



NORTH
COUNTRY
COLLEGE OF
ESSEX & FRANKLIN
STATE UNIVERSITY OF NEW YORK

STUDENT EMPLOYMENT GUIDE

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I. Objective of Student Employment

The objective of Student Employment at North Country College of Essex and Franklin is to provide student employees with real-to-life work experiences. Supervisors should view their involvement as an opportunity to help students develop good work habits and become responsible employees. Students should regard their employment as important to the functioning of the college as well as an opportunity to gain practical work experience.

There are two types of work programs at the college. They are both considered to be programs of financial assistance:

- The Federal Work-Study Program: A federally and institutionally funded student aid program based on financial need, calculated by determining the difference between the cost of the student's education and the amount the student and their family are expected to contribute toward that cost. A standard formula is used to determine this financial need.
- The College Funded Student Work Program: An institutionally funded work program for students who meet criteria for specialized areas of employment.

II. Student Eligibility

To be eligible for student employment the student must be:

- A U.S. citizen or eligible non-citizen as described by the Federal Student Aid handbook.
- An international student on an I-20 Student Visa.
- Accepted to a program of study through Enrollment Services.
- Enrolled for at least 6 credits per semester.
- Attending classes on a regular basis.
- Making satisfactory academic progress.

Students who meet the above requirements must also submit a Free Application for Federal Student Aid (FAFSA).

Work study is awarded on a first-come, first-serve basis. Students who filed their financial aid applications late and are interested in work-study may be placed on a waiting list. Students on the waiting list may be awarded work-study as funds become available.

III. Assignments and Hiring

Students who are eligible for the federal work-study program will be sent an e-mail with directions on how to locate available jobs. They will then contact supervisors to set up a job interview.

Once the student has been hired, they will meet with the supervisor to discuss job responsibilities, make a schedule, and receive their Student Employment Contract (see appendices). Both the supervisor and the student must sign the contract. It is the student's responsibility to return the completed contract to the supervisor. The student will not be able to start work until the contract and all applicable payroll paperwork is completed, turned in, and the student has been cleared by the Supervisor, Work-Study Coordinator, and Payroll.

IV. Conditions of Employment

Wages

Student employees will be compensated an hourly rate that is equal to or greater than the current federal minimum wage. North Country student employees will be paid according to the following scale unless otherwise specified on their contract:

General Employee	\$ 15.50/hr.
Lifeguards	\$20.00/hr. (Cert. required)

Hours

Student employees cannot work more than 8 hours per week. The Student Employment Contract states the maximum amount the student employee can earn for the academic year. The student employee does not need to earn the total amount they have been awarded; however, they cannot exceed this amount.

Student employees are to have an assigned work schedule. Students must report the hours worked at the end of each workday on a timesheet which must be signed by the student and their respective supervisor certifying its accuracy. Timesheets must be submitted to Payroll by the due date (refer to the Student Payroll Schedule in the appendices) to receive a paycheck. Failure to meet the timesheet deadline will result in a delay of payment.

Both the student and supervisor are responsible for ensuring the student does not exceed the approved number of hours per week.

****Students may not work during scheduled class times — you may not skip a class and work during that time.****

Meal Breaks

New York State Labor Law Section 162 outlines the following:

- Employees who work a shift of more than six hours starting before 11 AM and continuing until or past 2PM must have an uninterrupted lunch period of at least half an hour between 11AM and 2PM.
- If a person is employed for a shift starting before 11AM and continuing later than 7PM, that employee is allowed an additional meal period of at least 20 minutes between five and seven o'clock in the evening.
- Every person employed for a shift of more than six hours starting between the hours of 1PM and 6AM, shall be allowed at least forty-five minutes for a meal period at a time midway between the beginning and end of such employment.
- In some instances where only one person is on duty or is the only one in a specific occupation, it is customary for the employee to eat on the job without being relieved. The Department of Labor will accept these special situations if the employee voluntarily consents to the arrangements. However, an uninterrupted meal period must be given to every employee who requests this from an employer.

Please see Payroll if further clarification is needed.

Periods of Non-Attendance

A student may be employed under federal work-study during a period of nonattendance, such as a summer term or an equivalent vacation period, if they are planning to enroll for the next period of enrollment and must have demonstrated financial need for that period. To meet financial aid eligibility requirements the student must be accepted by the Financial Aid Office to a program leading to a degree or certificate. A student that is suspended will not be allowed to enroll in the college for the next available semester.

Therefore, a student who has been dismissed at the end of a spring semester is not eligible to work that summer.

