



PERSONAL DATA FORM

Last Name: _____ First Name: _____ Middle Initial: _____

Social Security Number: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (*if different*): _____

City: _____ State: _____ Zip Code: _____

Contact Number: _____ Date of Birth: _____

Marital Status: _____ Marital Status Date: _____

Military Status: _____

Education

College Name (1): _____

Complete Mailing Address: _____

Years Completed: _____ Major/Degree: _____

College Name (2): _____

Complete Mailing Address: _____

Years Completed: _____ Major/Degree: _____

Professional School/Other Name: _____

Complete Mailing Address: _____

Years Completed: _____ Major/Degree: _____

High School Name: _____

Complete Mailing Address: _____

Years Completed: _____ Major/Degree: _____



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 <div></div> | | 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.): | | | | |
| | | <input type="checkbox"/> 1. A citizen of the United States | | | | |
| | | <input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.) | | | | |
| | | <input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.) | | | | |
| | | <input type="checkbox"/> 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) | | | | | |
| Issuing Authority | | <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. | | | |
| 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 | | LIST B | LIST C |
|--|----|---|--|
| Documents that Establish Both Identity and Employment Authorization | OR | Documents that Establish Identity | AND 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 report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) |
| 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. 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. Employment Authorization Document that contains a photograph (Form I-766) | | 4. Voter's registration card | 4. Native American tribal document |
| 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. | | 5. U.S. Military card or draft record | 5. U.S. Citizen ID Card (Form I-197) |
| | | 6. Military dependent's ID card | 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) |
| | | 7. U.S. Coast Guard Merchant Mariner Card | 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. |
| | | 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 | | | |
| 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 (Family Name) from Section 1 . | First Name (Given Name) from Section 1 . | Middle initial (if any) from Section 1 . |
|---|---|---|

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 (mm/dd/yyyy) | |
| Last Name (Family Name) | First Name (Given Name) | Middle Initial (if any) | |
| Address (Street Number and Name) | 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 (mm/dd/yyyy) | |
| Last Name (Family Name) | First Name (Given Name) | Middle Initial (if any) | |
| Address (Street Number and Name) | 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 (mm/dd/yyyy) | |
| Last Name (Family Name) | First Name (Given Name) | Middle Initial (if any) | |
| Address (Street Number and Name) | 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 (mm/dd/yyyy) | |
| Last Name (Family Name) | First Name (Given Name) | Middle Initial (if any) | |
| Address (Street Number and Name) | 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. |
|--|--|--|

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) | |
| 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.) | | | <input type="checkbox"/> 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.) | | | <input type="checkbox"/> 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.) | | | <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. |



JOHN JAY COLLEGE
THE CITY UNIVERSITY OF NEW YORK
OF CRIMINAL JUSTICE

TO: All Employees

FR: Department of Human Resources

RE: Degree Request

May 14, 2010

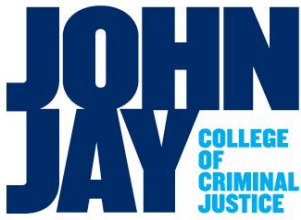
The Department of Human Resources at John Jay College requires an official copy of your transcripts from all colleges and universities previously attended. Official is defined as academic records that are produced by the registrar's office of the institution and then sealed in an envelope with a stamp or signature of the registrar across the sealed flap. The official transcripts can be sent directly to the Department of Human Resources from the registrar of the institution or can be sent initially to the applicant and then forwarded, unopened to the Department of Human Resources. Employees can also bring in the original degree with the raised seal. Employees with foreign credentials must also submit official proof of the degree earned (i.e., a copy of the degree).

Acknowledged by:

Employee name (print)

Signature

Date



Office of Human Resources

524 W 59th Street,
BMW-10th FL
New York City, NY 10019
T. 212.237.8517
F. 212.237.8939
Askhr@jjay.cuny.edu

TO: All Employees

FR: Department of Human Resources

RE: Request of Social Security card

Please be informed that the John Jay College Department of Human Resources will request and copy your original Social Security card in order to enter you into the New York State Payroll System. Your Social Security number will be kept strictly confidential.

