that this situation is NOT in compliance with CUNY's policy regarding external employment for the following reason(s):

there is a conflict of interest between the two positions

there is an overlap in scheduled work hours

there is not adequate time allocated for travel between the positions.

Comments:

Signature

Date

Print Name

Please return to the HR Director

Retain original document in employee file

BOROUGH OF MANHATTAN COMMUNITY COLLEGE

The City of New York
Department of Personnel

AGENCY SHOP FEE AGREEMENT

This form must be completed by all employees except those in the managerial Pay Plan, Original Jurisdiction titles, and those employees specifically excluded from collective bargaining by decisions of the Office of Collective Bargaining.

Notice to Employee:

Under an act passes by the New York State Legislature and by agreement between the City and the 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 amount payable by a union member.

Employee Affirmation:

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 Signature

Date

TO BE FILLED OUT BY AGENCY

NOTICE TO UNION:

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

Employee Name: _____

Title: _____ Social Security Number _____ Check Digit

				-										
--	--	--	--	---	--	--	--	--	--	--	--	--	--	--

Job Sequence Number (JSN): _____ Check one: Assigned Automatically
 Manually
(List plan assigned)

Payroll No.: _____ Title Code No.: _____

Agency Address: _____ Agency Clerk: _____

Phone No.: _____

Name of Union: _____

To the Union: If the deduction plan was assigned incorrectly, submit correction to the Organizational dues Unit Office of payroll Administration.

***FORWARD TO THE APPROPRIATE UNION**
****MAINTAIN A COY IN EMPLOYEE'S PERSONNEL FILE**

Form W-4 (2014)

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 2014 expires February 17, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older.
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

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 can 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. 505 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. 505 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. 505 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. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

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: { • 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 _____
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 \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child	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 _____	H _____

For accuracy, complete all worksheets that apply.

- 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 are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 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.

----- Separate 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		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2014	
1 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 2014, and I certify that I meet both of the following conditions for exemption. • 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 (This 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 2014 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1950) of your income, and miscellaneous deductions. For 2014, you may have to reduce your itemized deductions if your income is over \$305,050 and you are married filing jointly or are a qualifying widow(er); \$279,650 if you are head of household; \$254,200 if you are single and not head of household or a qualifying widow(er); or \$152,525 if you are married filing separately. See Pub. 505 for details	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,100 \text{ if head of household} \\ \$6,200 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2014 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2014 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2014 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 \$3,950 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 through 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 2014. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2014. 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 - \$6,000	0	\$0 - \$6,000	0	\$0 - \$74,000	\$590	\$0 - \$37,000	\$590
6,001 - 13,000	1	6,001 - 16,000	1	74,001 - 130,000	990	37,001 - 80,000	990
13,001 - 24,000	2	16,001 - 25,000	2	130,001 - 200,000	1,110	80,001 - 175,000	1,110
24,001 - 26,000	3	25,001 - 34,000	3	200,001 - 355,000	1,300	175,001 - 385,000	1,300
26,001 - 33,000	4	34,001 - 43,000	4	355,001 - 400,000	1,380	385,001 and over	1,560
33,001 - 43,000	5	43,001 - 70,000	5	400,001 and over	1,560		
43,001 - 49,000	6	70,001 - 85,000	6				
49,001 - 60,000	7	85,001 - 110,000	7				
60,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 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 to the Department of Health and Human Services for use 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

IT-2104

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

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

Are you a resident of New York City? 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 17) 1
 2 Total number of allowances for New York City (from line 28) 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 a copy for your records.

Employers only: Mark an X in box A and/or box B to indicate why you are sending a copy of this form to New York State (see instr.):

A Employee claimed more than 14 exemption allowances for NYS A
 B Employee is a new hire or a rehire ... B First date employee performed services for pay (mm-dd-yyyy) (see instr.):
 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 NYS Tax Department.)	Employer identification number
--	--------------------------------

Instructions

Changes effective for 2014

Form IT-2104 has been revised for tax year 2014. The worksheet on page 3 used to compute your withholding allowances and the charts beginning on page 4 used to enter an additional dollar amount of withholding have been revised. If you previously filed a Form IT-2104 and used the worksheet or charts, you should complete a new 2014 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 moved into or out of NYC or Yonkers.
- 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 \$104,600 or more during the tax year.
- The total income of you and your spouse has increased to \$104,600 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. You may also claim exemption from withholding if you are a military spouse and meet the conditions set forth under the Servicemembers Civil Relief Act as amended by the Military Spouses Residency Relief Act. If you are a dependent who is under 18 or a full-time student, you may owe tax if your income is more than \$3,100.

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 or 2 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?* on page 6.

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.

Find your filing status and your New York adjusted gross income (NYAGI) in the chart below, and divide the amount of the expected credit by the number indicated. Enter the result (rounded to the nearest whole number) on line 13.

Single and NYAGI is:	Head of household and NYAGI is:	Married and NYAGI is:	Divide amount of expected credit by:
Less than \$209,250	Less than \$261,550	Less than \$313,850	66
Between \$209,250 and \$1,046,350	Between \$261,550 and \$1,569,550	Between \$313,850 and \$2,092,800	68
Over \$1,046,350	Over \$1,569,550	Over \$2,092,800	88

Example: You are married and expect your New York adjusted gross income to be less than \$313,850. 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 66. $160/66 = 2.4242$. 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. 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 your combined wages are:

- less than \$104,600, 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 17 and line 28 (if applicable) between you and your working spouse.
- \$104,600 or more, use the chart(s) in Part 4 and enter the additional withholding dollar amount on line 3.

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, and your combined wages from all jobs are under \$104,600, reduce the number of allowances by seven 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 you are a single or a head of household taxpayer, and your combined wages from all of your jobs are between \$104,600 and \$2,197,503, use the chart(s) in Part 5 and enter the additional withholding dollar amount from the chart on line 3.

If you are a married taxpayer, and your combined wages from all of your jobs are \$104,600 or more, use the chart(s) in Part 4 and enter the additional withholding dollar amount from the chart on line 3 (Substitute the words *Higher-paying job* for *Higher earner's wages* within the chart).

