

NORTH COUNTRY COMMUNITY COLLEGE
PART-TIME EMPLOYEE ACKNOWLEDGEMENT FORM

TO: Payroll

FROM: _____
Employee Name – Please Print

I acknowledge receipt of the following by initialing next to each item and signing below:

- | | |
|---|-------|
| 1. NCCC Employment Information/Policies | _____ |
| 2. Payroll Employee Information Sheet* | _____ |
| 3. I-9 Form (Employment Eligibility Verification)** | _____ |
| 4. W-4 (Federal Withholding)* | _____ |
| 5. IT-2104 (State Withholding)* | _____ |
| 6. Retirement Program Election Form* | _____ |
| 7. Retirement Program History Sheet* | _____ |
| 8. Direct Deposit Form* | _____ |
| 9. Payroll Schedule | _____ |
| 10. Oath of Office* | _____ |

* must be returned to Payroll or authorized representative.

** must be returned to Payroll or authorized representative **IN PERSON** with original identification and employment eligibility documentation as indicated in the I-9 Form and the Employment Information/Policies Memo

I would like my paycheck/stub:

- mailed check to my address on the W-4 / e-mail voucher to: _____
- placed in my base campus mailbox (this option for faculty/staff only)
- held at the campus I'm employed with until I sign for its release. The College mails paychecks/stubs to the address on the W-4 if they don't get picked up within two business days of the check date.

I understand that I am responsible to be aware of and abide by all North Country Community College policies.

Employee Signature

Date

NORTH COUNTRY COMMUNITY COLLEGE

The State University of New York

Voluntary Self Identification for Employees

North Country Community College is subject to various state and federal laws that prohibit discrimination and require North Country Community College to engage in affirmative action. These laws prohibit discrimination on the basis of certain protected classes including race, color, religion, sex, national origin, disability and veteran status. It is the policy of North Country Community College to strive for full compliance with these laws that prohibit discrimination.

The information that is being requested below is part of North Country Community College's record-keeping requirements under Executive Order 11246, Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended (38 U.S.C. 4212) and Section 503 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 793). This information will be kept confidential and used solely in conjunction with affirmative action obligations, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of individuals with disabilities, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by OFCCP of the Americans with Disabilities Act, may be informed. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are consistent with section 503 of the Rehabilitation Act of 1973, as amended or with the Vietnam Veterans' Readjustment Assistant Act of 1974, as amended. If you have any questions, please contact Tara Smith, Director of Human Resources / Title IX Coordinator, at 518-354-5183.

Employee Name: _____

Race/Ethnic Data: White Black/African American
 Hispanic/Latino Asian Hawaiian/Pacific Islander
 American Indian/Alaskan Native Two or More

Veteran Status: Vietnam Veteran*
 *(Served on active duty for a period of more than 180 days, and was discharged or released there from with other than a dishonorable discharge, if any part of such active duty occurred in the Republic of Vietnam between February 28, 1961 and May 7, 1975 or between August 5, 1964 and May 7, 1975, in all other cases or was discharged or released from active duty for a service-connected disability if any part of such active duty was performed in the Republic of Vietnam between February 28, 1961 and May 7, 1975 or between August 5, 1964 and May 7, 1975 in all other cases).

Veteran*
 *(A veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized).

Disability Status: Special Disabled Veteran

Individual with a Disability

Form W-4 (2018)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

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. You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

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 might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

Line F. Credit for other dependents. When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2018	
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 filing separately, check "Married, but withhold at higher Single rate."			
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 800-772-1213 for a replacement card. <input type="checkbox"/>			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here <input type="checkbox"/>					
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.) <input type="checkbox"/>					
				Date <input type="checkbox"/>	
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment		10 Employer identification number (EIN)

your wages and other income, including income earned by a spouse, during the year.

Line G. Other credits. You might be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as the earned income tax credit and tax credits for education and child care expenses. If you do so, your paycheck will be larger but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more

than one job at a time or are married filing jointly and have a working spouse. If you don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("-0-") on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the "Married, but withhold at higher Single rate" box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the "Married, but withhold at higher Single rate" box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are

required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9, and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/programs/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 8. Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 9. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

Box 10. Enter the employer's employer identification number (EIN).

Personal Allowances Worksheet (Keep for your records.)

- A** Enter "1" for yourself **A** _____
- B** Enter "1" if you will file as married filing jointly **B** _____
- C** Enter "1" if you will file as head of household **C** _____
- D** Enter "1" if: }
 - You're single, or married filing separately, and have only one job; or
 - You're married filing jointly, have only one job, and your spouse doesn't work; or
 - Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.**D** _____
- E Child tax credit.** See Pub. 972, Child Tax Credit, for more information.
 - If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "4" for each eligible child.
 - If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "2" for each eligible child.
 - If your total income will be from \$175,551 to \$200,000 (\$339,001 to \$400,000 if married filing jointly), enter "1" for each eligible child.
 - If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" **E** _____
- F Credit for other dependents.**
 - If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "1" for each eligible dependent.
 - If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).
 - If your total income will be higher than \$175,550 (\$339,000 if married filing jointly), enter "-0-" **F** _____
- G Other credits.** If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here . . . **G** _____
- H** Add lines A through G and enter the total here **H** _____

For accuracy, complete all worksheets that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$52,000 (\$24,000 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 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 above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income.

- 1** Enter an estimate of your 2018 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. See Pub. 505 for details **1** \$ _____
- 2** Enter: }
 - \$24,000 if you're married filing jointly or qualifying widow(er)
 - \$18,000 if you're head of household
 - \$12,000 if you're single or married filing separately**2** \$ _____
- 3 Subtract** line 2 from line 1. If zero or less, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your 2018 adjustments to income and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) **4** \$ _____
- 5 Add** lines 3 and 4 and enter the total **5** \$ _____
- 6** Enter an estimate of your 2018 nonwage income (such as dividends or interest) **6** \$ _____
- 7 Subtract** line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses **7** \$ _____
- 8 Divide** the amount on line 7 by \$4,150 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction **8** _____
- 9** Enter the number from the **Personal Allowances Worksheet**, line H above **9** _____
- 10 Add** lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1, page 4. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** _____

Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) 1 _____
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't 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 2018. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2018. 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 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,375	\$420	\$0 - \$7,000	\$420
5,001 - 9,500	1	7,001 - 12,500	1	24,376 - 82,725	500	7,001 - 36,175	500
9,501 - 19,000	2	12,501 - 24,500	2	82,726 - 170,325	910	36,176 - 79,975	910
19,001 - 26,500	3	24,501 - 31,500	3	170,326 - 320,325	1,000	79,976 - 154,975	1,000
26,501 - 37,000	4	31,501 - 39,000	4	320,326 - 405,325	1,330	154,976 - 197,475	1,330
37,001 - 43,500	5	39,001 - 55,000	5	405,326 - 605,325	1,450	197,476 - 497,475	1,450
43,501 - 55,000	6	55,001 - 70,000	6	605,326 and over	1,540	497,476 and over	1,540
55,001 - 60,000	7	70,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 90,000	8				
70,001 - 75,000	9	90,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 105,000	10				
85,001 - 95,000	11	105,001 - 115,000	11				
95,001 - 130,000	12	115,001 - 120,000	12				
130,001 - 150,000	13	120,001 - 130,000	13				
150,001 - 160,000	14	130,001 - 145,000	14				
160,001 - 170,000	15	145,001 - 155,000	15				
170,001 - 180,000	16	155,001 - 185,000	16				
180,001 - 190,000	17	185,001 and over	17				
190,001 - 200,000	18						
200,001 and over	19						

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 aren't required to provide the information requested on a form that's 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.



Department of Taxation and Finance

Employee's Withholding Allowance Certificate

IT-2104

New York State • New York City • Yonkers

First name and middle initial	Last name	Your social security number						
Permanent home address (number and street or rural route)	Apartment number	Single or Head of household <input type="checkbox"/> Married <input type="checkbox"/>						
City, village, or post office	State	ZIP code						
Are you a resident of New York City? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you a resident of Yonkers? Yes <input type="checkbox"/> No <input type="checkbox"/>		Married, but withhold at higher single rate <input type="checkbox"/> Note: If married but legally separated, mark an X in the <i>Single or Head of household</i> box.						
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 18) <table border="1"><tr><td>1</td><td></td></tr></table> 2 Total number of allowances for New York City (from line 29) <table border="1"><tr><td>2</td><td></td></tr></table>			1		2			
1								
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 <table border="1"><tr><td>3</td><td></td></tr></table> 4 New York City amount <table border="1"><tr><td>4</td><td></td></tr></table> 5 Yonkers amount <table border="1"><tr><td>5</td><td></td></tr></table>			3		4		5	
3								
4								
5								

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

Employee's signature	Date
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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.

Employer: Keep this certificate with your records.

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 instructions):

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 2018

Form IT-2104 has been revised for tax year 2018. The worksheet on page 3 and the charts beginning on page 4, used to compute withholding allowances or to enter an additional dollar amount on line(s) 3, 4, or 5, have been revised. If you previously filed a Form IT-2104 and used the worksheet or charts, you should complete a new 2018 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 \$107,650 or more during the tax year.
- The total income of you and your spouse has increased to \$107,650 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 Tax Payment Voucher for Individuals*, or see *Need help?* on page 6.

Other credits (Worksheet line 14) – 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 14.

Single and NYAGI is:	Head of household and NYAGI is:	Married and NYAGI is:	Divide amount of expected credit by:
Less than \$215,400	Less than \$269,300	Less than \$323,200	66
Between \$215,400 and \$1,077,550	Between \$269,300 and \$1,616,450	Between \$323,200 and \$2,155,350	68
Over \$1,077,550	Over \$1,616,450	Over \$2,155,350	88

Example: You are married and expect your New York adjusted gross income to be less than \$323,200. 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 14.

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 \$107,650, 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 18 and line 29 (if applicable) between you and your working spouse.

- \$107,650 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 \$107,650, 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 \$107,650 and \$2,263,265, 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 \$107,650 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 15.

Additional dollar amount(s)

You may ask your employer to withhold an additional dollar amount each pay period by completing lines 3, 4, and 5 on Form IT-2104. In most instances, if you compute a negative number of allowances 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 16.75% (.1675) 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)

Employers

Box A – If you are required to submit a copy of an employee's Form IT-2104 to the Tax Department because the employee claimed more than 14 allowances, mark an **X** in box A and send a copy of Form IT-2104 to: **NYS Tax Department, Income Tax Audit Administrator, Withholding Certificate Coordinator, W A Harriman Campus, Albany NY 12227-0865**. If the employee is also a new hire or rehire, see **Box B** instructions. See Publication 55, *Designated Private Delivery Services*, if not using U.S. Mail.

Box B – If you are submitting a copy of this form to comply with New York State's New Hire Reporting Program, mark an **X** in box B. Enter the first day any services are performed for which the employee will be paid wages, commissions, tips and any other type of compensation. For services based solely on commissions, this is the first day an employee working for commissions is eligible to earn commissions. Also, mark an **X** in the *Yes* or *No* box indicating if dependent health insurance benefits are available to this employee. If *Yes*, enter the date the employee qualifies for coverage. Mail the completed form, within 20 days of hiring, to: **NYS Tax Department, New Hire Notification, PO Box 15119, Albany NY 12212-5119**. To report newly-hired or rehired employees online instead of submitting this form, go to www.nynewhire.com.

Due dates for sending certificates received from employees claiming more than 14 allowances are:

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

Worksheet

See the instructions before completing this worksheet.

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

6	Enter the number of dependents that you will claim on your state return (<i>do not include yourself or, if married, your spouse</i>)	6	_____
For lines 7, 8, and 9, enter 1 for each credit you expect to claim on your state return.			
7	College tuition credit	7	_____
8	New York State household credit	8	_____
9	Real property tax credit	9	_____
For lines 10, 11, and 12, enter 3 for each credit you expect to claim on your state return.			
10	Child and dependent care credit	10	_____
11	Earned income credit	11	_____
12	Empire State child credit	12	_____
13	New York City school tax credit: If you expect to be a resident of New York City for any part of the tax year, enter 2.	13	_____
14	Other credits (<i>see instructions</i>)	14	_____
15	Head of household status and only one job (<i>enter 2 if the situation applies</i>)	15	_____
16	Enter an estimate of your federal adjustments to income, such as alimony you will pay for the tax year and deductible IRA contributions you will make for the tax year. Total estimate \$ _____ Divide this estimate by \$1,000. Drop any fraction and enter the number	16	_____
17	If you expect to itemize deductions on your state tax return, complete Part 2 below and enter the number from line 26. All others enter 0	17	_____
18	Add lines 6 through 17. Enter the result here and on line 1. If you have more than one job, or if you and your spouse both work, see instructions for <i>Taxpayers with more than one job</i> or <i>Married couples with both spouses working</i>	18	_____