Should you not have the original card, a receipt from the local Social Security Administration Office, with your name and Social Security number may be used in lieu of your card.

Please contact Human Resources at 212-237-8517 with any questions or concerns.

Acknowledged by:

Employee name (print)

Signature

Date





AMENDED CONSTITUTIONAL OATH UPON APPOINTMENT
(IN COMPLIANCE WITH SECTION 62 OF NY STATE CIVIL SERVICE LAW)

"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 according to the best of my ability."

Name (*printed*): _____

Address: _____

Signature: _____

Date: _____



THE CITY UNIVERSITY OF NEW YORK EMPLOYMENT APPLICATION – PART ONE

Last Name: _____

First Name: _____

College: _____

Department: _____

Check here if you are a CUNY Doctoral Student

Important Notice to Applicants

Our Commitment to Diversity

Diversity and inclusion are core values of The City University of New York (CUNY or The University). We believe adherence to these values creates an environment that best allows our students, faculty and staff to learn, work and succeed. As a University, we strive to respect differences, but more importantly, we seek to leverage the talents of all members of the University community in order to foster academic and administrative excellence. These values make CUNY a great place to learn and work!

Notice of Non-Discrimination

It is the policy of the University-applicable to all colleges and units-to recruit, employ, retain, promote, and provide benefits to employees and to admit and provide services for students without discriminating on the basis of actual or perceived race, color, creed, national origin, ethnicity, ancestry, religion, age, sex, sexual orientation, gender, gender identity, marital status, partnership status, disability, genetic information, alienage, citizenship, military or veteran status, pregnancy, status as a victim of domestic violence/stalking/sex offenses, unemployment status, caregiver or familial status, prior record of arrest or conviction, or any other legally prohibited basis in accordance with federal, state and city laws. This policy is set forth in CUNY's *Policy on Equal Opportunity and Non-Discrimination*.

CUNY's *Policy on Sexual Misconduct* prohibits all forms of sexual misconduct, including sexual harassment, gender harassment and sexual violence.

It is also the University's policy to provide reasonable accommodations and academic adjustments, when appropriate, to individuals with disabilities, individuals observing religious practices, individuals who have pregnancy or child birth-related medical conditions and victims of domestic violence/stalking/sex offenses.

Inquiries or complaints relating to CUNY's *Policy on Equal Opportunity and Non-Discrimination* should be addressed to the College's Chief Diversity Officer. Inquiries or complaints relating to CUNY's *Policy on Sexual Misconduct*, or about sex discrimination, should be addressed to the College's Title IX Coordinator or to the Office for Civil Rights of the United States Department of Education.

Disability Accommodation Available for Applicants

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

Clery Act

CUNY complies with the Clery Act. Copies of each college's *Annual Security Report*, which include security policies and crime statistics, are available in the Office of Public Safety and on each campus' website.

Military Service

If you are claiming preference for military service, you will be required to submit an original DD 214 along with verification of your disciplinary record.

Professional References

Current and former employers may be contacted for verification of any and all information stated in this application or obtained during any phase of the selection process. In order for CUNY to obtain this information, please complete the *Authorization to Release Reference Information* form agreeing to hold any and all of your reference sources harmless and free of any liability for releasing information CUNY deems relevant to determining whether to employ you.

Applicants who do not want their current employer to be contacted prior to receiving an offer of employment are required to make such a request and provide reasoning.

To further CUNY's commitment to compensate its employees fairly and equally for the work they do, CUNY will not inquire about an applicant's current or prior compensation history.



THE CITY UNIVERSITY OF NEW YORK EMPLOYMENT APPLICATION – PART ONE EMPLOYMENT AND EDUCATIONAL HISTORY OF APPLICANT

Position Title: _____

Contract Title: _____

College: _____

Job ID#: _____

Full-Time

Part-Time*

*if part time, hours available: A.M.

P.M.

Check here if you are a CUNY Doctoral Student

Personal Information

Last Name: _____ First Name: _____ Middle Initial: _____

If known by another name, please provide: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone #: _____ Email: _____

Do you have any relatives employed in the department for which you are applying?

Yes No

If yes, please explain: _____

Are you legally authorized to work in the United States?