Dependents – If you are a dependent of another taxpayer and expect your income to exceed \$3,100, 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.

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 and your employer cannot accommodate a negative number, for each negative allowance claimed you should have an additional \$1.85 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 15% (.15) of the New York State amount for additional withholding for Yonkers on line 5.

Note: If you are requesting your employer to 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(s) in Part 4 or Part 5, is accurate for a weekly payroll. Therefore, if you are not paid on a weekly basis, 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.

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.

(continued)

Death Benefit Beneficiary Designation Card

Name of Employee (Last) (First) (Middle Initial)		
Social Security Number 	Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: Mo. Day YR.
Name of College:		
Date Employed:		
Primary Beneficiary Name:		Telephone Number relation to me:
Primary Beneficiary Address:		
Contingent Beneficiary Name:		Telephone Number: relation to me:
Contingent Beneficiary Address:		
Date Signed Mo. Day YR. 		Signature of Employee

Order of Payment and Division of Benefits. Unless otherwise provided:

- (a) Payment at my death is to be made to a primary beneficiary if he/she is then living
- (b) Payment at my death is to be made to a contingent beneficiary if he/she is then living and there is no primary beneficiary then living.
- (c) If all beneficiaries predecease me, the benefits will be payable to my estate.

THE CITY OF NEW YORK PAYROLL
 MANAGEMENT SYSTEM
DIRECT DEPOSIT OF NET PAY
 Enrollment/Cancellation

SUBMIT COMPLETED FORM TO:
YOUR AGENCY DIRECT DEPOSIT COORDINATOR OR YOUR
PAYROLL OFFICE

www.NYC.gov/payroll

TYPE OF ACTION	Attach a voided check or most recent savings statement. Check all that apply.				
	<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Cancellation	<input type="checkbox"/> Change of Name on Account	<input type="checkbox"/> Change of Account Number	<input type="checkbox"/> Change of Account Type

EMPLOYEE SECTION

EMPLOYEE IDENTIFICATION	FIRST	M.I.	LAST
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	SOCIAL SECURITY NUMBER	WORK TELEPHONE	
	<input type="text"/>	<input type="text"/>	

Enrollment	PERSON(S) NAMED ON ACCOUNT (PRINT EXACTLY-INCLUDE TRUSTEE OR JOINT OWNER):		
	PERSON 1		
	<input type="text"/>		
	PERSON 2		
	<input type="text"/>		
	ABA NUMBER*	ACCOUNT NUMBER**	ACCOUNT TYPE (CHECK ONLY ONE)
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING

***ABA BANK NUMBER:** CHECKING ACCOUNTS—The ABA number is the first nine(9) numbers prior to the account number at the bottom left corner of the check
 SAVINGS ACCOUNTS---Contact your bank for ABA number, if not known.

EMPLOYEE AUTHORIZATION

I hereby authorize The City of New York to deposit my net pay directly into my checking or savings account as requested. I also grant authorization for the reversal of a credit to my account in the event the credit was made in error. I understand that, under the "National Automated Clearing House Association" operating guidelines and rules. The City of New York can only reverse the amount of the incorrect direct deposit. I agree that this authorization will remain in effect until I provide to my agency a written cancellation to terminate the service.

Employee Signature _____ Date / /

Cancellation	I hereby authorize The City of New York to cancel my direct deposit agreement.	
	Employee Signature _____	Date <input type="text"/> / <input type="text"/> / <input type="text"/>

AGENCY PAYROLL SECTION

DOCUMENT #	<input type="text"/>	CHECK DIGIT	<input type="text"/>	JSN	<input type="text"/>	PAYROLL	<input type="text"/>
-------------------	----------------------	--------------------	----------------------	------------	----------------------	----------------	----------------------

ENROLLMENT REJECTION REASONS: INACTIVE LEAVE STATUS PAYCYCLE IS "A" OTHER _____

AGENCY REP	NAME (PLEASE PRINT) _____	SIGNATURE _____	DATE _____
-------------------	----------------------------------	------------------------	-------------------

DATA ENTRY OPERATOR	NAME (PLEASE PRINT) _____	SIGNATURE _____	DATE _____
----------------------------	----------------------------------	------------------------	-------------------

Basic Plan and Optional Rider Costs

These rates are in effect as of the first full payroll period in July 2013

(All rates are subject to change)