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

19	Enter your estimated federal itemized deductions for the tax year	19	_____
20	Enter your estimated state, local, and foreign income taxes or state and local general sales taxes included on line 19	20	_____
21	Subtract line 20 from line 19	21	_____
22	Enter your estimated college tuition itemized deduction	22	_____
23	Add lines 21 and 22	23	_____
24	Based on your federal filing status, enter the applicable amount from the table below	24	_____
Standard deduction table			
Single (cannot be claimed as a dependent)	\$ 8,000	Qualifying widow(er)	\$16,050
Single (can be claimed as a dependent)	\$ 3,100	Married filing jointly	\$16,050
Head of household	\$11,200	Married filing separate returns	\$ 8,000
25	Subtract line 24 from line 23 (<i>if line 24 is larger than line 23, enter 0 here and on line 17 above</i>)	25	_____
26	Divide line 25 by \$1,000. Drop any fraction and enter the result here and on line 17 above	26	_____

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

27	Enter the amount from line 6 above	27	_____
28	Add lines 15 through 17 above and enter total here	28	_____
29	Add lines 27 and 28. Enter the result here and on line 2	29	_____

		Combined wages between \$1,185,400 and \$1,724,299									
Higher earner's wages		\$1,185,400	\$1,239,250	\$1,293,200	\$1,347,050	\$1,400,950	\$1,454,850	\$1,508,700	\$1,562,550	\$1,616,450	\$1,670,400
		\$1,239,249	\$1,293,199	\$1,347,049	\$1,400,949	\$1,454,849	\$1,508,699	\$1,562,549	\$1,616,449	\$1,670,399	\$1,724,299
\$592,650	\$646,499	\$5	\$8								
\$646,500	\$700,399	\$5	\$8	\$11	\$14						
\$700,400	\$754,299	\$5	\$8	\$11	\$14	\$17	\$21				
\$754,300	\$808,199	\$5	\$8	\$11	\$14	\$17	\$21	\$24	\$27		
\$808,200	\$862,049	\$5	\$8	\$11	\$14	\$17	\$21	\$24	\$27	\$30	\$33
\$862,050	\$915,949	\$22	\$8	\$11	\$14	\$17	\$21	\$24	\$27	\$30	\$33
\$915,950	\$969,899	\$20	\$26	\$11	\$14	\$17	\$21	\$24	\$27	\$30	\$33
\$969,900	\$1,023,749	\$17	\$23	\$29	\$14	\$17	\$21	\$24	\$27	\$30	\$33
\$1,023,750	\$1,077,549	\$21	\$20	\$26	\$32	\$17	\$21	\$24	\$27	\$30	\$33
\$1,077,550	\$1,131,499	\$29	\$23	\$21	\$27	\$33	\$19	\$22	\$25	\$28	\$31
\$1,131,500	\$1,185,399	\$20	\$29	\$23	\$21	\$27	\$33	\$19	\$22	\$25	\$28
\$1,185,400	\$1,239,249	\$9	\$20	\$29	\$23	\$21	\$27	\$33	\$19	\$22	\$25
\$1,239,250	\$1,293,199		\$9	\$20	\$29	\$23	\$21	\$27	\$33	\$19	\$22
\$1,293,200	\$1,347,049			\$9	\$20	\$29	\$23	\$21	\$27	\$33	\$19
\$1,347,050	\$1,400,949				\$9	\$20	\$29	\$23	\$21	\$27	\$33
\$1,400,950	\$1,454,849					\$9	\$20	\$29	\$23	\$21	\$27
\$1,454,850	\$1,508,699						\$9	\$20	\$29	\$23	\$21
\$1,508,700	\$1,562,549							\$9	\$20	\$29	\$23
\$1,562,550	\$1,616,449								\$9	\$20	\$29
\$1,616,450	\$1,670,399									\$9	\$20
\$1,670,400	\$1,724,299										\$9

		Combined wages between \$1,724,300 and \$2,263,265									
Higher earner's wages		\$1,724,300	\$1,778,150	\$1,832,050	\$1,885,950	\$1,939,800	\$1,993,700	\$2,047,600	\$2,101,500	\$2,155,350	\$2,209,300
		\$1,778,149	\$1,832,049	\$1,885,949	\$1,939,799	\$1,993,699	\$2,047,599	\$2,101,499	\$2,155,349	\$2,209,299	\$2,263,265
\$862,050	\$915,949	\$36	\$39								
\$915,950	\$969,899	\$36	\$39	\$42	\$45						
\$969,900	\$1,023,749	\$36	\$39	\$42	\$45	\$49	\$52				
\$1,023,750	\$1,077,549	\$36	\$39	\$42	\$45	\$49	\$52	\$55	\$58		
\$1,077,550	\$1,131,499	\$35	\$38	\$41	\$44	\$47	\$50	\$53	\$56	\$490	\$906
\$1,131,500	\$1,185,399	\$31	\$35	\$38	\$41	\$44	\$47	\$50	\$53	\$487	\$906
\$1,185,400	\$1,239,249	\$28	\$31	\$35	\$38	\$41	\$44	\$47	\$50	\$483	\$903
\$1,239,250	\$1,293,199	\$25	\$28	\$31	\$35	\$38	\$41	\$44	\$47	\$480	\$900
\$1,293,200	\$1,347,049	\$22	\$25	\$28	\$31	\$35	\$38	\$41	\$44	\$477	\$897
\$1,347,050	\$1,400,949	\$19	\$22	\$25	\$28	\$31	\$35	\$38	\$41	\$474	\$894
\$1,400,950	\$1,454,849	\$33	\$19	\$22	\$25	\$28	\$31	\$35	\$38	\$471	\$891
\$1,454,850	\$1,508,699	\$27	\$33	\$19	\$22	\$25	\$28	\$31	\$35	\$468	\$887
\$1,508,700	\$1,562,549	\$21	\$27	\$33	\$19	\$22	\$25	\$28	\$31	\$465	\$884
\$1,562,550	\$1,616,449	\$23	\$21	\$27	\$33	\$19	\$22	\$25	\$28	\$462	\$881
\$1,616,450	\$1,670,399	\$29	\$23	\$21	\$27	\$33	\$19	\$22	\$25	\$459	\$878
\$1,670,400	\$1,724,299	\$20	\$29	\$23	\$21	\$27	\$33	\$19	\$22	\$455	\$875
\$1,724,300	\$1,778,149	\$9	\$20	\$29	\$23	\$21	\$27	\$33	\$19	\$452	\$872
\$1,778,150	\$1,832,049		\$9	\$20	\$29	\$23	\$21	\$27	\$33	\$449	\$869
\$1,832,050	\$1,885,949			\$9	\$20	\$29	\$23	\$21	\$27	\$464	\$866
\$1,885,950	\$1,939,799				\$9	\$20	\$29	\$23	\$21	\$458	\$880
\$1,939,800	\$1,993,699					\$9	\$20	\$29	\$23	\$452	\$874
\$1,993,700	\$2,047,599						\$9	\$20	\$29	\$453	\$868
\$2,047,600	\$2,101,499							\$9	\$20	\$460	\$869
\$2,101,500	\$2,155,349								\$9	\$450	\$876
\$2,155,350	\$2,209,299									\$235	\$436
\$2,209,300	\$2,263,265										\$14

Note: These charts do not account for additional withholding in the following instances:

- a married couple with both spouses working, where one spouse's wages are more than \$1,131,632 but less than \$2,263,265, and the other spouse's wages are also more than \$1,131,632 but less than \$2,263,265;
- married taxpayers with only one spouse working, and that spouse works more than one job, with wages from each job under \$2,263,265, but combined wages from all jobs is over \$2,263,265.