Yes No

Will you now or in the future require sponsorship for employment visa status (*e.g., H-1B visa status*)?

Yes No

Please be advised that sponsorship for employment authorization is a campus-based decision and is generally reserved for academic appointments.

Applicant Attestation

By my signature below, I declare and affirm that I have read and fully understand that:

-Any misrepresentation or material omission of facts in this application or in any other materials I submit in support of my candidacy (*including but not limited to the letter of application and resume/CV*), or in any oral statements I may make during the selection process shall be sufficient cause to end further consideration of my application prior to being hired, or shall be sufficient cause for disciplinary action up to and including termination, in the event I am hired;

-The University will verify academic and professional credentials and may contact present and past employers to check professional references, as provided, either prior to or after receiving an offer of employment;

-An offer of employment is contingent on successful completion of the entire employment selection process. Offers and terms of employment will only be made in writing.

-No manager or representative of CUNY has the authority to make an offer of employment or to represent a condition of employment which is in violation of the bylaws, policies, or collective bargaining agreements governing employment at CUNY; and any representations that are contrary to these policies, even when made in writing, are unenforceable.

Signature: _____

Date: _____

Education

Please indicate the highest equivalent grade of education completed:

| | | | |
|-----------|-------------------------|-----------------|---------------|
| Doctorate | Professional Degree | Masters | Baccalaureate |
| Associate | Trade/Vocational School | High School/GED | |

List schools attended, beginning with most recent:

School Name: _____

School Name: _____

Location: _____

Location: _____

Major Study: _____

Major Study: _____

Credits Completed: _____

Credits Completed: _____

Degree Received? _____

Degree Received? _____

School Name: _____

School Name: _____

Location: _____

Location: _____

Major Study: _____

Major Study: _____

Credits Completed: _____

Credits Completed: _____

Degree Received? _____

Degree Received? _____

IF REQUIRED FOR POSITION: Please provide driver's license number, professional/trade license/certification numbers. If necessary, attach page to application.

Type: _____

License Number: _____

Employment History

Begin with present or most recent job and work back for the last 15 years, listing all full and part time employment. Be sure to include any current CUNY employment held. If necessary, attach additional pages.

Employer Name (1): _____ Address: _____

Job Title: _____ CUNY Contract Title (if applicable): _____

Full-Time Part-Time **if part-time, average hours worked per week:* _____

Phone #: _____ Date employed from: _____ Date employed to: _____

Duties:

Name/Title of Immediate Supervisor: _____

Phone #: _____ Reason for Leaving: _____

Employer Name (2): _____ Address: _____

Job Title: _____ CUNY Contract Title (if applicable): _____

Full-Time Part-Time **if part-time, average hours worked per week:* _____

Phone #: _____ Date employed from: _____ Date employed to: _____

Duties:

Name/Title of Immediate Supervisor: _____

Phone #: _____ Reason for Leaving: _____

Employer Name (3): _____ Address: _____

Job Title: _____ CUNY Contract Title (if applicable): _____

Full-Time Part-Time **if part-time, average hours worked per week:* _____

Phone #: _____ Date employed from: _____ Date employed to: _____

Duties:

Name/Title of Immediate Supervisor: _____

Phone #: _____ Reason for Leaving: _____

Employer Name (4): _____ Address: _____

Job Title: _____ CUNY Contract Title (if applicable): _____

Full-Time Part-Time *if part-time, average hours worked per week: _____

Phone #: _____ Date employed from: _____ Date employed to: _____

Duties:

Name/Title of Immediate Supervisor: _____

Phone #: _____ Reason for Leaving: _____

Have you ever left a position for disciplinary reasons? Yes No

If yes, briefly explain. If necessary, attach additional pages:

Important Skills, Competencies, or Experience Not Identified Above

Identify other important skills, competencies, expertise or related experience (*such as volunteer work, competence in foreign language, etc.*) that you feel should be considered in evaluating your suitability for this position. If necessary, attach additional pages.