		Weekly		Bi-Weekly		Semi-Monthly	
		Individual	Family	Individual	Family	Individual	Family
Aetna HMO	Basic Plan	\$21.67	\$139.97	\$43.34	\$279.96	\$47.08	\$304.12
	Optional Rider Prescription Drugs	29.78	72.01	59.56	144.02	64.70	156.45
	TOTAL	\$51.45	\$211.98	\$102.90	\$423.98	\$111.78	\$460.57
CIGNA HealthCare	Basic Plan	\$96.47	\$267.59	\$192.94	\$535.20	\$209.60	\$581.39
	Optional Rider Prescription Drugs	42.83	128.22	85.66	256.44	93.05	278.58
	TOTAL	\$139.30	\$395.81	\$278.60	\$791.64	\$302.65	\$859.97
DC37 Med-Team (DC 37 members only)	Basic Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	(No Rider Available) TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Empire EPO	Basic Plan	\$95.88	\$246.45	\$191.76	\$492.90	\$208.32	\$535.44
	Optional Rider Prescription Drugs	27.41	67.20	54.83	134.40	59.56	146.01
	TOTAL	\$123.29	\$313.65	\$246.59	\$627.30	\$267.88	\$681.45
Empire HMO	Basic Plan	\$32.59	\$104.73	\$65.18	\$209.46	\$70.81	\$227.54
	Optional Rider Prescription Drugs	27.41	67.20	54.83	134.40	59.56	146.01
	TOTAL	\$60.00	\$171.93	\$120.01	\$343.86	\$130.37	\$373.55
GHI-CBP/Empire BlueCross BlueShield	Basic Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Optional Rider Prescription Drugs	25.32	46.03	50.63	92.05	55.00	100.00
	Enhanced Reimbursement Schedule	1.50	3.79	2.99	7.58	3.25	8.24
	TOTAL	\$26.82	\$49.82	\$53.62	\$99.63	\$58.25	\$108.24
GHI HMO	Basic Plan	\$23.50	\$73.21	\$46.99	\$146.43	\$51.05	\$159.07
	Optional Rider Prescription Drugs	37.96	96.78	75.91	193.56	82.47	210.27
	TOTAL	\$61.46	\$169.99	\$122.90	\$339.99	\$133.52	\$369.34
HIP Prime HMO	Basic Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Optional Rider Prescription Drugs	31.17	76.36	62.33	152.71	67.72	165.90
	Appliances and Private Duty Nursing	1.25	3.06	2.50	6.12	2.72	6.65
	TOTAL	\$32.42	\$79.42	\$64.83	\$158.83	\$70.44	\$172.55
HIP Prime POS	Basic Plan	\$112.65	\$276.03	\$225.30	\$552.07	\$244.75	\$599.72
	Optional Rider Prescription Drugs	117.33	287.44	234.66	574.88	254.92	624.50
	TOTAL	\$229.98	\$563.47	\$459.96	\$1,126.95	\$499.67	\$1,224.22
Metroplus (HHC Employees Only)	Basic Plan	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Optional Rider Prescription Drugs	29.13	66.30	58.26	132.60	63.29	144.05
	TOTAL	\$29.13	\$66.30	\$58.26	\$132.60	\$63.29	\$144.05
Vytra	Basic Plan	\$13.23	\$59.39	\$26.46	\$118.79	\$28.75	\$129.05
	Optional Rider Prescription Drugs	35.09	91.26	70.18	182.52	76.24	198.28
	TOTAL	\$48.32	\$150.65	\$96.64	\$301.31	\$104.99	\$327.33



The New York City Office of Labor Relations Health Benefits Program

www.nyc.gov/olr

Annual Transfer Period - Fall 2013

The Fall 2013 Health Benefits Program Transfer Period begins **November 1, 2013** and ends **November 30, 2013**. Health plan changes requested during the Transfer Period will be effective the first day of the first full payroll period in **January 2014**.

During the Annual Transfer Period employees may transfer into any health plan listed below for which they are eligible, add or drop the Optional Rider or add or drop dependent(s). To make changes complete a Health Benefits Application. Health Benefits Applications are available through NYCAPS Central (212-487-0500) for employees of agencies with centralized health benefits (employees of the Department of Education should contact HR Connect 718-935-4000). All other employees can obtain a Health Benefits Application by contacting their agency personnel office or health benefits representative. A Health Benefits Application is also available for download at www.nyc.gov/olr by selecting Health Benefits Program and then the Application PDF. Employees with access to Employee Self Service may participate in some Transfer Period activities on-line. Forms, or Self Service election, must be submitted no later than, November 30, 2013.

The Annual Transfer Period is your only opportunity to make changes. Use this time to review your health care and prescription drug needs. Visit www.nyc.gov/olr to review the Summary Program Description (SPD) where you will find plan summaries. Call the health plans directly for information or visit their websites listed below. Contact your union welfare fund about other benefits available to you. If your union welfare fund provides benefits similar to some of those listed in the Optional Rider for your plan, those specific benefits will be provided only by your welfare fund and will not be available through the health plan Optional Rider in certain plans; payroll deductions will be reduced accordingly. If your health plan's Optional Rider consists only of a prescription drug plan and your welfare fund provides this benefit, deductions will not be adjusted.

To elect the Medical Spending Conversion Enrollment (MSC) Buy-Out Waiver Program or change health premium contribution tax status, you must fill out both a Health Benefits Application and a MSC Buy-Out Enrollment/Change Form or MSC Premium Conversion Form. For information about how to obtain forms contact NYCAPS Central, HR Connect, or your agency personnel office or health benefits representative.

Be sure to visit the Health Benefits Program website often, at www.nyc.gov/olr, for important information about your health benefits. On the website you will find forms, notices and updates; including links to the various health plans' Summary of Benefits and Coverage (SBC), the federal notice about the Health Insurance Marketplace and the City's SPD as well as other important items. If you do not have access to a computer, you can request a printed copy of any of the information on the website from your agency health benefits representative or personnel office.

Health Maintenance Organizations

Aetna HMO	(800) 445-8742	www.aetna.com
CIGNA HealthCare	(800) 244-6224	www.cigna.com
Empire HMO	(800) 767-8672	www.empireblue.com/nyc
GHI HMO	(877) 244-4466	www.emblemhealth.com
HIP PRIME HMO	(800) 447-6929	www.emblemhealth.com
MetroPlus (HHC employees only)	(800) 303-9626	www.metroplus.org
Vytra Health Plans	(800) 448-2527	www.vytra.com

Point of Service, Exclusive Provider Organization, and Participating Provider Organizations/Indemnity Plans

DC37 Med-Team (DC37 members only)	(800) 445-8742	www.emblemhealth.com
Empire EPO	(800) 244-4466	www.empireblue.com/nyc
GHI-CBP/Empire Blue Cross Blue Shield		
Group Health Incorporated	(800) 447-6929	www.emblemhealth.com
Empire Blue Cross Blue Shield	(800) 303-9626	www.empireblue.com/nyc
HIP Prime POS	(800) 448-2527	www.emblemhealth.com

Applicant MUST check one:

- EMPLOYEE
RETIREE

Health Benefits Application



City of New York Health Benefits Program

REASON(S) FOR SUBMISSION (Check one or more boxes: enter change date if appropriate)

Form section containing reasons for submission: A. New Enrollment, B. Transfer of Health Plan, C. Change Of: Spouse/Domestic Partner, etc.

D. EMPLOYEE/RETIREE INFORMATION

Form section for employee/retiree information: Last Name, First Name, Social Security Number, Home Address, Marital Status, etc.

E. SPOUSE/DOMESTIC PARTNER INFORMATION

Form section for spouse/partner information: Last Name, First Name, Social Security Number, Date of Birth, etc.