V. Termination

Supervisors shall discuss any problems with the student employee if he/she is not performing in a satisfactory manner. The student should then be given a chance to improve.

Problems that should be addressed may include, but are not limited to the following:

- Absence without notice
- Excessive tardiness
- Violation of department's rules and regulations
- Failure to work a reasonable percentage of hours granted on contract
- Loitering on the job
- Failure to fulfill job responsibilities in a satisfactory manner

If the supervisor and the student are unable to resolve differences, it may be necessary to terminate/release a work-study student. Once a student has been terminated or released from one position, they will not be reassigned to another job on campus.

Dismissal may be issued for any of the following violations, but not limited to:

- Job abandonment (three consecutive workdays where the employee has not called or reported to work)
- Excessive absences
- Dishonesty and/or theft
- Verbal or physical abuse to a supervisor, personnel, or another work study student
- Abuse of North Country equipment or property
- Excessive failure to attend classes
- Disclosure of confidential information to unapproved parties
- Falsifying timesheets

If a supervisor releases a student from a work-study position, the following steps should be followed:

1. Document, in your department files, the reason for terminating any student. This information should be kept for future reference and may be needed in case of staff changes.
2. Terminate the student's employment, preferably by conference with the student. This is an educational process and the supervisor is asked to thoroughly explain the reason(s) for releasing the student.
3. Notify the Work-Study Coordinator in Enrollment Services in writing by completing the Student Release Form (see appendices).
4. Sign and turn in timesheet for any hours the student worked prior to their termination date. If they worked hours, they must be paid for them.

VI. Unemployment Benefits

Employment at North Country Community College is provided under a program of financial assistance to students and will not be covered for unemployment benefits per section 511.15 of the New York State Labor Law.

V. Responsibilities of the Student Employee

Any job is a serious obligation and performance, attitude, and conduct should reflect this. Wherever one works, organizations strive to create an atmosphere of courteous and efficient service to the public. Any student who accepts a job accepts the responsibilities of maintaining professional standards and agrees to do the following:

- Student must maintain Satisfactory Academic Progress.
- Complete the Student Employment Contract and submit it to the Payroll Office. **You will not be able to begin work until all forms are completed accurately and submitted to the Payroll Office.**
- Understand that a Student Employment Position is a job. The money paid to the student must be earned on an hourly basis.
- Cooperate in creating a work schedule that leaves enough time aside from work and classes to do homework and study for exams. Once a work schedule is established the student is responsible for working those hours.
- Report to work on time and notify their supervisor if this is not possible due to extenuating circumstances. **Note:** Permission to be absent must be granted by the student's supervisor.
- Know and perform in a satisfactory manner the duties of their position as explained by their supervisor.
- Record time worked accurately at the end of each shift. Sign the time sheet at the end of each payroll period. Unsigned time sheets will result in a delay of payment.

- Establish a good working relationship with the supervisor and all other department members.
- Resolve any problems pertaining to their Student Employment Position. If a problem cannot be resolved through the supervisor, the student should contact the Work-Study Coordinator in Enrollment Services.
- Conduct themselves in a professional manner. Maintain the confidentiality of college records and other information they may see or hear.
- Keep socialization to a minimum. On-the-job fun can be acceptable on occasion, but socialization that lowers efficiency and productivity is not acceptable.
- Represent their office or place of employment well. The student worker may be the first contact that a person has with a job site. How a person is received leaves a lasting impression.
- Show initiative. The student should learn all they can about the area or department in which they are assigned. The more a student worker knows about the area, the more valuable they will become.
- Have a positive attitude. Be cooperative and show a willingness to learn. Your work reflects your attitude and level of competency.
- Dress appropriately for your job. Discuss any questions on attire and grooming with your supervisor.
- Inform supervisor of any plans to end employment. Two-weeks notification is recommended. You must complete a Student Release Form (see appendices) and return it to the Work-Study Coordinator in Enrollment Services if you are terminating your employment.

VI. Responsibilities of Supervisor

- Develop accurate and useful job descriptions for their Student Employment Positions.
- Inform student employees of all duties, responsibilities, and any special requirements of the position.
- Inform student employees of any changes in procedures, scheduling, or working conditions.
- Students may not begin working until you have received a written release from either the Work-Study Coordinator or HR/Payroll, even if the student is a returning student to your department.
- Develop good working relations with all student employees.
- Take immediate action to correct inappropriate behavior of student employees.
- Do not request or demand that the student miss any classes to work. Supervisors are encouraged to be as flexible as possible with work hours and students' class schedules. Students are here for academic reasons first.
- See that each student employee's hours are reported accurately, and the work performed is satisfactory. The supervisor's signature on a timesheet is verification the student worked the hours listed.
- Submit timesheets to Payroll as indicated on the enclosed payroll schedule (see appendices). **This is the supervisor's responsibility, not the student's.**
- Complete a Student Release Form (see appendices) whenever a student employee is terminated or resigns and return it to the Work-Study Coordinator in Enrollment Services.