Professional References

Please list a minimum of three persons who are not related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. *The Authorization to Release Information Form (final page of employment application) must be completed.*

| | | |
|----------------|----------------|----------------|
| Name: _____ | Name: _____ | Name: _____ |
| Title: _____ | Title: _____ | Title: _____ |
| Company: _____ | Company: _____ | Company: _____ |
| Address: _____ | Address: _____ | Address: _____ |
| Phone: _____ | Phone: _____ | Phone: _____ |
| Email: _____ | Email: _____ | Email: _____ |

How did you learn about this position? Check all that apply:

| | | |
|--|---|--|
| College Human Resources Office | College Website | CUNY Website (<i>cuny.edu</i> or <i>cuny.jobs</i>) |
| Someone I know who works at CUNY | Union Office | Search Engine (<i>Google, Bing, etc.</i>) |
| Printed Advertisement | External Job Board | |
| Government Job Bank or Resource Agency (<i>Veterans' Vocational Rehabilitation, Other</i>) | | |
| Job Fair, Conference or Convention | Professional or Academic Group, Contact or Referral | |
| Social Media (<i>Facebook, LinkedIn, Twitter, etc.</i>) | Search Firm | |
| Other (<i>please explain</i>) | | |

College Use Only

Reviewed by Chair of Search Committee/Hiring Manager:

Name: _____

Signature: _____ Date: _____



THE CITY UNIVERSITY OF NEW YORK EMPLOYMENT APPLICATION – PART TWO POST CONDITIONAL OFFER OF EMPLOYMENT

This form should be completed only after a conditional job offer has been made.

Last Name: _____

First Name: _____

College: _____

Department: _____

Position: _____

Check here if you are a CUNY Doctoral Student ☐

Post Conditional Offer Verifications and Checks

Employment Eligibility and Identity Documents Verification

Newly hired employees must complete Section 1 of the Dept. of Homeland Security/U.S. Citizenship & Immigration Services I-9 Form **no later than the first day of employment**. CUNY is required to verify evidence of identity and employment authorization **within 3 business days of the employee's first day of employment**.

Verification of Credentials

Academic and professional credentials, as submitted in CUNY Employment Application Part 1, will be verified by the college.

Criminal Background Check

As a candidate with a conditional offer of employment, you must provide criminal background information. For some positions, a criminal history report may also be required. CUNY will consider your criminal history in accordance with Article 23-A of the New York State Correction Law.

A conviction record will not necessarily disqualify you from the position for which you are applying. However, failure to provide truthful responses will, when discovered, automatically result in the withdrawal of the conditional offer of employment or your termination, if employed.

Before any adverse action is taken based on a previous criminal conviction, CUNY will:

- Provide a written Article 23-A analysis to the candidate in a form determined by the New York City Commission on Human Rights (NYCCHR), together with any and all supporting information and/or documents which formed the basis and reasons for the adverse action; and
- After providing the candidate with the required documentation, allow him or her at least three business days to respond and, during that time, hold the position open for the candidate.

Credit History Check, Medical Certification, Medical Examination, Drug Screening, and Physical Agility and Fitness Assessment

For some positions, a credit history, medical certification, medical examination, drug test, and/or physical agility and fitness assessment may be required as a condition of employment. CUNY processes all information per applicable laws.



Accommodation required to perform Essential Job Functions

It is the University's policy to provide reasonable accommodations, when appropriate, to individuals with disabilities, individuals observing religious practices, employees who have pregnancy or child-birth related medical conditions, or employees who are victims of domestic violence/stalking/sex offenses.

If you require an accommodation to perform the essential job functions for the position for which you have received a conditional offer of employment, please contact the HR Director at the college or unit where you have received the conditional offer of employment.



THE CITY UNIVERSITY OF NEW YORK EMPLOYMENT APPLICATION – PART TWO

CONFIDENTIAL BACKGROUND INFORMATION

Only candidates who have received a conditional job offer should complete this form.

For questions and concerns, candidates may request guidance from the Office of Human Resources.

The completed form should be submitted to the Office of Human Resources only.