F. FAMILY INFORMATION (Attach a second form if necessary; dependents may not be covered under two NYC Health Plans.)

Table for family information with columns: Spouse/Domestic Partner Last Name, Birth Date, Social Security Number, Sex, Full-Time Student, Permanently Disabled, Drop Coverage.

G. HEALTH PLAN REQUESTED

HEALTH PLAN NAME IN FULL (Please Print Clearly):

Optional Benefits? (Check "Yes" or "No" for optional benefits rider. If no box is checked, it will be presumed that you do not want optional benefits.)

H. TO PARTICIPATE IN THE HEALTH BENEFITS PROGRAM - PLEASE SIGN & DATE BELOW

I certify that the above information is correct and I authorize the City to deduct from my salary/pension the amount required, if any, through the City Health Benefits Program...

I. TO PARTICIPATE IN THE HEALTH BENEFITS BUY-OUT WAIVER PROGRAM - SIGN & DATE BELOW

I wish to participate in the Health Benefits Buy-Out Waiver Program. I have read the Medical Spending Conversion Health Benefits Buy-Out Waiver Program brochure...

J. FOR COMPLETION BY PAYROLL OR PERSONNEL OFFICE ONLY

I certify that the above employee/retiree is eligible for the New York City Health Benefits Program (HBP) and that dependent documentation has been verified in accordance with HBP procedures.

Certifying Signature Date Telephone Number

Table for payroll/personnel office completion: Agency Code, Title Code No, Status, Appointment Date/Ret. Date, Pay Period, Effective Date of Coverage.

Health Plans Available to Employees, Non-Medicare Retirees
and their Dependents

Aetna HMO
Cigna HealthCare
DC 37 Med-Team (DC 37 members only)
Empire EPO
Empire HMO
GHI-CBP/Empire BlueCross BlueShield
GHI HMO
HIP Prime HMO
HIP Prime POS
MetroPlus Health Plan (HHC Employees and Non-Medicare Retirees only)
Vytra Health Plans

RESTRICTIONS: Some health plans are only available in certain states and counties. Please check the Summary Program Description booklet at www.nyc.gov/olr or call the health plans directly.

Health Plans Available to Medicare-Eligible Retirees
and their Dependents

Aetna Golden Medicare 10
Avmed Medicare Plan
BlueCross BlueShield of Florida Health Options, Inc.*
Cigna HealthCare for Seniors* (Arizona only)
DC 37 Med-Team Senior Plan (DC 37 Members Only)
Elderplan*
Empire Medicare Related Coverage
Empire MediBlue HMO
GHI/Empire BlueCross BlueShield Senior Care
GHI HMO Medicare Senior Supplement
HIP VIP Premier Medicare Plan*
Humana Gold Plus (certain counties in Florida)*
SecureHorizons by UnitedHealthCare *

RESTRICTIONS: Some health plans are only available in certain states and counties. Please check the Summary Program Description booklet at www.nyc.gov/olr or call the health plans directly.

*Medicare eligible retirees who wish to enroll in these plans must enroll DIRECTLY with the health plan. Please verify with the health plan of your choice whether or not you reside in its service area. Do not use this form for enrollment in these plans.



Enrollment Form PSC-CUNY Welfare Fund

61 Broadway, 15th Floor
New York, NY 10006
Phone (212) 354-5230
Fax (212) 354-5363

[PSC-CUNY WF Office Use Only]	
Data	_____
Rx	_____
ASO	_____
Dental	_____
<input type="checkbox"/> Stipend	<input type="checkbox"/> Waived/Buy-out

A copy of your NYC Health Benefits Application and Welfare Fund Domestic Partner Form (if applicable) must be attached.

Dependent information will be obtained from your NYC Health Benefits Application, unless you indicate otherwise.

Enrollee		NY State ID#	N _____
Last Name	_____	First Name	_____
Social Security Number	- -	Job Title	_____
Home Address _____			
City	_____	State	_____ Zip Code _____
Primary Contact #	() _____	Primary Email	_____
Date of Birth	/ /	Sex	_____ Marital Status _____ Domestic Partner <input type="checkbox"/>

CUNY Campus	Health Insurance
_____	Basic <input type="checkbox"/> Rider <input type="checkbox"/>

Welfare Fund Dental Option	Effective Date of Hire
Guardian <input type="checkbox"/>	_____ / /
DeltaCare USA <i>(Attach DeltaCare Form)</i> <input type="checkbox"/>	Earliest CUNY Hire Date _____ / /
	Previous College (if applicable) _____

I hereby certify that all information I have provided on this Enrollment Form is true and accurate.

Member Signature _____ **Date** _____ / /

[College HR Office Use Only]	<input type="checkbox"/>	Check here if this enrollee is classified managerial
The individual named herein is eligible for coverage effective _____ / /		
Signature _____	Position _____	Date _____ / /

[PSC-CUNY Welfare Fund Use Only]	_____ Status _____	_____ Authorization _____
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Dental Benefits

This Benefit was changed Effective 01/01/2007

Coverage is provided to plan participants and eligible dependents through either the **Guardian Life Insurance Company** or **Delta Dental**. Plan participants are required to select one of the options for themselves and their families. Those who do not make an election are automatically enrolled in the Guardian Program. Both the Guardian program and the Delta program are available to eligible members without premium payment. Neither has a "rider" option.

Guardian Dental Guard Preferred

This is a "preferred provider" (PPO) program with two components:

- 1) access to a panel of dental providers who charge reduced fees, and
- 2) partial reimbursement for services rendered (by a Reimbursement Schedule).

Benefits include *most* standard dental procedures. There are no annual or lifetime maximum payment limitations. Plan participants may use *any licensed dentist* to provide services, although non-participating dentists are not required to charge the reduced fees, thereby eliminating the value of component 1)., above.

The provider panel maintained by Guardian Life is **Dental Guard Preferred**. Information on participating dentists is available from Guardian:

Phone: (800) 848-4567
Website: Guardian Providers
Schedule: PSC-CUNY Guardian Reimbursement Schedule

Frequency Limits: Standard prophylactic care (cleaning and necessary x-rays is covered once every six months).