If you are in one of these situations and you would like to request an additional dollar amount of withholding from your wages, please contact the Tax Department for assistance (see *Need help?* on page 6).

Part 5 – These charts are only for single taxpayers and head of household taxpayers with more than one job, and whose combined wages are between \$107,650 and \$2,263,265.

Enter the additional withholding dollar amount on line 3.

The additional dollar amount, as shown below, is accurate for a weekly payroll. If you are not paid on a weekly basis, you will need to adjust these dollar amount(s). For example, if you are paid biweekly, you must double the dollar amount(s) computed.

		Combined wages between \$107,650 and \$538,749										
Higher wage		\$107,650 \$129,249	\$129,250 \$150,749	\$150,750 \$172,299	\$172,300 \$193,849	\$193,850 \$236,949	\$236,950 \$280,099	\$280,100 \$323,199	\$323,200 \$377,099	\$377,100 \$430,949	\$430,950 \$484,899	\$484,900 \$538,749
\$53,800	\$75,299	\$13	\$18									
\$75,300	\$96,799	\$13	\$20	\$26	\$25							
\$96,800	\$118,399	\$8	\$17	\$23	\$26	\$28						
\$118,400	\$129,249	\$2	\$11	\$18	\$21	\$25	\$30					
\$129,250	\$139,999		\$4	\$14	\$17	\$22	\$32					
\$140,000	\$150,749		\$2	\$10	\$14	\$18	\$32	\$29				
\$150,750	\$161,549			\$4	\$10	\$15	\$31	\$27				
\$161,550	\$172,499			\$2	\$8	\$13	\$31	\$29	\$26			
\$172,500	\$193,849				\$3	\$11	\$29	\$32	\$27	\$27		
\$193,850	\$236,949					\$9	\$24	\$34	\$32	\$30	\$19	
\$236,950	\$280,099						\$8	\$16	\$25	\$20	\$21	\$13
\$280,100	\$323,199							\$7	\$16	\$24	\$17	\$20
\$323,200	\$377,099								\$8	\$17	\$24	\$17
\$377,100	\$430,949									\$8	\$17	\$24
\$430,950	\$484,899										\$8	\$17
\$484,900	\$538,749											\$8

		Combined wages between \$538,750 and \$1,185,399											
Higher wage		\$538,750 \$592,649	\$592,650 \$646,499	\$646,500 \$700,399	\$700,400 \$754,299	\$754,300 \$808,199	\$808,200 \$862,049	\$862,050 \$915,949	\$915,950 \$969,899	\$969,900 \$1,023,749	\$1,023,750 \$1,077,549	\$1,077,550 \$1,131,499	\$1,131,500 \$1,185,399
\$236,950	\$280,099	\$9											
\$280,100	\$323,199	\$9	\$8										
\$323,200	\$377,099	\$20	\$8	\$8	\$8								
\$377,100	\$430,949	\$17	\$20	\$8	\$8	\$8	\$8						
\$430,950	\$484,899	\$24	\$17	\$20	\$8	\$8	\$8	\$8	\$8				
\$484,900	\$538,749	\$17	\$24	\$17	\$20	\$8	\$8	\$8	\$8	\$8	\$8		
\$538,750	\$592,649	\$8	\$17	\$24	\$17	\$20	\$8	\$8	\$8	\$8	\$8	\$236	\$452
\$592,650	\$646,499		\$8	\$17	\$24	\$17	\$20	\$8	\$8	\$8	\$8	\$236	\$452
\$646,500	\$700,399			\$8	\$17	\$24	\$17	\$20	\$8	\$8	\$8	\$236	\$452
\$700,400	\$754,299				\$8	\$17	\$24	\$17	\$20	\$8	\$8	\$236	\$452
\$754,300	\$808,199					\$8	\$17	\$24	\$17	\$20	\$8	\$236	\$452
\$808,200	\$862,049						\$8	\$17	\$24	\$17	\$20	\$236	\$452
\$862,050	\$915,949							\$8	\$17	\$24	\$17	\$248	\$452
\$915,950	\$969,899								\$8	\$17	\$24	\$245	\$463
\$969,900	\$1,023,749									\$8	\$17	\$252	\$460
\$1,023,750	\$1,077,549										\$8	\$245	\$467
\$1,077,550	\$1,131,499											\$123	\$232
\$1,131,500	\$1,185,399												\$14

(Part 5 continued on page 7)

Privacy notification

See our website or Publication 54, *Privacy Notification*.

Need help?



Visit our website at www.tax.ny.gov

- get information and manage your taxes online
- check for new online services and features



Telephone assistance

Automated income tax refund status: (518) 457-5149

Personal Income Tax Information Center: (518) 457-5181

To order forms and publications: (518) 457-5431

Text Telephone (TTY) Hotline (for persons with hearing and speech disabilities using a TTY): (518) 485-5082



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

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

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

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last 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		Employee's E-mail Address		Employee's Telephone Number	

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

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

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

*Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
 An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number*

- 1. Alien Registration Number/USCIS Number: _____
- OR**
- 2. Form I-94 Admission Number: _____
- OR**
- 3. Foreign Passport Number: _____
- Country of Issuance: _____



Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):

- I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
- (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

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

Signature of Preparer or Translator		Today's Date (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





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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

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

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

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

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

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

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		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)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

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

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

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

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		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. 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		
		For persons under age 18 who are unable to present a document listed above:		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

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

Refer to the instructions for more information about acceptable receipts.

State University of New York Retirement Program Election Form

Name: _____

SS#: _____

Phone#: _____

College: North Country Community College

(This form must be submitted to Payroll of your college within 30 days of your initial date of eligible appointment.)