VIII. Pension

All students employed by North Country are eligible to become members of the New York State Employee's Retirement System, a defined benefit plan.

If a student elects to join the Retirement System, they are required to contribute 3% of wages earned to the Retirement System and are required to contribute to FICA taxes. All students will be provided a Retirement Program Election Form (see appendices) in their employment packet.

IX. Student Confidentiality

All student employees at North Country are required to sign a student Confidentiality Statement (see appendices). The statement states that students understand that they have the responsibility to keep any and all information seen or heard in the performance of their duties confidential. Student employees may not copy, remove, or allow unauthorized access to institutional documents, files, or mailing lists. Any violation of this confidentiality agreement will result in immediate dismissal.

X. Direct Deposit

Direct deposit is available to all NCCC employees. To participate, a Direct Deposit Enrollment Form (see appendices) must be filled out and turned into Payroll along with a voided check.

XII. Contact Information

Financial Aid

Mary Ellen Chamberlain, Director of Financial Aid

mchamberlain@nccc.edu

Phone: 891-2915 ext. 1285

Human Resources

Stephanie Rose, Payroll Clerk

srose@nccc.edu

Phone: 891-2915 ext. 1260

Ericka Moody, HR Associate

emoody@nccc.edu

Phone: 891-2915 ext. 1373

SUPERVISOR CONTACT INFORMATION:

Athletics/Lifeguards

Jerrad Dumont, Athletics Manager

jdumont@nccc.edu

518-891-2915 x 1236

Business Office

Brenda Garver, Bursar

bgarver@nccc.edu

518-891-2915 x 1215

Enrollment Management

Meredith Chapman, Associate Director

mdchapman@nccc.edu

518-891-2915 x 1213

Financial Aid

MaryEllen Chamberlain, Director

mchamberlain@nccc.edu

518-891-2915 x 1285

Human Resources

Ericka Moody, HR Associate

emoody@nccc.edu

518-891-2915 x 1373

Learning Assistance Center (LAC)/Tutoring

Lisa Williams, LAC Coordinator - Saranac Lake

lwilliams@nccc.edu

518-891-2915 x 1217

Renee Poirier, LAC Coordinator – Malone

rpoirier@nccc.edu

518-891-2915 x 3224

Tom McGrath, LAC Coordinator – Ticonderoga

tmcgrath@nccc.edu

518-891-2915 x 2110

Library

Sarah Maroun, VP Academic Affairs

smaroun@nccc.edu

518-891-2915 x 1202

Maintenance/Facilities

Rick Heath, Superintendent of Buildings & Grounds

rheath@nccc.edu

518-891-2915 x 1263

Records Office

Shelly St. Louis, Registrar

mdaunais@nccc.edu

518-891-2915 x 1247

Student Life

Angela Brice, Assistant Director

abrice@nccc.edu

518-891-2915 x 1266

Appendices

2025-2026

**Federal Work Study Temporary Part-Time
Student Employment Contract**

Please return the completed contract form to the Human Resources/Payroll Office as soon as the student is confirmed to work. All forms must be on file prior to beginning employment.

Section A: To Be Completed by Student

Name _____ NCCC Student ID _____

Mailing Address _____ Phone _____

Email _____

I wish to accept this position as indicated below. I agree to comply with all job requirements as defined by my supervisor, the Student Employment Guide, and the employment department. If for any reason I terminate my contract prior to the end date specified below, I understand that I must complete the Student Release Form, located in the Student Employment Guide.

I attest that the documented hours are honest and truthful and understand that any falsifying of hours worked will result in removal from the work study program.

Student's Signature: _____ Date: _____

Section B: To Be Completed by Supervisor

Department: _____ Direct Supervisor's Name: _____

Please Provide Names & Signatures for all other persons authorized to sign timesheets:

Name _____ Signature _____

Name _____ Signature _____

I authorize that the above-named student be added to the payroll for employment through this department. I also agree that I have read and comply with all elements of the Student Employment Guide. I agree to monitor hours approved/worked and authorize eligible hours approved as scheduled.