Benefit Limits: Coverage is not provided for certain types of care. Please refer to Guardian Benefit Limits and Guardian Contract Limitations. Limitations often involve technical matters. Pre-Treatment Review is recommended.

Pre-Treatment Review: Each plan participant is entitled to be informed by Guardian of the total cost, plan reimbursement and out-of-pocket costs associated with a course of dental treatment. Forms are available at participating dentist offices or from Guardian.

Filing a Claim: Claim forms are available here or from participating providers, by mail from Guardian and through the Guardian Website. Guardian Forms have the mailing address on them. Claim forms should be submitted to:

Guardian Group Dental Claims
P. O. Box 2459
Spokane, WA 99210-2459

DeltaCare USA

This is a dental Health Maintenance Organization; Members who enroll will select a primary care dentist for each eligible family member. That dentist will be responsible for all dental care including referral to specialists as necessary. Members will pay for dental services in accordance with the agreements that Delta has with the dentists. The patient fee is set for each service.

Unlike traditional insurance, there are no claims to complete or reimbursement to await. There is no Annual or Lifetime limit on services.

Enrollment in the Delta program is available each year and coincides with the City-wide open enrollment period.

The HMO program is sponsored by Delta Dental and called DeltaCare USA.

It is administered by PMI Dental Health Plan
12898 Towne Center Drive
Cerritos, CA 90703-8579

Information on dentists participating with the HMO is available from Delta at their
Phone: (800) 422-4234 NJ Residents Only (800) 722-3524
Website: [Delta Main Page and DeltaCare Providers](#)
Schedule: [DeltaCare Provider-Allowed Charges](#)

Benefit Limits: Coverage is not provided for certain types of care. Please refer to [Delta Exclusions and Limitations](#).

"Optional" Fee Payments: Certain procedures are deemed "optional" in the Delta Fee list which typically indicates that it is a procedure that may exceed an accepted norm of service. For example, color-matched fillings are above the norm on molars, whereas they are standard practice on front teeth. Members who decide to have color-matched fillings on molars would pay a higher fee and that fee is in accordance with the profile of each dentist maintained by Delta dental. PMI Dental Health can provide this information.

Emergency Care: Whereas members are generally required to use the primary dentist or an HMO specialist referred by that dentist, there is a provision for emergency treatment up to \$100 per year. Claim forms and regulations are available from PMI Dental Health at the address listed above.

The City University of New York
Information regarding Pension System Membership

I. Full Time Instructional Staff (Including Exec. Comp, REM and Substitute titles):

All Full-time instructional staff is eligible for membership in either the Optional Retirement Program (ORP), which refers to membership in TIAA/CR\$EF and the Alternate Funding Vehicles, or the new York City Teachers' Retirement System (ERS) and who is appointed to a full-time instructional staff position may retain membership in ERS as a "transferred contributor", thereby revoking his/her rights to join any other public pension plan in the future. Regardless of Choice, pension membership, with the exception of Substitutes, is a mandatory for all **full-time** instructional staff. Substitutes can join the ORP only (unless they are Transferred Contributors of another public pension).

New instructional staffs who are ERS members on a leave of absence from a civil service position must remain in ERS until they have relinquished their leave, generally upon attainment of 13.3b status in the instructional staff position. Once this status is attained, the employee has sixty (60) days to 1) elect to remain in ERS, 2) transfer to TRS, or 3) elect membership in the ORP.

Any member of TRS or ERS who is eligible to elect membership in the ORP may be able to retain rights to a TRS or ERS retirement benefit even if normal vesting time frames have not been met, provided contributions to the system are not withdrawn. Please consult with your college Human Resources for details.

II. Full-time Civil Service Managers:

All full-time classified service personnel are required to join the New York City employees' Retirement System after six months from gaining permanent status (those in provisional status may elect to join earlier). Civil Service Managers are also given the opportunity to join the Optional Retirement Program upon appointment to their position, pursuant to the rules cited in "I." above.

My signature below indicates that I have read the information above and have consulted with my college Human Resources regarding any questions I may have had concerning my pension program options and rights.

Name

Signature

HR Verification

The information within this document is based upon currently available information and should not be considered the sole source of information regarding pension membership. In all cases, the provisions of governing laws, rules and regulations prevail.

The City University of New York
RETIREMENT PROGRAM ELECTION FORM
For Full-Time Instructional Staff/Civil Service Managers

This Form is to be used for Eligible employees of CUNY who are appointed, promoted, transferred or reclassified to an eligible Instructions Staff/Civil Service Managerial position and must be filed within 30 days of written notification of eligibility (for new employees, filing must occur within 30 days of appointment). For those electing the Optional Retirement Program (ORP), must enroll on line. Those failing to complete the election process within the statutory time frame noted above are forced into membership with the NYTRS by law (Civil Service Managers into the NYCERS).

Section 1: Personal Information

Name: _____ Social Security Number: _____

Address: _____

College: Borough of Manhattan Community College Job Title: _____ Pension No. (if any) _____

Section 2: Election of Retirement Program

Having received written notification of my retirement program options and having satisfied myself as to the desired retirement program available to me by or pursuant to law in connection with my employment by the City University of New York, I hereby make the following election in regard to my participation in the retirement program as specified below (Check only one)

1. The Optional Retirement Program (ORP). I understand that I have to complete the application for TIAA/CREF process on line;
2. The New York Teachers' Retirement System* (Instructional Staff members only, unless already a member of the NYCTRS through a former position on public service);
3. The New York City Employees' Retirement System* (Classified Managers only, unless already a member of NYCERS through a former position on public service);
4. The Board of Education Retirement System* (for current members only)
5. I have been appointed to a Substitute position, and opt not to join the ORP; therefore, I choose not to be a member of a pension system at this time

Employee Signature/Date

Verification by HR/Date

*Those participating as Transferred Contributors please check here.

The City University of New York

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My signature below indicates that I have read the information above and have consulted with my college Human Resources regarding any questions I may have had concerning my pension program options and rights.