Having satisfied myself as to the desired retirement program available to me by or pursuant to law in connection with my employment by State University of New York, I hereby elect to participate in the retirement program specified below.

- 1. New York State Teachers' Retirement System
- 2. New York State Employees' Retirement System
- 3. SUNY Optional Retirement Program
 - A. Teachers Insurance and Annuity Association and College Retirement Equities Fund, (TIAA-CREF)

Alternative Funding Vehicles (AFV)

(Note: If you participate in an AFV, you must also elect CREF)

- B. ING Financial Services
- C. Metropolitan Life and Affiliated Companies
- D. AIG Retirement
- 4. I have been advised of my eligibility and elect to decline membership in a Retirement System at this time (only for non-mandatory positions)

Signature: _____

Date: _____

(mm/dd/yyyy)

Note: Upon timely receipt of this form, Payroll will send you the appropriate application and other forms for the retirement program you have elected above.

State University of New York Retirement Program History Sheet

This form is used to communicate prior participation in a retirement system.

Name: _____
SS#: _____
Phone: _____
Title: _____
Campus: North Country Community College

1. Have you ever been a member of the SUNY Optional Retirement Program? Yes No

Name Of Campus	Title of Position	Full or Part Time	From Mo/Day/Yr	To Mo/Day/Yr	Contract Number (If Known)

2. Do you currently own a TIAA-CREF, AIG, ING, or Met Life basic retirement annuity contract to which employer contributions were made? Yes No

Name Of Vendor	Contract Number	Contributing Employer

3. Are you presently a member of the New York State Employees' Retirement System (ERS) * or the New York State Teacher's Retirement System (TRS)? Yes No

Name Of Retirement System	Membership Number	Membership Date

4. Are you presently receiving a retirement benefit from any public Retirement System of New York State? Yes No

Name of Retirement System	Date of Retirement

Signed: _____ **Date:** _____
(mm/dd/yyyy)

* If yes, and you desire to join the ORP but have less than ten years of service credit, contact your Payroll office and request Form ORP-4. Attach that form to this one when sending.

**NORTH COUNTRY COMMUNITY COLLEGE
DIRECT DEPOSIT ENROLLMENT FORM**

To enroll in Direct Deposit, simply fill out this form and submit it to Payroll.

I hereby authorize North Country Community College to deposit any amounts owed me by initiating credit entries to my accounts at the financial institutions (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by North Country Community College to my accounts. In the event that North Country Community College deposits funds erroneously into my account, I authorize North Country Community College to debit my account for an amount not to exceed the original of the erroneous credit.

This authorization is to remain in full force and effect until North Country Community College has received written notice from me of its termination in such time and in such manner as to afford North Country Community College and Bank reasonable time to act on it.

Employee Name: _____ Social Security Number: ____ - ____ - ____
Employee Signature: _____ Date: _____

Check Stub: Mail to address on check / E-mail voucher to: _____
 Pick up in interoffice mail (this option for faculty/staff only)
 Pick up at campus where you're employed

**ATTACH A VOIDED CHECK OR A PRE-PRINTED DEPOSIT SLIP SHOWING YOUR BANK
ROUTING AND ACCOUNT NUMBERS**

ACCOUNT INFORMATION (You may choose up to 3 accounts)

-
1. Bank Name/City/State: _____
Bank Routing Number: _____
Account Number: _____ Checking Savings
I wish to deposit:
 \$ ____ . ____ or
 _____ % or
 Entire Net Amount

 2. Bank Name/City/State: _____
Bank Routing Number: _____
Account Number: _____ Checking Savings
I wish to deposit:
 \$ ____ . ____ or
 Remaining Percentage _____ % or
 Remaining Net Amount

 3. Bank Name/City/State: _____
Bank Routing Number: _____
Account Number: _____ Checking Savings
I wish to deposit:
 \$ ____ . ____ or
 Remaining Percentage _____ % or
 Remaining Net Amount

North Country Community College
Oath of Office

Printed Name of Appointee: _____
(Last Name) *(First Name)* *(Middle Initial)*

In accordance with NYS Civil Service Law Section 62 / NYS Education Law Section 3002 / Article XIII Section 1 of the New York State Constitution, I do 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

Title of Position: _____

according to the best of my ability.

(Signature of Appointee)



Prospective Employee Authorization Form

As a candidate for the position of _____ at North Country Community College and with the State University of New York, hereafter "employer," I hereby authorize the employer to conduct a background investigation pursuant to the Fair Credit Reporting Act, Family Educational Rights and Privacy Act, and in accordance with Article 23-A of New York State Corrections Law which may include, but not limited to the following personal, financial, and criminal conviction records:

- Credit records
- Academic records
- Social security number and record verification
- Personal references
- Driving records
- Criminal records
- Workers' compensation records
- Past employment records including performance evaluations

I hereby release the State University of New York, North Country Community College, 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.

Faculty/Staff OR Student

Last Name: _____

Alias/Maiden Name: _____

First Name: _____

Middle Name: _____

Current Address: _____

Date of Birth: ____ / ____ / ____ Social Security No.: ____ - ____ - ____

Driver's License Number: _____ Issuing State: _____

E-Mail: _____

I attest that the information contained above is true and accurate to the best of my knowledge.

Prospective Employee's Signature Date

NCCC EMPLOYMENT INFORMATION/POLICIES

Employment Eligibility Verification Notice:

**** YOU WILL BE REQUIRED TO SUBSTANTIATE YOUR EMPLOYMENT ELIGIBILITY WITHIN THREE (3) DAYS OF YOUR EMPLOYMENT DATE ****

The Immigration and Reform Act of 1986 requires employers to obtain evidence that its employees are ELIGIBLE to work in the United States. An employer is required to obtain:

- documents that establish identity of the employee
- documents that establish employment eligibility

Refer to the current I-9 form for a list of acceptable documents.

Drug & Alcohol Use Policy:

The College is committed to helping its students and its employees achieve their personal and educational goals. Having determined that illicit drugs and alcohol are not compatible with the College's commitment and not necessary for the achievement of these goals, the College requires students, employees, and visitors to refrain from unlawful drug activity and the use of alcohol on our campuses and at College-sponsored events.

Violators of this policy will be reported to the appropriate law enforcement agency and may also be disciplined by the College. Disciplinary sanctions imposed by the College may include expulsion or termination of employment.

