



## Congratulations on joining the JCC student workforce!

Attached are the employee payroll forms that you need to complete and the important information you need to know (and we're required to provide) before you start work.

### Student Worker Checklist

- Read pages 1-6 of this JCC Student Worker Packet. Keep these pages for your records
- Read and complete pages 7-19 with your supervisor. Submit completed forms to the Financial Aid Office of the campus you attend. Incomplete forms will be returned and will delay your first day of work
- Human Resources will e-mail your supervisor with final approval. Your supervisor will then determine when you can start working
- Important student worker information such as instructions to submit your electronic time card (time entry) and the payroll schedule is available online at [sunyjcc.edu/financialaid/studentworker](http://sunyjcc.edu/financialaid/studentworker)
- Within your first month of work, an e-mail will be sent to your official JCC student account at MyJCC ([myjcc.sunyjcc.edu](http://myjcc.sunyjcc.edu)) with instructions regarding required *We Comply Information Security Training*

### Conditions of Employment

- **As a JCC Student Worker, you are expected to demonstrate professionalism and confidentiality at all times when interacting with students, parents, the community, and other college employees.**
- Your student worker position performs general clerical, general labor, tutorial, or community service work that does not consist of duties that would displace a regular worker in accordance with federal regulations and institutional contracts.
- You must be accepted for admission and enroll in 6 or more credit hours during the fall or spring semesters that you work. Students who fall below 6 credit hours are not eligible to continue working.
- You may not begin work until your employee payroll forms have been submitted and approved.
  - Your permission to work and scheduled work hours are determined by your supervisor.
  - You may work up to 15 hours per week while attending classes. You may work up to 35 hours per week during college breaks or the summer months provided you are not attending summer classes.
  - If you work 6 or more hours on any day, you **MUST** take at least one 30-minute unpaid break. *This break must be shown on your electronic time card.*
  - You will receive a bi-weekly pay check for hours worked as submitted on the electronic time card. Payroll checks are issued on Friday of the pay week (Thursdays during the summer break) and will be mailed to your current address. You may elect to have your pay check deposited directly into your bank account. See page 15 of this packet.
- With the exception of lifeguards, all student workers are paid minimum wage, currently \$7.25 per hour, and receive a bi-weekly pay check for hours worked. Lifeguards currently earn \$8.35 per hour
- JCC student workers are paid through either Federal Work Study (FWS) or JCC Student Assistant (SA) funds. The funding source depends on your financial aid eligibility and the budget of the department where you work. FWS is a form of federal financial aid whereas JCC funds SA positions.
  - To be eligible for FWS, you must have a valid, current SAR (the result of your FAFSA) and meet all federal eligibility requirements, including satisfactory academic progress, as determined by the JCC Financial Aid office.
  - FWS students are assigned a maximum amount they can earn from this program for the academic year. Changes to your financial aid resources, living arrangements, satisfactory academic progress, and level of enrollment may alter your FWS eligibility. You and your supervisor will be notified of any eligibility changes.
  - FWS positions are funded until graduation ceremonies in May. Students may continue to work through the summer under SA funding with supervisor permission.



## Representing JCC - Expectations for Student Workers

**“The customer is the most important visitor on our premises...He is not an interruption of our work. He is the purpose of it.” ~ Mahatma Gandhi (1890)**

As a student worker, you are expected to always represent JCC in a positive manner. This means that you are responsible to:



**Show respect** to students, supervisors, and co-workers. Each of us is unique. We have different ways of working, dealing with problems, and approaching life in general. It may be challenging to deal with people who think and act differently than we do, but we must respect each other.



**Attitude** is the way you view or look at things. It's the way you communicate your mood to others. Everyone you come in contact with by telephone or in person is affected by your attitude.

- Communication exchanges are both verbal (tone of voice) and nonverbal (facial expression, posture, body language). Examples of inappropriate, nonverbal behavior include rolling your eyes, scowling, slouching, and crossing your arms.
- You can change your attitude – it's your choice. It's a mindset, a mental focus on the outside world.
- Having a positive attitude does not mean you ignore problems or that you are always happy. It means you work to make the most of situations.
- A positive attitude puts you into a better frame of mind to face the challenges you will encounter.



If answering phones and greeting customers is part of your job, always do both in a **professional** manner. Learn about the phone system, and keep a card with instructions nearby if necessary. Greet the caller, state your department and name, and offer your help. If you answer the phone while smiling, your voice will sound friendly. Speak slowly and clearly, giving your full attention to the other person. Put the call on hold before discussing the situation with a co-worker or supervisor. Do not eat or drink while talking on the phone. Try to answer the phone in three rings or less.