Name

Signature

HR Verification

The information within this document is based upon currently available information and should not be considered the sole source of information regarding pension membership. In all cases, the provisions of governing laws, rules and regulations prevail.

HOW TO ENROLL ONLINE

TIAA-CREF has made it easy for you to enroll online in the CUNY retirement program.

BE READY WITH YOUR:

■ Investment choices and allocations

Go to www.tiaa-cref.org/cuny to review your investment choices including:

- One-Decision Strategy – Allocate 100% of your investment to the TIAA-CREF Lifecycle Fund closest to your estimated year of retirement.
- Build Your Own Portfolio Strategy – Indicate the percentage of your contribution you want allocated to each fund/account you choose.

■ Social Security Number

■ Beneficiary's Social Security Number (optional), birth date and address

TO ENROLL ONLINE:

LOG IN TO www.tiaa-cref.org/cuny AND CLICK "ENROLL NOW"

- Click on the link for the plan(s) you want to enroll in.
- Follow the on-screen directions to complete your enrollment application.

NOTE: At the allocations screen, you can click on any investment choice to view its fact sheet.

Once you complete your enrollment, you can retrieve and print a confirmation page from the "Congratulations" screen.

IMPORTANT:

If you participate in the Voluntary Savings Program (Tax-Deferred Annuity), you **must** complete and submit a Salary Reduction Agreement form for your enrollment application to be processed.

COMPLETE YOUR SALARY REDUCTION AGREEMENT

You may be able to access your agreement at tiaa-cref.org/cuny. If so, download and print it, fill it out, and return it to your Benefits Office. If it is not available, get an agreement from your Benefits Office. Complete it and return it to your Benefits Office.

HELP IS READY FOR YOU

If you need assistance with enrolling online, call TIAA-CREF at **800 842-2776**, Monday through Friday, from 8 a.m. to 10 p.m., and Saturday from 9 a.m. to 6 p.m. (ET). We will guide you through the online enrollment process.

Any withdrawals you make from your account may be subject to ordinary income tax and an additional 10% federal tax may apply if you make a withdrawal prior to age 59½. There are risks when investing in securities, including Lifecycle Funds. Read the prospectus before making any investment choices.

You should consider the investment objectives, risks, charges and expenses carefully before investing. Please call 877 518-9161 or go to tiaa-cref.org for a prospectus that contains this and other information. Please read the prospectus carefully before investing.

TIAA-CREF Individual & Institutional Services, LLC, and Teachers Personal Investors Services, Inc., members FINRA, provide advisory services and distribute securities products. TIAA (Teachers Insurance and Annuity Association), New York, NY issues annuities. FINANCIAL SERVICES FOR THE GREATER GOOD is a registered trademark of Teachers Insurance and Annuity Association.

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FINANCIAL SERVICES



94817-21078-2144

CHOOSING A PENSION PLAN: A GUIDE FOR NEW MEMBERS (continued)

System	New York City Teachers' Retirement System (TRS)	Optional Retirement Program
Tax-Deferred Annuity (TDA)	Voluntary TRS TDA 403(b) is available for members of TRS basic retirement plan.	Voluntary TIAA-CREF TDA 403 (b) is available
	Note that other tax-deferred retirement investment options are also available. For more information, contact your campus HR benefits officer or reach out to Jared Herst at PSC-CUNY.	
Retirement Disability Benefits	Ordinary Disability benefits: 10 or more years of service credit required. Accident Disability Benefits: No minimum service requirement.	A member who has been certified disabled and retires may receive annuity payments and city-provided health benefits after 10 years of full service.
Death Benefit: Beneficiary(ies) of Active Employees in Basic Pension	Member contribution accumulation (member contributions +interest) + death benefit equal to one year's salary for one year of service, two years' salary for two years of service and three years' salary for three or more. Reductions may be applicable depending on age.	Total accumulations in a member's basic retirement plan.
Loans	Yes, to the maximum allowable by law from a member's contributions to basic retirement plan, TDA, 457 (b) and 401 (k) plans.	Yes, to the maximum allowable by law from a member's basic retirement plan, TDA, 457 (b) and 401 (k) plans.

*The preceding is for informational purposes only. It is a preliminary interpretation of 2012 Tier VI legislation & subject to change.



Borough of Manhattan Community College
 The City University of New York
 www.bmcc.cuny.edu

199 Chambers Street
 New York, NY 10007-1097
 tel. 212-220-8300
 fax 212-220-2364

Tax Certification for Foreign Nationals (Excluding Applicants with Permanent Resident Status)

The City University of New York has currently implemented the **GLACIER** online tax compliance system and all Foreign Nationals will be required to register through it, in order to ensure that the appropriate taxation is deducted from you wages. To complete your individual tax record, you will need to obtain instructions and a password from the Office of Human Resources. **Please contact the individuals listed below at your earliest convenience, but no later than 10 days after your employment begins.**

Annetta Diih
 Phone Number: (212) 220-8300
 E-Mail Address: adiih@bmcc.cuny.edu

Gloria Chao
 Phone Number: (212) 220-8300
 E-Mail Address: gchao@bmcc.cuny.edu

Please note that unless your record is completed in **GLACIER**, and copies of the supported documents are submitted, the Payroll Office had been instructed to withhold taxes at the maximum rate of withholding until your record in **GLACIER** has been completed. Furthermore, any taxes withheld will not be refunded by the Payroll office under circumstance.

I have been notified of my requirements to complete certain information in **GLACIER**. I understand that I must go to the Office of Human Resources to obtain access and instructions for **GLACIER**.