Direct Supervisor's Signature: _____ Date: _____

OFFICE USE ONLY

Award Amount: \$

Hours/Week:

Dates of Employment: Fall 2025 – Spring 2026

Pay Rate: \$15.50

☐ Confidentiality ☐ W-4 ☐ IT-2104 ☐ I-9 ☐ RPE

SENT TO PAYROLL: _____ SUPERVISOR NOTIFIED: _____

Employee's Withholding Certificate

OMB No. 1545-0074

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**Give Form W-4 to your employer.****Your withholding is subject to review by the IRS.****2025****Step 1:**
Enter
Personal
Information

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

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2:
Multiple Jobs
or Spouse
Works

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

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

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

Step 3:
Claim
Dependent
and Other
Credits

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

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

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

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

3 \$**Step 4**
(optional):
Other
Adjustments

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

4(a) \$

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

4(b) \$

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

4(c) \$**Step 5:**
Sign
Here

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

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

Date

Employers
Only

Employer's name and address

First date of
employment

Employer identification
number (EIN)

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

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

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 **and** you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2025 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 17, 2026.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b)—Deductions Worksheet (Keep for your records.)

- 1** Enter an estimate of your 2025 itemized deductions (from Schedule A (Form 1040)). Such deductions may 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 **1** \$ _____
- 2** Enter:

{	• \$30,000 if you're married filing jointly or a qualifying surviving spouse
	• \$22,500 if you're head of household
	• \$15,000 if you're single or married filing separately

 **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

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 with no other entries on the form; 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 territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

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

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$700	\$850	\$910	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	700	1,700	1,910	2,110	2,220	2,220	2,220	2,220	2,220	2,220	3,220
\$20,000 - 29,999	700	1,700	2,760	3,110	3,310	3,420	3,420	3,420	3,420	3,420	4,420	5,420
\$30,000 - 39,999	850	1,910	3,110	3,460	3,660	3,770	3,770	3,770	3,770	4,770	5,770	6,770
\$40,000 - 49,999	910	2,110	3,310	3,660	3,860	3,970	3,970	3,970	4,970	5,970	6,970	7,970
\$50,000 - 59,999	1,020	2,220	3,420	3,770	3,970	4,080	4,080	5,080	6,080	7,080	8,080	9,080
\$60,000 - 69,999	1,020	2,220	3,420	3,770	3,970	4,080	5,080	6,080	7,080	8,080	9,080	10,080
\$70,000 - 79,999	1,020	2,220	3,420	3,770	3,970	5,080	6,080	7,080	8,080	9,080	10,080	11,080
\$80,000 - 99,999	1,020	2,220	3,420	4,620	5,820	6,930	7,930	8,930	9,930	10,930	11,930	12,930
\$100,000 - 149,999	1,870	4,070	6,270	7,620	8,820	9,930	10,930	11,930	12,930	14,010	15,210	16,410
\$150,000 - 239,999	1,870	4,240	6,640	8,190	9,590	10,890	12,090	13,290	14,490	15,690	16,890	18,090
\$240,000 - 259,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$260,000 - 279,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$280,000 - 299,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$300,000 - 319,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,170	19,170
\$320,000 - 364,999	2,040	4,440	6,840	8,390	9,790	11,100	12,470	14,470	16,470	18,470	20,470	22,470
\$365,000 - 524,999	2,790	6,290	9,790	12,440	14,940	17,350	19,650	21,950	24,250	26,550	28,850	31,150
\$525,000 and over	3,140	6,840	10,540	13,390	16,090	18,700	21,200	23,700	26,200	28,700	31,200	33,700

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$200	\$850	\$1,020	\$1,020	\$1,020	\$1,370	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040
\$10,000 - 19,999	850	1,700	1,870	1,870	2,220	3,220	3,720	3,720	3,720	3,720	3,890	4,090
\$20,000 - 29,999	1,020	1,870	2,040	2,390	3,390	4,390	4,890	4,890	4,890	5,060	5,260	5,460
\$30,000 - 39,999	1,020	1,870	2,390	3,390	4,390	5,390	5,890	5,890	6,060	6,260	6,460	6,660
\$40,000 - 59,999	1,220	3,070	4,240	5,240	6,240	7,240	7,880	8,080	8,280	8,480	8,680	8,880
\$60,000 - 79,999	1,870	3,720	4,890	5,890	7,030	8,230	8,930	9,130	9,330	9,530	9,730	9,930
\$80,000 - 99,999	1,870	3,720	5,030	6,230	7,430	8,630	9,330	9,530	9,730	9,930	10,130	10,580
\$100,000 - 124,999	2,040	4,090	5,460	6,660	7,860	9,060	9,760	9,960	10,160	10,950	11,950	12,950
\$125,000 - 149,999	2,040	4,090	5,460	6,660	7,860	9,060	9,950	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,090	5,460	6,660	8,450	10,450	11,950	12,950	13,950	15,080	16,380	17,680
\$175,000 - 199,999	2,040	4,290	6,450	8,450	10,450	12,450	13,950	15,230	16,530	17,830	19,130	20,430
\$200,000 - 249,999	2,720	5,570	7,900	10,200	12,500	14,800	16,600	17,900	19,200	20,500	21,800	23,100
\$250,000 - 399,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$400,000 - 449,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$450,000 and over	3,140	6,490	9,160	11,660	14,160	16,660	18,660	20,160	21,660	23,160	24,660	26,160