College: _____ Position: _____

Contract Title: _____ Job ID#: _____

Full-Time ☐ Part-Time ☐ **if part-time, hours available: A.M. P.M.*

Check here if you are a CUNY Doctoral Student ☐

Personal Information

Last Name: _____ First Name: _____ Middle Initial: _____

If known by another name, please provide: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Preferred Phone #: _____

Please complete Page 3



Confidential Criminal Background Information

1. Have you ever been convicted of a misdemeanor or felony? Even if you were convicted, answer “NO” if your conviction:
- a. Was sealed or should be sealed under the *NYS Clean Slate Act*¹, expunged or reversed on appeal
 - b. Was for a violation, infraction or other petty offense such as “disorderly conduct”
 - c. Resulted in a youthful offender or juvenile delinquency finding
 - d. If you withdrew your plea after completing a court program and were not convicted of a misdemeanor or felony

☐

Yes

☐

No

2. Are there any criminal charges **currently** pending against you?

☐

Yes

☐

No

3. Please explain below **all** past convictions or currently pending criminal charges against you (*as specified in Questions 1 and 2 above*). If necessary, attach additional pages

| | | | |
|---------|--------------------|------------------------|-------------------------------------|
| Offense | Date of Conviction | Name/Location of Court | Disposition including incarceration |
| Offense | Date of Conviction | Name/Location of Court | Disposition including incarceration |
| Offense | Date of Conviction | Name/Location of Court | Disposition including incarceration |
| Offense | Date of Conviction | Name/Location of Court | Disposition including incarceration |

Applicant Attestation:

By my signature below, I declare and affirm that I have read and fully understand that:

Any misrepresentation of material omission of facts on this form shall be sufficient cause to end further consideration of my candidacy for the position for which I have received a conditional offer of employment or shall be sufficient cause for disciplinary action up to and including termination, in the event that I am hired.

Signature: _____

Date: _____

College Use Only

Received by the Director of Human Resources

Name: _____

Date: _____

Signature: _____

¹ The waiting period is 8 years for a felony and 3 years for a misdemeanor. Some convictions will not be sealed: out of state convictions, federal convictions, sex offenses, class A felonies (except for drug possession and sale). [FAQ — Clean Slate NY](#)



College: _____

Name of Candidate: _____

Position Sought: _____

Authorization to Release Reference Information

I have applied for a position with The City University of New York (CUNY) and would like CUNY to be fully informed of my qualifications for the position. I hereby authorize any current or former employer, professional reference, and education/training provider, to disclose in good faith any information they may have regarding and pertaining to my qualifications and fitness for employment.

I agree to hold such employers, references, educational/training institutions and any other persons giving references harmless from liability or damages for providing the requested information.

A photocopy or fax of this authorization shall be as valid as the original.

Signature: _____ Date: _____

Consistent with legal mandates, CUNY defines protected classes for the purposes of affirmative action in employment as follows: Asian, Black or African American, Hispanic or Latino (including Puerto Rican), American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Individuals with Disabilities, Veterans, and Women. The Chancellor of CUNY expanded these classes to include Italian Americans on December 9, 1976.

CUNY is an EEO/AA/Vet/Disability Employer.



THE CITY UNIVERSITY OF NEW YORK EMPLOYMENT APPLICATION – PART THREE

CERTIFICATION OF NEW YORK STATE OR NEW YORK CITY PUBLIC SERVICE CERTIFICATION OF COLLECTION OF PUBLIC PENSION FUNDS

Under the New York State Retirement and Social Security Law, retirees collecting a pension from New York State or New York City cannot (with certain exceptions) work at the University and continue to collect their pension. Accordingly, The City University of New York requires individuals seeking University employment to disclose their public employment and pension plan history for the purpose of establishing eligibility for employment. An employee who fails to disclose such information will be subject to appropriate action, which may include disciplinary action to terminate their employment and/or suspension or diminution of the retiree's public pension benefits.

Note: Retirees who are under age 65 and are collecting a pension may receive an annual income of up to \$30,000 (Thirty thousand only) in a position in public employment without diminution of their pension benefits.

1. Candidates for employment must submit this form at the time of hire, prior to any appointment
2. All full-time and part-time employees are responsible for submitting this form, should their status change
3. Adjuncts must submit this form every semester in which their employment continues

Last Name: _____ First Name: _____ Middle Initial: _____

College: _____ Department: _____

Contract Title: _____ Full Time Part Time

Current Positions in Public Service (please check appropriate box)

I am **not** currently working for another public service agency, organization or jurisdiction funded by New York City or New York State, not have I worked at any such entity during the calendar year.