Employee Name (Print)	
Employee Signature	Date
E-mail Address (CUNY e-mail preferred)	Employee Phone Number
Form I-9 Certifier Signature	Date

Submit completed form to: Your College TransitBenefit Coordinator

www.cuny.edu/transitbenefit

www.getwageworks.com/nyc

EMPLOYEE ACTION					
<input type="checkbox"/> NEW (Enroll)	<input type="checkbox"/> CHANGE PERSONAL INFORMATION (Change Mailing address, Email or Telephone)	<input type="checkbox"/> CHANGE DEDUCTION (Change Transit Plan and/or Amount Deducted from Pay each Month)	<input type="checkbox"/> SUSPEND DEDUCTION (Temporarily Stop Transit Plan Deduction from Pay)	<input type="checkbox"/> CANCELLATION (Terminate Your Transit Plan Payroll Deduction)	

EMPLOYEE IDENTIFICATION (All fields in this section are required and must be filled out completely. Please Print.)			
Social Security / ERN	DOB MM__ / DAY__		
Name (First/Middle/Last)			
Address Line 1			
Address Line 2**			
City/State/Zip			
Email Address	Telephone		

* Located on your pay statement or check stub.

** Apt.#, Fl.# or Box# if applicable.

TRANSIT PLAN AUTHORIZATION (Please select One of the following plans by writing your initials in the column next to the Transit Plan of your choice. Please enter the total amount, including dollars and cents, you want deducted from your pay each month.)					
ACCESS-A-RIDE (\$3.05 Monthly Admin Fee through Payroll Deductions)		COMMUTER CARD - Unrestricted (\$1.77 Monthly Admin Fee through Payroll Deductions)		TRANSIT PASS (\$3.05 Monthly Admin Fee through Payroll Deductions)	
Employee Initials	Monthly Deduction Amount*	Employee Initials	Monthly Deduction Amount*	Employee Initials	Monthly Deduction Amount*
	\$		\$		\$

*For the Commuter Card – Unrestricted, Transit Pass and Access-A-Ride plans you may elect any amount up to \$800

SUSPEND TRANSIT PLAN DEDUCTION							
Submit at least 2 weeks before you want to suspend your deduction. Remember, administrative deductions will continue when applicable. If you are also enrolled in the Commuter Benefits Parking Plan, the parking plan will be suspended for the same period. Please note this will only suspend your payroll deduction. To also suspend your transit pass orders you must do so directly with WageWorks at www.wageworks.com or 1-877-924-3967.							
PAY DATE TO SUSPEND DEDUCTION	MONTH	DAY	YEAR	PAY DATE TO RESUME DEDUCTION	MONTH	DAY	YEAR

EMPLOYEE CERTIFICATION														
I hereby authorize The City University of New York to deposit my payroll deduction as indicated above into my WageWorks Commuter Benefits Transit Account.														
I also grant authorization for the reversal of a credit to my account in the event the credit was made in error. I understand that, under the "National Automated Clearing House Association" operating guidelines and rules, The City University of New York can only reverse the amount of the incorrect direct deposit.														
I understand, according to the Internal Revenue Code, that the average monthly amount of my transportation deductions should not exceed my average monthly cost of public transportation to and from work. If my average monthly cost of public transportation to and from work should change, I will change my deduction plan to accommodate my new circumstance. Furthermore, no reimbursement will be provided for pre-tax transportation fringe deductions. Upon cancellation, voluntary or otherwise, any funds remaining in my Transit Account will be available for use for a period of 90 days from the effective date of cancellation. Residual funds remaining in the account beyond the 90 day period will be forfeited.														
I understand there is a monthly fee to cover administrative costs of the program. Said fee will be deducted from my post-tax pay each month. The administrative charge is non-refundable. The administrative fees and charges are as follows:														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">TRANSIT PLAN</th> <th style="text-align: left;">FEE</th> <th style="text-align: left;">CHARGE METHOD</th> </tr> <tr> <td>Access-A-Ride</td> <td>\$3.05</td> <td>Deducted from post-tax pay</td> </tr> <tr> <td>Commuter Card-Unrestricted</td> <td>\$1.77</td> <td>Deducted from post-tax pay.</td> </tr> <tr> <td>Transit Pass</td> <td>\$3.05</td> <td>Deducted from post-tax pay.</td> </tr> </table>	TRANSIT PLAN	FEE	CHARGE METHOD	Access-A-Ride	\$3.05	Deducted from post-tax pay	Commuter Card-Unrestricted	\$1.77	Deducted from post-tax pay.	Transit Pass	\$3.05	Deducted from post-tax pay.		
TRANSIT PLAN	FEE	CHARGE METHOD												
Access-A-Ride	\$3.05	Deducted from post-tax pay												
Commuter Card-Unrestricted	\$1.77	Deducted from post-tax pay.												
Transit Pass	\$3.05	Deducted from post-tax pay.												
I grant authorization for The City University of New York to provide my enrollment information, including mailing address, phone number and e-mail address to WageWorks for uses exclusively related to the administration of the program.														
I understand that this authorization will remain in effect until I submit a new request for a change or cancellation.														
I understand that my Commuter Benefits transit account balance and information will be maintained by WageWorks and are accessible online at www.wageworks.com or by calling WageWorks Customer Service at 1-877-WageWorks (1-877-924-3967).														
Employee Signature _____	DATE <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>													

AGENCY PAYROLL SECTION									
Payroll #	Personal information updated in PayServ / PMS (check all that apply):		PAYSERV / PMS ENTRY DATE						
	<input type="checkbox"/> Mailing Address	<input type="checkbox"/> Email Address	<input type="checkbox"/> Phone Number						
			<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>						
I certify that the above data was entered in PMS via EForms:									
Prepared By (Please Print)	Signature	Date							

Submit completed form to: Your College TransitBenefit Coordinator.

www.cuny.edu/transitbenefit

www.getwageworks.com/nyc

IMPORTANT INFORMATION FOR EMPLOYEE

To enroll in the Commuter Benefits Program Park-n-Ride Plan, you must be jointly enrolled in one of the following Commuter Benefits Program TransitBenefit Plans: Commuter Card Plan or the Transit Pass Plan.

Only Parking expenses at or near a public transportation stop or station that you use to commute to work are eligible under this plan. With the Park-n-Ride plan, you pay an administrative fee of \$3.05 per month through payroll deductions.

In this plan, you fund a parking account with WageWorks with your pre-tax and post-tax payroll deductions and you select your Park-n-Ride payment option on the WageWorks system. WageWorks offers three parking payment options: • Pay My Parking • Parking Card • Pay Me Back.