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$450	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870	\$1,870	\$1,870	\$1,890
\$10,000 - 19,999	450	1,450	2,000	2,200	2,220	2,220	2,220	3,180	4,070	4,070	4,090	4,290
\$20,000 - 29,999	850	2,000	2,600	2,800	2,820	2,820	3,780	4,780	5,670	5,690	5,890	6,090
\$30,000 - 39,999	1,000	2,200	2,800	3,000	3,020	3,980	4,980	5,980	6,890	7,090	7,290	7,490
\$40,000 - 59,999	1,020	2,220	2,820	3,830	4,850	5,850	6,850	8,050	9,130	9,330	9,530	9,730
\$60,000 - 79,999	1,020	3,030	4,630	5,830	6,850	8,050	9,250	10,450	11,530	11,730	11,930	12,130
\$80,000 - 99,999	1,870	4,070	5,670	7,060	8,280	9,480	10,680	11,880	12,970	13,170	13,370	13,570
\$100,000 - 124,999	1,950	4,350	6,150	7,550	8,770	9,970	11,170	12,370	13,450	13,650	14,650	15,650
\$125,000 - 149,999	2,040	4,440	6,240	7,640	8,860	10,060	11,260	12,860	14,740	15,740	16,740	17,740
\$150,000 - 174,999	2,040	4,440	6,240	7,640	8,860	10,860	12,860	14,860	16,740	17,740	18,940	20,240
\$175,000 - 199,999	2,040	4,440	6,640	8,840	10,860	12,860	14,860	16,910	19,090	20,390	21,690	22,990
\$200,000 - 249,999	2,720	5,920	8,520	10,960	13,280	15,580	17,880	20,180	22,360	23,660	24,960	26,260
\$250,000 - 449,999	2,970	6,470	9,370	11,870	14,190	16,490	18,790	21,090	23,280	24,580	25,880	27,180
\$450,000 and over	3,140	6,840	9,940	12,640	15,160	17,660	20,160	22,660	25,050	26,550	28,050	29,550



Department of Taxation and Finance

Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

IT-2104

First name and middle initial		Last name		Your Social Security number	
Permanent home address (number and street or rural route)			Apartment number		Single or Head of household ☐ Married ☐
City, village, or post office			State	ZIP code	Married, but withhold at higher single rate ☐
Note: If married but legally separated, mark an X in the <i>Single or Head of household</i> box.					
Are you a resident of New York City (this includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island)? Yes ☐ No ☐					
Are you a resident of Yonkers? Yes ☐ No ☐					
Before making any entries, see the Note below, and if applicable, complete the worksheet in the instructions.					
1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 19, if using worksheet)				1	
2 Total number of allowances for New York City (from line 31, if using worksheet)				2	
Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.					
3 New York State amount				3	
4 New York City amount				4	
5 Yonkers amount				5	

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

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

Employee's signature	Date
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Employee: Give this form to your employer and keep a copy for your records. Remember to review this form once a year and update it if needed.**Note:** Single taxpayers with one job and zero dependents, enter **1** on lines 1 and 2 (if applicable). Married taxpayers with or without dependents, heads of household or taxpayers that expect to itemize deductions or claim tax credits, or both, complete the worksheet in the instructions. Visit www.tax.ny.gov (search: *IT-2104-I*) or scan the QR code below.**Employer: Keep this certificate with your records.**If any of the following apply, mark an **X** in each corresponding box, complete the additional information requested, and send an additional copy of this form to New York State. See **Employer** in the instructions. Visit www.tax.ny.gov (search: *IT-2104-I*) or scan the QR code below.A Employee claimed more than 14 exemption allowances for New York State A ☐B Employee is a new hire or a rehire ... B ☐ First date employee performed services for pay (mm-dd-yyyy) (see Box B instructions): You may report new hire information online instead of mailing the form to New York State. Visit www.nynewhire.com.**Note:** Employers **must** report individuals under an **independent contractor arrangement** with contracts in excess of \$2,500 using the online reporting website above, **not** Form IT-2104.Are dependent health insurance benefits available for this employee? Yes ☐ No ☐If Yes, enter the date the employee qualifies (mm-dd-yyyy):