- Alcohol:
 - Alcoholic beverages will be permitted on campus only with written approval of the President or his/her designee.
 - Students and employees found in violation of the state or local laws regarding alcohol use will be reported to the appropriate law enforcement agency. Note: the age limit in New York State for purchase, possession, or consumption of alcohol is 21. Local laws include Open Container Laws that make possession of any open container of alcoholic beverages unlawful.
 - Students violating this policy will be subject to disciplinary action. Sanctions can include suspension or dismissal from the College.
 - Disciplinary action for employees violating this policy can include suspension without pay or termination.
- Drug Possession:
 - Students possessing, using, manufacturing, or distributing illicit drugs on campus or at college-sponsored events will be subject to disciplinary action. Sanctions can include suspension or dismissal from the College. These internal review procedures are not intended to replace those of the local law-enforcement agencies. Unlawful behavior will be reported to the appropriate agency for its action.
 - Employees possessing, using, manufacturing or distributing drugs on campus or at a College-sponsored event will be reported to the appropriate area Vice President or the President. Violation of the policy can result in disciplinary action that may include suspension without pay and dismissal. These internal disciplinary procedures are not intended to replace those of the local law enforcement agencies. Employees convicted of a drug offense that occurred on campus or at a College-sponsored event are required by law to so notify the College.

- Prevention:
 - A written statement will be distributed at least annually to all students attending at least one credit course and all employees. That statement will include:
 - The College's Policy on Drugs and Alcohol.
 - The sanctions that can be levied against violators under existing state or federal law.
 - A description of the health risks associated with the use of illicit drugs and the abuse of alcohol.
 - A listing of resources available at the College or in the community to assist students and employees seeking treatment and rehabilitation.
 - The College will communicate its policy on drugs and alcohol to those seeking to use or visit College facilities. Signs, where appropriate, will inform even the casual visitor that North Country Community College is a drug and alcohol free college.

Tobacco Use Policy:

In recognition of its responsibility to maintain a safe and healthy environment for all students, staff and visitors, as well as the health, safety and comfort benefits of a tobacco-free environment, the following on-campus Tobacco Policy is in force on all College property:

- The use of tobacco products by any member of the College Community, including guests in any building owned, operated, or controlled by the College is prohibited, and all such buildings are to be designated tobacco free.
- The use of tobacco products is prohibited within 25 feet of any building owned, operated, or controlled by the College, to include entrances, windows, and ventilation intake systems. Use of tobacco products is permitted only in outside areas completely open to the air. If wayward tobacco smoke intrudes on an interior workspace, smokers located at any distance from a building will be asked to relocate to another area.
- The use of tobacco products is prohibited within 50 feet of the designated Main Entrances of any College building. Said entrance will be clearly marked for smoke sensitive individuals.
- For safety and health reasons, tobacco users are required to properly dispose of tobacco waste and debris.
- The Maintenance Department is responsible for posting and maintaining appropriate interior and exterior signage, e.g., "Use of All Tobacco Products Prohibited".
- Questions about this policy and/or resources and referral services for cessation of tobacco usage may be submitted to the Director of Student Life or Campus Counselors.
- Individuals exposed to second-hand smoke may file complaints with the Director of Student Life.
- Non-compliance with this policy will be handled in accordance with the provisions set forth in the North Country Community College Code of Conduct - Individual Rights and Responsibilities.

Equal Opportunity / Affirmative Action:

North Country Community College complies with all applicable laws regarding discrimination. Specifically, NCCC does not discriminate on the grounds of race, color, religion, gender, sexual orientation, national origin or citizenship status, age, disability or veteran's status in employment, education, or in any other area of the College. In compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1992 and their implementing regulations, NCCC does not discriminate on the basis of disability in admission of, access to, treatment, or employment in its programs and activities. In addition, NCCC does not discriminate on the basis of gender in its

educational programs or activities, in compliance with Title IX of the Education Amendment of 1972 and its implementing regulations.

Sexual Harassment Policy:

North Country Community College will not tolerate sexual harassment. The College observes the New York State Policy of Sexual Harassment which states that discrimination on the basis of gender is a violation of Section 703 of Title VII of the Civil Rights Act of 1964 as amended and the New York State Human Rights Law. Guidelines approved by the Equal Employment Opportunity Commission on September 23, 1980, state: *Unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature will constitute sexual harassment when:*

- Submission to the conduct is either an explicit or implicit term or condition of employment; or
- Submission to or rejection of the conduct is used as a basis for an employment decision affecting the person rejecting or submitting to the conduct; or
- The conduct has the purpose or effect of unreasonably interfering with an affected person's work performance, or creating an intimidating, hostile, or offensive work environment.

North Country Community College has a grievance process in place to handle sexual-harassment complaints. The process is outlined in the North Country Community College Statement of Policy on Affirmative Action and Human Rights, October 1979 (Revised Summer 1988). It is the practice of the College to ensure fair and impartial investigations that will protect the rights of the person(s) filing sexual harassment complaints, the person(s) complained against and the College system as a whole.

Computer Use Policy:

North Country Community College is respectful of freedom of expression and the diversity of perspectives, values, and beliefs of the individual members of the College community. NCCC owns and operates computing services which are provided for the express use of registered students, faculty, and staff in support of the programs of the College and are to be used for educational, research, academic development, and public service only. COMMERCIAL, SOCIAL, and RECREATIONAL USES ARE PROHIBITED. All computer users, including special permission invitees, are expected to use the available hardware, software, and Internet access in an effective, efficient, and equitable, ethical, and lawful manner in accordance with College policies, the Code of Conduct – Individual Rights and Responsibilities, as well as Local, State, and Federal Laws.

Agreement

By using any of these computer systems the user agrees that they have read, understand, and will comply with the established guidelines set forth by the administrators of the system.

Rights

The College does not condone censorship. NCCC does, however, reserve the right to place limited restrictions on the use of its computers and systems in response to verified complaints presenting evidence of violations of College policies, the Code of Conduct – Individual Rights and Responsibilities, as well as Local, State, and Federal Laws.

Responsibilities

Users of NCCC computers and computer systems are responsible for maintaining the following conditions:

1. Equitable use of all computers, computer systems, software, and Internet access and instructional services.
2. An educationally sound environment conducive to teaching, research, and learning.
3. An environment free of illegal, unethical, malicious, harassing, or hostile acts.

4. An electronic safe and secure environment based on academic honesty and integrity.

Confidentiality and Privacy

All electronic correspondence conducted using the College's resources are part of the College's computer systems and are the property of North Country Community College. The College treats individual electronic communication as confidential and will only examine or disclose their contents:

- When authorized by the owner, or
- When required to evaluate and/or adjust computer systems to ensure effective operation; or
- When directed by an authorization of a College Officer. Such actions will be taken when there is evidence or reasonable information that inappropriate use of computing and network facilities and resources is taking place, when situations involve health or safety of people or property, and when required by legal obligations or responsibilities.