Two business days after you enroll in the Park-n-Ride Plan, go to www.wageworks.com or call WageWorks at 1-877-WageWorks (1-877-924-3967) Monday through Friday, from 8 a.m. to 8 p.m. Eastern Time, to select your preferred WageWorks parking payment option.

TRANSITBENEFIT PLAN IDENTIFICATION Please identify the Commuter Benefits TransitBenefit Plan in which you are enrolled by writing your initials in the column next to the plan.

COMMUTER CARD Unrestricted	Employee Initials	TRANSIT PASS	Employee Initials		
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EMPLOYEE ACTION

NEW (Enroll) CHANGE PERSONAL INFORMATION (Change Mailing Address, Email or Telephone) CHANGE DEDUCTION (Change Amount Deducted from Pay each Month) SUSPEND DEDUCTION (Temporarily Stop Deduction from Pay) RESUME DEDUCTION (End Suspension, Resume Deduction from Pay) CANCELLATION (Terminate Payroll Deduction)

EMPLOYEE IDENTIFICATION (All fields in this section are required and must be filled out completely. Please Print.)

Employee Reference #*			
Name (First/Middle/Last)			
Address Line 1			Address Line 2**
City/State/Zip			
Email Address		Telephone	

* Located on your pay statement or check stub. ** Apt.#, Fl.# or Box# if applicable.

PARK-N-RIDE DEDUCTION AUTHORIZATION

Please enter the total amount, in dollars and cents, you want deducted from your pay each month. Monthly Deduction Amount \$

SUSPEND OR RESUME PARK-N-RIDE DEDUCTION

Submit at least 2 weeks before you want to suspend your deduction from pay or when you want to resume the deduction from being withheld from pay. A separate form will be required to resume the deduction. Please place your initials next to the action you are authorizing. Remember, administrative deductions will continue when applicable. Please note this will only suspend or resume your payroll deduction. To also suspend or resume your Park-n-Ride payment options you must do so directly with WageWorks at www.wageworks.com or 1-877-924-3967.

PAY DATE TO SUSPEND DEDUCTION MONTH DAY YEAR PAY DATE TO RESUME DEDUCTION MONTH DAY YEAR

Employee Initials Employee Initials

EMPLOYEE CERTIFICATION

I hereby authorize The City University of New York to deposit my payroll deduction as indicated above into my WageWorks Commuter Benefits Parking Account.

I also grant authorization for the reversal of a credit to my account in the event the credit was made in error. I understand that, under the "National Automated Clearing House Association" operating guidelines and rules, The City University of New York can only reverse the amount of the incorrect direct deposit.

I understand, according to the Internal Revenue Code, that the average monthly amount of my transportation deductions should not exceed my average monthly cost of public transportation to and from work. If my average monthly cost of public transportation to and from work should change, I will change my deduction plan to accommodate my new circumstance. Furthermore, no reimbursement will be provided for pre-tax transportation fringe deductions. Upon cancellation, voluntary or otherwise, any funds remaining in my Parking account will be forfeited on the effective date of cancellation.

I understand that \$3.05 per month, to cover administrative costs of the program, will be deducted from my post-tax pay each month my account is debited for purchases and/or charges. The administrative charge is non-refundable. In addition to the administrative fee I pay for Park-N-Ride, I must enroll in another Commuter Plan and pay the administrative fee associated with that plan.

I grant authorization for The City University of New York to provide my enrollment information, including mailing address, phone number and e-mail address to WageWorks for use exclusively related to the administration of the program.

I understand that this authorization will remain in effect until I submit a new request for a change or cancellation.

I understand that my Commuter Benefits Parking Account balance and information will be maintained by WageWorks. Parking Account orders must be placed directly through WageWorks. Parking Account order processing and balance information is accessible online at www.wageworks.com or by calling WageWorks Customer Service at 1-877-WageWorks (1-877-924-3967).

Employee Signature _____ DATE MONTH DAY YEAR

AGENCY PAYROLL SECTION

Payroll # _____

Personal information updated in PMS (check all that apply):

Mailing Address Email Address Phone Number PMS ENTRY DATE MONTH DAY YEAR

I confirm that this employee is jointly enrolled in the following TransitBenefit Plan: Commuter Card Unrestricted Transit Pass

I certify that the above data was entered in PMS via EForms:

Prepared By (Please Print) _____ Signature _____ Date _____



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 11-30-2013)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact [your College Health Benefits or Human Resources Office](#). [Get the SPD at \[www.pscunywf.org\]\(http://www.pscunywf.org\)](#).

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name: City University of New York	4. Employer Identification Number (EIN) 13-6400434	
5. Employer Address 205 E 42 Street	6. Employer phone Number N/A	
7. City New York	8. State NY	9. Zip Code 10017
10. Who can we contact about employee health coverage at this job? Employee's College Health Benefits or Human Resources Office		
11. Phone number (if different from above) 212-354-5230	12. Email Address N/A	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
 - All employees.
 - Some employees. Eligible employees are:
 Certain part-time employees classified as adjuncts and who meet credit hour and longevity criteria may receive basic health insurance through their union's Welfare Fund. Refer to that SPD at www.psscunywf.org
 - With respect to dependents:
 - We do offer coverage. Eligible dependents are:
 legal spouse, certified domestic partner, children under age 26 as follows: natural children, adopted children, children under a medical support court order, children for whom employee is the legal guardian, children who are the employee's tax dependent, health plan certified disabled children. See the SPD for more info at www.psscunywf.org
 - We do not offer coverage.
 - If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.
- ** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.



Borough of Manhattan Community College
The City University of New York
www.bmcc.cuny.edu

199 Chambers Street
New York, NY 10007-1097
tel. 212-220-8300
fax 212-220-2364

Primary: Name of Emergency Contact: _____

Relationship: _____

Address: _____

Home Phone Number: _____

Business Number: _____

Cell Phone Number: _____

Secondary: Name of Emergency Contact: _____

Relationship: _____

Address: _____

Home Phone Number: _____

Business Number: _____

Cell Phone Number: _____

Name (Print)

Department

Signature

Date