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

<https://www.tax.ny.gov/r/it2104i-2025>



Employment Eligibility Verification

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

USCIS

Form I-9

OMB No.1615-0047

Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number 		Employee's Email Address		Employee's Telephone Number	
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		☐ 1. A citizen of the United States				
		☐ 2. A noncitizen national of the United States (See Instructions.)				
		☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)				
		☐ 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)				
		If you check Item Number 4. , enter one of these:				
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)		☐ Check here if you used an alternative procedure authorized by DHS to examine documents.			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: 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 individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central. The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.
Acceptable Receipts May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.			
• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



Supplement A, Preparer and/or Translator Certification for Section 1

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

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code



Supplement B,
Reverification and Rehire (formerly Section 3)

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

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 07/31/2026

Last Name (Family Name) from Section 1.	First Name (Given Name) from Section 1.	Middle initial (if any) from Section 1.
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Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

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

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

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

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
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Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

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

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

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

Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

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

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
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Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Quick Reference Guide: Step-by-step instructions

Retirement@Work access:

You can access Retirement@Work through the URL: www.retirementatwork.org/suny

Before you get started you may want to:

- Visit the SUNY website www.suny.edu/retirement/ to learn more about the retirement Plan and the SUNY Voluntary 403(b) Savings Plan. Your benefits office can provide you with additional details about each system, and verify which of these systems you are eligible for, as well as whether enrollment is mandatory or optional.
- If you are eligible to choose between the ORP or one of the defined benefit plans (CERS, TRS or PFRS), you may want to listen to this comparative video comparing the ORP and the defined benefit plan options at <https://youtu.be/YdCLWb2T2VO>.
- Call Customer Service at **866-271-0960** if you need help enrolling.
- You may also want to research investment providers and determine how you wish to invest your retirement assets before starting the enrollment process.

Registration

If you are enrolling in your retirement plans for the first time, you are required to register.

You will need the following information to enroll:

- Social Security Number
- Date of Birth
- Membership number if you are presently a member of the New York State Employees' Retirement System (CERS), the New York State Teachers' Retirement System (TRS) or New York Police Fire Retirement System (PFRS).
- Date of retirement if you are presently receiving a retirement benefit from Retirement System of New York State.

The below steps will navigate you through the online registration process.

1. Click the **Register** button.
2. Complete the personal information short form and click the **Continue** button.
3. Complete the personal information long form and click the **Continue** button.
4. Complete your contact information and click the **Continue** button.

Retirement Plan Enrollment

1. From the "How Can We Help You?" screen, click the **Enroll Now** button.
2. Select the campus for which you work by clicking the **Choose your employer from the list** link and scroll through the employer names and choose the appropriate employer.
3. Confirm the campus selected and click the **Continue** button.

4. Complete the Retirement Program Election (RPE) form
 - 4.1. First, make a retirement program election.
 - 4.2. Second, provide your retirement program history.
 - 4.3. Confirm the campus answers and click the **Continue** button.
5. Review the Terms and Conditions and select the checkbox beside **I have read and accept these terms and conditions.**
6. The **Accept & Submit** button is enabled once the checkbox is selected. Click the **Accept & Submit** button to continue.
7. Employees who elect the New York State Teachers' Retirement System (TRS), the Employees' Retirement System (ERS) or the New York Police and Fire Retirement System (PFRS), will be directed to a PDF form to download and complete. By selecting ERS/TRS/PFRS, you must take your completed application to your Human Resources office for processing. Enrollment is not complete until your application is processed. You are also given an option to enroll in the SUNY 403(b) Voluntary Savings Plan.

Employees who decline membership in a Retirement System will be given an option to enroll in the 403(b) Voluntary Savings Plan, for which enrollment instructions are provided on the following page. Participating in the 403(b) Voluntary Savings Plan provides you with an opportunity to save on a pretax basis (traditional) and after-tax basis (Roth). With the pretax option, all contributions plus any earnings accumulated are tax deferred, and you pay no taxes until you receive your accumulations in retirement. Money invested in the Roth option is taxed when it is deducted from your paycheck and it provides the potential to withdraw earnings on a tax-free basis in retirement. You will be allowed to split your 403(b) contributions between after-tax (Roth) and pretax (traditional), although the combination of any such contributions cannot exceed the maximum allowed by the IRS.

Employees who elect the Optional Retirement Program (ORP) will be taken to the ORP enrollment process.