- If the other person is upset, take notes to pass the information along to your supervisor and stay calm. Say something like “I know you are upset. Please let me put you on hold while I get my supervisor for you.”
- Do not accept foul language or any physical contact – immediately get a co-worker or your supervisor. Never be rude in return.
- When you are upset, you may communicate a negative attitude over the phone without realizing it.



**Maintain confidentiality** at all times. Many issues you deal with in your job may need to be kept confidential. This means you should discuss them only with the appropriate people and never outside of your job environment.

- Put yourself in the other student's position – would you like others to discuss this if you were involved?
- At work, be aware of who is listening to your conversation. Nobody should overhear what you're saying.
- Don't repeat comments or information you overhear between staff members and/or other students. When sending work e-mails, make sure you send it to the right person and only to whom it is intended. Never include a social security number in any portion of your e-mail and do not place the student's name or any identifier in the subject line.



**Come to work** when scheduled. If an emergency arises and you cannot work, call your supervisor. When you first start working, discuss your department's break policy with your supervisor.



**Dress appropriately** for your department and job. Though it's best to discuss this with your supervisor, in general you should not wear see-through clothing, low cut or midriff shirts, short shorts, or torn jeans. No one should see your underwear.



**Don't** take or make personal calls or texts from family and friends while working.

**A Summary of Your Rights Under the Fair Credit Reporting Act**  
(As Provided by the Federal Trade Commission)

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**A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- You can dispute inaccurate items with the source of the information. If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.

**A Summary of Your Rights Under the Fair Credit Reporting Act**  
(As Provided by the Federal Trade Commission)

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- Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

**The FCRA gives several different federal agencies authority to enforce the FCRA:**

<b>FOR QUESTIONS OR CONCERNS REGARDING:</b>	<b>PLEASE CONTACT:</b>
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

END

## NEW YORK CORRECTION LAW ARTICLE 23-A

**LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY CONVICTED  
OF ONE OR MORE CRIMINAL OFFENSES**

**Section 750. Definitions.****751. Applicability.****752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.****753. Factors to be considered concerning a previous criminal conviction; presumption.****754. Written statement upon denial of license or employment.****755. Enforcement.**

**§750. Definitions.** For the purposes of this article, the following terms shall have the following meanings:

(1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.

(2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.

(3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.

(4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.

(5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

**§751. Applicability.** The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

**§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.** No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

(1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or

(2) the issuance or continuation of the license or the granting or

continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

**§753. Factors to be considered concerning a previous criminal conviction; presumption.** 1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

(a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.

(b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.

(c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.

(d) The time which has elapsed since the occurrence of the criminal offense or offenses.

(e) The age of the person at the time of occurrence of the criminal offense or offenses.

(f) The seriousness of the offense or offenses.

(g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.

(h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

**§754. Written statement upon denial of license or employment.** At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

**§755. Enforcement.**

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.

2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.



### Job Description for Student Workers 2013-14 Complete this form with your supervisor

Student's Name: \_\_\_\_\_ JCC Student ID: J \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Housing Plans: ( ) With parents/relatives ( ) In my own apartment ( ) Hillside Suites

Federal regulations require that you disclose all resources. Please list 2013-14 annual amounts for any outside (non-JCC) scholarships and/or third party aid (ACCES-VR, Native American Aid, etc) that you are receiving. Do not list any aid that is on your JCC Financial Aid Award Notification. Use the back of this sheet if necessary.

*I have read the entire JCC Student Worker Packet and have no questions at this time regarding the terms and conditions of my employment.*

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Supervisor to complete this area:**

Name of Student's Supervisor: \_\_\_\_\_  
(This person is responsible for checking the departmental budget, tracking the student's time worked, approving bi-monthly payrolls, and monitoring the student's performance.)

Department where student will work: \_\_\_\_\_

Estimated hours of work per week: \_\_\_\_\_ (student cannot work more than 15 hours per week while classes are in session)

Budget Code, account which will be charged for this student worker expense: \_\_\_\_\_

Type of position: ( ) Federal Work Study (FWS) ( ) Student Assistant

If this position is to be charged to the FSA off-campus **Community Service** FWS budget, please check here: ( )

Qualifications required for this position are checked below:

- ( ) Strong interpersonal skills, adaptable, dependable, and ambitious
- ( ) The ability to work well with people
- ( ) The ability to work well with children
- ( ) The maturity to deal with confidential material
- ( ) Currently hold a valid NYS driver's license
- ( ) Minimal computer knowledge and typing skills
- ( ) Other: \_\_\_\_\_
- ( ) Other: \_\_\_\_\_

Job Title:

- ( ) General Office/Department Assistant
- ( ) Athletic Center Lifeguard
- ( ) Maintenance
- ( ) Reading/Family Literacy
- ( ) Tutor
- ( ) Student Ambassador
- ( ) Lab Assistant
- ( ) Peer Mentor

Duties for this position are checked below:

- ( ) Answering phones, greeting the public, directing students/parents to appropriate personnel
- ( ) Filing, typing, basic data entry tasks, performing general clerical duties
- ( ) Assisting with mass and/or bulk mailings by folding and sorting, shredding paper, copying
- ( ) Transporting and setting up audio visual equipment
- ( ) Performing lawn care tasks such as general cleaning, pick up recyclables
- ( ) Performing basic housekeeping tasks
- ( ) Tutoring, reading aide
- ( ) Other: \_\_\_\_\_

*I understand that the student cannot start work prior to my receipt of approval from Human Resources.*

**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*\*\*FINANCIAL AID OFFICE TO COMPLETE THIS SECTION\*\*\*\*\*

( ) Approved FWS and Max Earning Eligibility: \$ \_\_\_\_\_ ( ) Approved Student Assistant

Signature of FAA: \_\_\_\_\_ Date: \_\_\_\_\_

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# 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](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	
<b>B</b>	Enter "1" if: <span style="font-size: 2em;">}</span> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b>	
<b>C</b>	Enter "1" for your <b>spouse</b> . 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.) . . . . .	<b>C</b>	
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . . ( <b>Note.</b> Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b>	
<b>G</b>	<b>Child Tax Credit</b> (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 <b>less</b> "1" if you have three to six eligible children or <b>less</b> "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 . . . . .	<b>G</b>	
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	
<p>For accuracy, <b>complete all worksheets that apply.</b> <span style="font-size: 2em;">}</span></p> <ul style="list-style-type: none"> <li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul>			

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

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b></p>	OMB No. 1545-0074  <div style="font-size: 2em; font-weight: bold; text-align: center;">2014</div>
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. <b>Note.</b> 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 <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> 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.

<b>1</b>	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	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$12,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,100 \text{ if head of household} \\ \$6,200 \text{ if single or married filing separately} \end{array} \right\}$	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-"	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2014 adjustments to income and any additional standard deduction (see Pub. 505)	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> 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.)	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2014 nonwage income (such as dividends or interest)	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter "-0-"	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$3,950 and enter the result here. Drop any fraction	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1	<b>10</b>	_____

**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.

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> )	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> 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. <b>Do not</b> use the rest of this worksheet	<b>3</b>	_____
<b>Note.</b> If line 1 is <b>less than</b> 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.			
<b>4</b>	Enter the number from line 2 of this worksheet	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed	<b>8</b>	\$ _____
<b>9</b>	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	<b>9</b>	\$ _____

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> 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.



**New York State Employee's Retirement System Membership  
For Student Assistants and Federal Work Study Students  
Employed by Jamestown Community College**

Student Assistants and Federal Work Study Students employed by Jamestown Community College are eligible for membership in the NYS Employees' Retirement System (ERS).

**If you are already a member of ERS, we must have your membership number so that your service at Jamestown Community College can be properly reported.**

If you elect to join the retirement system, you will be required to contribute 3% of your gross salary (through payroll deduction). Contributions are deducted on a pre-tax basis. Subject to certain restrictions, members may borrow up to 75% of their contributions, plus interest.

Employees are vested (entitled to a pension at retirement) upon completing **five years of member service**. As a part-time employee, you will accrue less (perhaps much less) than a year's service credit for each year of employment. Employees with less than 10 years of service credit, may withdraw their contributions, plus interest, at the time they leave service.

Membership provides retirement benefits at age 63 for tier 6 (reductions apply to Tier 2, 3, 4 and 5 members under age 62 unless they have 30 years of service), disability retirement at any age with 10 years of service credit (the service requirement is removed for certain on-the-job injuries), and death benefits.

For further information on ERS benefits visit [www.osc.state.ny.us/retire](http://www.osc.state.ny.us/retire). If you have any questions or would like to receive a brochure or membership application, please contact Linda Fye at ext. 1033.

Please indicate below if you currently hold a membership in ERS, or whether you wish to join or decline membership at this time.

I am presently a member of the NYS Local Retirement System (ERS)  
Membership #: \_\_\_\_\_ Date of Membership: \_\_\_\_\_

I wish to join the NYS Employees' Retirement System (ERS)  
*Note: An application for membership will be sent to you to complete and return to the human resources office. Membership is effective the date your application is received by the retirement system.*

Membership in ERS is *optional, except as noted below*, and is effective the date your application is received by the retirement system. **Once you have joined, you may not withdraw your membership as long as you remain on the payroll of an employer who participates with ERS.**

I **am not** a member of the NYS Employees' Retirement System (ERS), and **I do not wish to join at this time.** \_\_\_\_\_ *initial*

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Social Security #)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Address: If you wish to join ERS, a membership application will be sent to the address provided.)