However, electronic communications are inherently an insecure communications medium, and no one should expect its confidentiality to be guaranteed. In general, electronic communications are not appropriate for transmitting sensitive or confidential information.

All use of electronic communications will be consistent with other College policies, including the North Country Community College Code of Conduct. If there is reason to believe that a student NCCC account is being used in violation of law or College policy, or if an account is used in a way that threatens to disrupt service to other users, the College may restrict, suspend or disable the account's access and/or network access until the College is assured that the illegal or disruptive use of the account will cease. Complaints brought by another user will result in a thorough investigation by College personnel.

Inappropriate Computer Usage

Prohibited and inappropriate use of NCCC computers and computer systems include, but are not limited to, intentional behaviors which violate one or more of the following:

1. Any Federal, State, or Local Law.
2. The stated mission of the College.
3. The Family Educational Rights and Privacy Act of 1974 (The Buckley Act, P.L. 93-308), or in any way accessing, divulging, or transmitting any personally identifiable information to another individual.
4. The NCCC Code of Conduct – Individual Rights and Responsibilities.
5. Any College rule or regulation, particularly those found in the College Catalog in Appendix A of the NCCC Code of Conduct – Individual Rights and Responsibilities.
6. NCCC sexual harassment policy. This includes, but is not limited to, creating, displaying, printing, downloading, or in any way transmitting sexually explicit, pornographic, graphically disturbing, or sexually harassing images or text.
7. Installing and/or playing computer games.
8. Use of chat rooms for social, rather than educational, purposes.
9. Knowingly installing or running any programs, virus or worm, or conducting any other activity that threatens or contaminates the integrity of the computers, computer systems, computer programs, or software of the College.
10. Illegally accessing and/or using the intellectual property of another individual.
11. Installing, changing, or deleting software on any computer system, to include changing system defaults, personally customizing settings, deleting files belonging to others, and inappropriate storing of data files.
12. Using electronic messages to harass, intimidate, or in any manner that violates the personal and property rights of others.
13. Deliberately overloading computer resources and/or wasting or failing to conserve computer resources, including document printing, instruction, and time.
14. Using computer equipment for personal, financial, or commercial gain.

15. Violating copyright laws, usage policies, or violating network regulations or contracts.
16. Plagiarism, cheating, or any behavior that violates academic honesty standards.
17. Purchasing or ordering for trial use any goods or services without documented administrative approval.

Violations and Reporting Violations

Adhering to due process rights, all reports of alleged violations will be handled in accordance with the provisions set forth in the North Country Community College Code of Conduct – Individual Rights and Responsibilities. All such alleged violations will be administratively handled by the Vice President of Student & Campus Life and/or Vice President of Academic Affairs, and should be immediately submitted using the "NCCC Incident Report Form". Incident Report Forms should be routed directly to the Dean(s) or through class instructors, academic departments, chairs, academic coordinators, computer lab supervisors, and/or any computer service administrator. Under extreme circumstances, an individual's computer access rights may be immediately and/or temporarily suspended. Some violations may constitute criminal offenses requiring immediate legal action.

Sanctions

The full range of sanctions is available for any and all reported violations. In extreme instances, or in the case of criminal acts, further legal action beyond the scope of the NCCC Code of Conduct – Individual Rights and Responsibilities may be necessary.

P.5., Section V, Code of Conduct – Individual Rights and Responsibilities – Available sanctions for violations of Code of Conduct.

In the event of a violation of the Code of Conduct is established, the following:

- 1. OFFICIAL REPRIMANDS AND WARNING LETTERS may be imposed outlining the consequences if the behavior continues.
- 2. RESTRICTIONS ON ACTIVITIES AND PRIVILEGES may be imposed, including social probation, by which students are prohibited from attending non-academic functions sponsored by the College or the Student Government Association. Social probation may be given for academic or disciplinary reasons, and shall be made for a specific time period.
- 3. RESTITUTION may be imposed, which may include direct payment for damages caused by the offender or indirect payment of the same through service to the College.
- 4. LOSS OF COURSE CREDIT may be imposed for academic offenses only. In such cases, no monetary refund of any College fees shall be allowed
- 5. DENIAL OR REVOCATION OF A COLLEGE HONOR, DEGREE, OR CERTIFICATE may be imposed in cases where falsifications of records or academic offenses are of such nature that the absence of entitlement to the honor, degree, or certificate is established. In such cases, the final decision is subject to review and determination by the College President. In such cases, no monetary refund of any College fees shall be allowed.
- 6. WITHDRAWAL FROM A COURSE may be imposed and may be made for academic or non-academic reasons. No monetary refund of any College fees shall be allowed.
- 7. SUSPENSION FROM COLLEGE may be imposed, and shall mean that the student is not allowed to participate in any College activity in any form, including classes, for a specific length of time. No monetary refund of any College fees shall be allowed.
- 8. DISMISSAL FROM COLLEGE may be imposed, and shall mean that the student is prohibited from taking part in any College activity. No monetary refund of an College fees shall be allowed. In such cases, the final decision is subject to review and final determination by the College President.

Code of Conduct:

The NCCC Code of Conduct provides realistic guidelines for individuals to follow regarding their academic, social, and personal conduct. The Code reflects that which is appropriate, reasonable and considerate action for members of the College community. The Code is monitored by the College Review Board and applies to all members of the College community. It is appropriate and reasonable to expect members of the College community to:

1. Comply with all laws of the Villages and Towns in which the respective College campuses/sites are located, as well as State and Federal laws.
2. Comply with all College rules and regulations, particularly those in Appendix A hereof and in the College catalog.
3. Proceed in an orderly, lawful and responsible manner when attempting to change or modify College rules and regulations that are considered in need of reconsideration or modification.
4. Not engage in harassment of individuals based on status, age, sexual orientation, handicap, race, creed, gender, position of authority or for any other reason. This includes any activity which endangers the mental or physical health of another individual, such as verbal or physical activity of a threatening or offensive nature against another, either in person, by telephone, by computer message or otherwise; activity amounting to stalking or refusing to cease a course of conduct when requested to do so by another individual; activity consisting of nonconsensual touching of another individual, etc.
 1. Refrain from committing a hate crime which is identified by the New York State Penal Code as a "specific offense" by intentionally selecting a person(s) against whom the offense is committed or intended to be committed in whole or in substantial part because of a belief or perception regarding specified attributes of race, color, national origin, ancestry, gender, religion, age, disability or sexual orientation of a person, regardless of whether the belief or perception is correct.
 2. Refrain from abusive, derogatory, and destructive behavior towards self and/or others. Students engaging in destructive behavior against self or others will be dismissed from the College immediately. Re-admission may be considered, pending submission of professional evaluation(s) stating that the individual no longer represents a threat to others as well as herself/himself.
5. Respect the personal property rights of others, and the property rights and facilities of the College.
6. Complete their pursuit of knowledge following the highest levels of scholarship. For students this means abiding by the academic tradition not to plagiarize, nor seek, receive, utilize or provide unauthorized assistance in the completion of assignments and tests.
7. Comply with all terms and conditions set forth in the NCCC Responsible Use of Electronic Communication Policy incorporated herein as Appendix B.
8. Avoid unauthorized and unlicensed duplication of copyrighted material found in paper media, computers, computer software, or the Internet.
9. Attend to their College duties (teaching, learning, administering, etc.) with the desire and goal to achieve excellence, and with due care and concern for the individual and collective rights of others.
10. Use socially acceptable language.
11. Dress in a manner socially acceptable and befitting to the various College activities.
12. Represent the College to the wider public community in the manner consistent with the purposes of the College. The NCCC standards of behavior apply to both on and off-campus conduct when relevant to the mission, processes, functions, and interests of the College.
13. Comply with all "No Tobacco Use" signs and regulations for health and safety reasons.

14. Refrain from the use, possession or distribution of alcoholic beverages on College owned or controlled property or while attending sanctioned off-campus College events. The College permits the consumption of alcoholic beverages at social functions only when the President in advance of the event has granted permission in writing. In the event written permission is granted by the President, only those individuals authorized by the President shall be permitted to bring alcoholic beverages onto a campus/site for College functions. Consumption of alcoholic beverages shall be permitted only within the approved area designated for said event. No person under the age of 21 years shall consume any alcoholic beverage at any College sanctioned event.
15. The use, possession or distribution of any drug considered illegal by Federal or State laws or a controlled substance not permitted by law at the College or at College sanctioned events is prohibited. The College regards any illegal drug involvement as an educational, as well as a legal issue, and offers counseling opportunities to members of the College community who wish to use those services. See Appendix C, which is made a part hereof.
16. College clubs, organizations, and athletic teams are prohibited from any action or situation (hazing) which recklessly or intentionally endangers mental or physical health or involves the forced consumption of liquor or drugs for the purpose of initiation into or affiliation with said organization. This regulation shall govern the conduct of student, faculty, and other staff as well as visitors and other licensees and invitees on campus or college owned property.

Section I: Application and Enforcement of the Code of Conduct

- The procedures for enforcement of these standards of conduct involving College staff and employees have been established in the applicable collective bargaining agreements between staff and employees and the College, and said procedures shall apply.
- The procedures for enforcement of these standards of conduct involving any student are as set forth below, and these procedures shall apply to all acts or conduct of a student which are of an academic or a non-academic nature occurring on any of the campuses/sites of the College, or off campus at a function sponsored or conducted under the aegis of the College.

Section II: Definitions

- When any provision of these procedures requires that a written notice be given to another person, the term "written notice" shall be deemed to require that such written notice to given or mailed to said other person by United States Post Office certified mail, return receipt requested. If such notice is to be given to a student, is shall be addressed to the address last appearing on the student's current College registration form on file at the Records Office of the College. If such notice is to be given to a member of the faculty or staff of the College, the notice shall be addressed to that person by title and name and shall be addressed to the campus address where the staff person's office is located. For purposes of computing all time requirements provided by these procedures based on time for giving of notice, the giving of notice shall be deemed to commence on the date of actual mailing such notice at the United States Post Office by the sender, and such date shall be established by the stamped date of the United States Post Office stamped on the receipt received by the sender at the time of mailing, regardless of the date when such notice be actually received or accepted by the recipient.
- The term "working day" when used in these procedures means a day when the College is in session by conducting one or more classes at its main campus in Saranac Lake, New York. Notwithstanding the foregoing, a "working day" shall not include official legal holiday days recognized by Federal or State laws, or any

Saturday or Sunday days even if one or more classes are conducted at the main campus in Saranac Lake, New York.

- The term "College Review Board" when used in these procedures means the board charged with providing hearings and making recommendations involving charges of violations of the Code of Conduct by students of the College. The College Review Board (CRB) shall consist of one member of the teaching faculty appointed by the President who shall serve as Chief Justice of the CRB; one member of the permanent staff of Management Confidential of the College appointed by the President; one member of the faculty or staff appointed by the Vice President for Enrollment Management and Student Services; and two students of the College selected each year by the majority vote of the Student Government Association Presidents. Except for student appointees, each member appointed to the CRB shall serve for a three-year term, except for the student appointees and shall hold office until said appointees successor is appointed. In the event of a vacancy during the term of a member's appointment by reason of death, resignation, disqualification or withdrawal from student or College staff status, such vacancy shall be filled by the specified appointing authority for the unexpired term in the same manner as the original appointment. All meetings of the CRB shall be open to the public. Three (3) members of the CRB shall constitute a quorum for the transaction of its functions. All meetings of the CRB shall be conducted at the main campus of the College at Saranac Lake, New York. Each member of the CRB shall have his/her recommendation on any matter considered by the CRB reported to the Vice President for Enrollment Management and Student Services even if such recommendation be contrary with the recommendations of other members of the CRB. The Vice President for Enrollment Management and Student Services of the College shall be an ex-officio member of the CRB, but shall have no right to vote. The Chief Justice shall preside at all meetings of the CRB, and shall prepare and submit all written reports and recommendations of the CRB required pursuant to these procedures.

Section III: Informal Procedures (Regarding Minor Disputes Involving Academic or Non-Academic Matters of Students of the College)

Section IV: Formal Procedures (Regarding Alleged Violations of the Code of Conduct by a Student)

Section V: Available Sanctions for Violation of the Code of Conduct

Section VI: Appeals of Sanctions (Of Dismissal or Denial or Revocation of College Honor Degree or Certificate to the President)

COLLEGE POLICIES ARE UPDATED ON AN ONGOING BASIS. THE ABOVE IS NOT A COMPLETE LISTING OF ALL COLLEGE POLICIES. I UNDERSTAND THAT I AM RESPONSIBLE TO BE AWARE OF AND ABIDE BY ALL NORTH COUNTRY COMMUNITY COLLEGE POLICIES, INCLUDING THE ONES THAT ARE NOT LISTED ABOVE. FOR MORE INFORMATION, SEE THE PRESIDENT'S OFFICE.