Optional Retirement Program (ORP) Enrollment

Note: These instructions are the continuation of the enrollment process for employees who have chosen the ORP.

1. After you click the **Accept & Submit** button in RPE, you will be navigated to the "Thank You" transition page where you can select to enroll in the SUNY ORP only or select to enroll in both the SUNY ORP and the 403(b) Voluntary Savings Plan.

To enroll in the 403(b), please input your contribution percentage/amount (as allowed by your campus) and establish the effective date using the calendar.

To decline participation, click on the blue text "I would not like to add the TOA at this time."

Click the **Continue** button to be taken to complete your Optional Retirement Program enrollment.

2. Selecting the ORP and 403(b) allows you to contribute pretax (Traditional) and after-tax (Roth) dollars to the 403(b) Voluntary Savings Plan, in addition to making your elections for the Optional Retirement Program.

If you elect to enroll in the SUNY ORP and/or 403(b) option, you will be navigated to the **Choose Your Contribution Amount** step where you can input your contribution percentage/amount (as allowed by your campus) to split your contribution amount between the pretax and after-tax (Roth), and establish the effective date using the calendar.

To decline participation in the 403(b) Plan, click on the "Do not contribute to the TOA" button. You will be navigated to complete your Optional Retirement Program enrollment (step 3).

If you select to enroll in the SUNY ORP only option, you will be navigated to the **Choose Investment Provider** step (step 3).

3. Review and confirm your elections. A summary of your elections will display. Review the contribution details for each plan and the selected investment provider(s). Click the **Confirm Elections** button.
4. Agree to the Salary Deferral Agreement Terms & Conditions. Click the **I Agree** button.
5. Your enrollment confirmation will appear.
6. You must now continue to enroll with each investment provider selected in step 2 by visiting each provider's website separately.

403(b) Voluntary Savings Plan, formerly called the Tax-Deferred Annuity CTDA) Enrollment

- 1a. If you elected either ERS, TRS or PFRS in the retirement plan enrollment process and also elect to enroll in the 403(b), click the **Continue Enrollment Process** button.
- 1b. If you elect to enroll in the 403(b) from the "How Can We Help You" screen, click the **Enroll in TOA Plan** button.
2. Type the contribution amount or percentage in the appropriate field, click the+ to split the amount between the pretax and Roth elections establish the effective date and then click the **Continue** button.
3. Enter the percentage of the contribution for each investment provider by contribution type and click the **Continue** button.
4. Review the contribution details for each plan and the selected investment provider(s) and click the **Confirm Elections** button.
5. Review the terms and conditions of the Salary Deferral Agreement. Click the **I have read and accept these Terms and Conditions** checkbox and click the **I Agree** button.

A confirmation will display. You must now continue to enroll on each investment provider platform separately that you chose as your investment provider.

Viewing or Making Changes to Elections and/or Personal Information

1. From the "How Can We Help You" screen, click the **View my account** button.
2. Select the location you would like to manage and click the **Continue** button.

Note: If you only have one location, you will navigate directly to the next step.

3. You are now on the Retirement@Work "Plan Summary" screen. On this page you will find the following four tabs:
 - a. Plan Summary
 - b. Manage Contributions
 - c. Plan History
 - d. Planning Basics

The **Manage Contributions** tab is where you can make changes to your contribution elections. Select the **Manage Elections** button to be taken into the ORP enrollment process where you can adjust your elections. For 403(b), you will be able to start, stop or add deferral elections, add Roth contribution or change investment providers.

The **Plan History** tab allows you to review your Contribution History, Withdrawal History, Contribution Changes and any Plan Communications.

The **Planning Basics** tab provides easy-to-understand articles on retirement and financial basics that can help you set your goals and stay on track.

Need help?

If you need assistance with the Retirement@Work system, call **866-271-0960**.

You will be connected with one of our experienced Retirement@Work consultants.

Weekdays, 8 a.m. - 10 p.m. (ET)

Saturday, 9 a.m. - 6 p.m. (ET)

If you have questions regarding SUNY retirement benefits, please contact your campus benefits administrator.

CONFIDENTIALITY STATEMENT

As a student employee at North Country, I am signing this statement to affirm that I understand the confidential nature of the information involved with my job.

I understand that I have the responsibility to keep any and all information seen or heard in the performance of my duties confidential. I may not copy, remove, or allow unauthorized access to institutional documents, files, or mailing lists.

Any violation of this confidentiality agreement will result in immediate dismissal from my position.

By signing below, I agree to keep all records and conversations confidential and agree to the statements contained herein for the duration of my student employment at North Country Community College.