**PLEASE RETURN SIGNED COPY TO THE FINANCIAL AID OFFICE**

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**Jamestown Community College**  
**State University of New York**  
*Authorization and Release for Pre-Employment Background Check*

In connection with my application for employment at Jamestown Community College, hereafter "employer," I hereby authorize the employer to conduct a background investigation pursuant to the Fair Credit Reporting Act and in accordance with the provisions of Article 23-A of New York State Corrections Law which may include, but not be limited to, a Social Security Number verification, Criminal Conviction verification, and Department of Motor Vehicles verification.

I am aware that I have the right under the Fair Credit Reporting Act to request from the vendor performing the background check, the nature and scope of any report they have prepared in conjunction with the verifications conducted related to my application of employment. I authorize and request all courts and law enforcement agencies to release such information without restriction or qualification.

I hereby release Jamestown Community College, the State University of New York, their respective campuses, officers, employees and agents, from any liability and responsibility arising from preparation of the above described background check, investigation or report, and any resulting outcome or consequences, as well as any liability and responsibility arising from obtaining, reviewing, discussing any information gathered in connection with a review of my application, and any resulting consequences.

**All information is required. Employment offer is conditional until this background check has been completed and approved.**

Have you ever been an employee of Jamestown Community College in the past?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered yes, what was the last date of employment?		Month:	Year:		
Last Name:		First Name:		Middle Initial:	
Former Last Name (if applicable):			Date of Birth:		
Social Security Number:			Home Phone Number:		
Driver's License Number:			Driver's License State:		
Position You Are Being Offered:			Campus or Extension Center: <input type="checkbox"/> Jamestown <input type="checkbox"/> Cattaraugus <input type="checkbox"/> North County <input type="checkbox"/> Warren		

Permanent Legal Address:

Street Address	City	State	Zip	County	Years resided

Do you currently reside in New York State? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, for how long?	Years	Months
---	-----------------------	-------	--------

If you do not currently reside in New York State, or have resided here for less than ten years, please list your addresses, states, counties, and periods of residency for the past ten years:

Street Address	City	State	Zip	County	Years resided
1.					
2.					
3.					

Signature: (must be actual signature, not a signature font)	Date:
---	-------

**For Office Use Only:**

Position:	Campus: <input type="checkbox"/> JT <input type="checkbox"/> Cattaraugus <input type="checkbox"/> North County <input type="checkbox"/> Warren	Supervisor/Division:
<input type="checkbox"/> Student Assistant <input type="checkbox"/> Work Study		

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## Optional Direct Deposit Pay Authorization

Complete this form if you wish to have your paycheck deposited directly into your bank account. Do not complete this form if you wish to have your paycheck mailed to your address on record.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Local Address (City/State/Zip): \_\_\_\_\_

Permanent Address (City/State/Zip): \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address (City/State/Zip): \_\_\_\_\_

Type of Account	(circle one):	Checking	Savings
	(circle one):	Individual	Joint
	(circle one):	New	Existing

Bank Transit Code (first 9 digits on the bottom of your check): \_\_\_\_\_

Account Number (second set of numbers on the bottom of your check): \_\_\_\_\_

If Joint Account, name of other person on account: \_\_\_\_\_

*I hereby authorize my employer (JCC) to deposit my net pay into my account at the above bank. My employer (JCC) is also authorized to draw drafts to adjust any over-deposits which it has caused to be made to my account, provided I am notified at the time of the drawing of any such draft. I will not hold my bank liable for any erroneous deposits or adjustments made by my employer (JCC).*

Employee Signature: \_\_\_\_\_

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

---

Payroll Approval: \_\_\_\_\_

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

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# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

**▶ START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.  
**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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

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

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

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

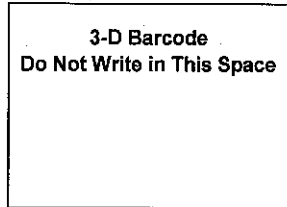
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

2. Form I-94 Admission Number: \_\_\_\_\_



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State Zip Code



Employer Completes Next Page



**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)*

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**3-D Barcode  
Do Not Write in This Space**

**Certification**

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

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

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

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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**LISTS OF ACCEPTABLE DOCUMENTS**  
**All documents must be UNEXPIRED**

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

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

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

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