Student Signature

Date

Supervisor Signature

Date

Student Name: _____

PLEASE PRINT

TIME SHEETS MUST BE FILLED OUT IN BLACK OR BLUE INK.

TIME IN/OUT SHOULD BE ROUNDED TO THE NEAREST QUARTER HOUR.

**TIME SHEETS MUST BE SUBMITTED TO PAYROLL
BY 4:00 PM OF SCHEDULED DATE UNLESS OTHERWISE INDICATED (*See Reverse*)**

MM/DD/YYYY	Time In	Time Out	Time In	Time Out	Total Hours	Payroll Use Only
TOTAL						

We certify this time record is a true and accurate statement of the hours worked.

Today's Date: _____

- Students will not be paid until all forms have been completed & returned to Enrollment and Financial Aid Office and/or Payroll.
- All timesheets are to be turned into Payroll by 4:00 pm on the due date indicated below unless otherwise indicated.
- Paychecks/stubs may be picked up in the Business Office.

FALL 2025 – SPRING 2026 STUDENT PAYROLL SCHEDULE

Payroll Period	Timesheet Due Date	Pay Date
08.11.25 – 08.24.25	08.25.25	09.05.25
08.25.25 – 09.07.25	09.08.25	09.19.25
09.08.25 – 09.21.25	09.22.25	10.03.25
09.22.25 – 10.05.25	10.06.25	10.17.25
10.06.25 – 10.19.25	10.20.25	10.31.25
10.20.25 – 11.02.25	11.03.25	11.14.25
11.03.25 – 11.16.25	11.17.25	11.28.25
11.17.25 – 11.30.25	12.01.25	12.12.25
12.01.25 – 12.14.25	12.15.25	12.26.25
12.15.25 – 12.28.25	12.29.25	01.09.26
12.29.25 – 01.11.26	01.12.26	01.23.26
01.12.26 – 01.25.26	01.26.26	02.06.26
01.26.26 – 02.08.26	02.09.26	02.20.26
02.09.26 – 02.22.26	02.23.26	03.06.26
02.23.26 – 03.08.26	03.09.26	03.20.26
03.09.26 – 03.22.26	03.23.26	04.03.26
03.23.26 – 04.05.26	04.06.26	04.17.26
04.06.26 – 04.19.26	04.20.26	05.01.26
04.20.26 – 05.03.26	05.04.26	05.15.26
05.04.26 – 05.17.26	05.18.26	05.29.26
05.18.26 – 05.31.26	06.01.26	06.12.26
06.01.26 – 06.14.26	06.15.26	06.26.26
06.15.26 – 06.28.26	06.29.26	07.10.26
06.29.26 – 07.12.26	07.13.26	07.24.26
07.13.26 – 07.26.26	07.27.26	08.07.26
07.27.26 – 08.09.26	08.10.26	08.21.26
08.10.26 – 08.24.26	08.24.26	09.04.26

ALL DATES ARE SUBJECT TO CHANGE

RESPONSIBILITIES:

You should consider your student employment as a regular job. It is your responsibility to:

- Work the hours you have agreed to.
- Inform your supervisor **in advance** if for some reason you cannot make your assignment.
- Perform your assignment in a satisfactory manner.
- If work interferes with your studies, arrange fewer hours of employment with your supervisor.

You need to be a student first.

- Notify your supervisor and the Work-Study Coordinator, if applicable, should you choose to terminate your employment – a signed/dated Student Release Form **must** be submitted.

North Country Community College
Work-Study Program

Student Release Form

Student Name: _____

Supervisor Name: _____

Last Date Worked: _____

Released Date: _____

PLEASE INDICATE REASON(S) FOR RELEASE OF WORK STUDY STUDENT.

1. LEFT OF OWN ACCORD

☐ To accept other work

☐ Withdrew from NCCC

☐ Other: _____

2. DISCHARGE

☐ Excessive tardiness / absenteeism

☐ Performance

☐ Misconduct

☐ Unsatisfactory Academic Progress

☐ Other: _____

USE THIS SPACE FOR ADDITIONAL COMMENTS:

Student Signature

Date

Supervisor Signature

Date

Replacement Requested? Y / N

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: _____

SSN: _____

Employee Signature: _____

Date: _____

Check Stub: ☐ Mail to address on check

☐ Email 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)

I. 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

or _____ % or

☐ Remaining Percentage

☐ Remaining Net Amount

3. Bank Name/City/State:

Bank Routing Number:

Account Number:

☐ Checking

☐ Savings

I wish to deposit:

\$ _____ or

or _____ % or

☐ Remaining Percentage

☐ Remaining Net Amount