I am **now** working for another public service agency, organization or jurisdiction funded by New York City or New York State.

Name of Employer: _____

I am a statewide elected official of New York State.

I am a New York State Legislative employee.

I am a member of the New York State Legislature.

I am a New York State officer or employee (*other than CUNY employee*) and I receive compensation other than on a per diem basis.

Prior Positions in Public Service (please check appropriate box)

I have **no prior** service with a public service agency, organization or jurisdiction funded by New York City or New York State.

I am a **former** employee of _____ of the City/State of New York and:

I **am collecting** a retirement benefit from a public pension system (*including ORP*) maintained by the State or City of New York.

Name of Pension Plan: _____

I **am not** collected retirement benefits based upon this public service.

I hereby attest that the information I have provided above is correct to the best of my knowledge.

Signature: _____

Date: _____

Office of Human Resources

Name: _____

Date: _____

Signature: _____



THE CITY UNIVERSITY OF NEW YORK EMPLOYMENT APPLICATION – PART FOUR

LICENSE OR PROFESSIONAL REGISTRATION VERIFICATION

LICENSES AND PROFESSIONAL REGISTRATIONS MAY BE REQUIRED FOR CERTAIN TITLES.

CANDIDATES FOR EMPLOYMENT WHO ARE REQUIRED TO HAVE A CURRENT LICENSE OR PROFESSIONAL REGISTRATION MUST SUBMIT THIS FORM AT THE TIME OF HIRE, PRIOR TO ANY APPOINTMENT. COPIES OF LICENSE OR REGISTRATION MAY BE REQUIRED.

EMPLOYEES ARE RESPONSIBLE FOR MAINTAINING CURRENT LICENSE /PROFESSIONAL REGISTRATION AND MUST UPDATE THEIR RECORDS IN THE OFFICE OF HUMAN RESOURCES.

Last Name: _____ First Name: _____ Middle Initial: _____

College: _____ Department: _____

Contract Title: _____ Full Time Part Time

Date: _____

Name of License/Registration: _____

Name of Issuing Agency: _____

License Number: _____ Date Issued: _____ Exp. Date: _____

Date Last Renewed: _____ Renewal #: _____ Exp. Date: _____

Have you ever had a license, certificate or permit suspended or revoked? Yes No

If yes, provide details:

Name of License/Registration: _____

Name of Issuing Agency: _____

License Number: _____ Date Issued: _____ Exp. Date: _____

Date Last Renewed: _____ Renewal #: _____ Exp. Date: _____

Have you ever had a license, certificate or permit suspended or revoked? Yes No

If yes, provide details:

I hereby certify that the information provided is accurate.

Signature: _____

Date: _____

Office of Human Resources

Name: _____

Date: _____

Signature: _____



CUNY POLICY CHECKLIST/RECEIPT OF POLICIES FOR NEW HIRES

Employee Name: _____ Start Date: _____

Campus: _____ Department: _____

This checklist helps to inform you about the CUNY policies and procedures along with your roles/responsibilities within the organization.

- [CUNY Internal Control Program](#)
- [Workplace Violence Prevention Policy](#)
- [Policy on Sexual Misconduct](#)
- [Policy on Equal Opportunity and Non-Discrimination](#)
- [Reasonable Accommodations and Academic Adjustments](#)
- [Policy on Acceptable Use of Computer Resources](#)
- [Conflict of Interest Policy](#)
- [Policy on Drugs and Alcohol](#)
- [Domestic Violence and the Workplace Policy and Procedures](#)
- [Rules and Regulations for the Maintenance of Public Order](#)
- [Lactation Room Laws – Memorandum re: NYC Law Effective 3/18/19](#)
- [Lactation Room Policy – Effective 3/18/19](#)
- [Procedures for Implementing CUNY Lactation Room Policy 3/18/19](#)
- [New York State Voting Leave Rights](#)
- [Leave for Breast and Prostate Cancer Screening and for Blood Donation](#)

I understand that other policies are available on the CUNY [website](#). If you have any questions regarding the policies listed above, please contact your [Campus HR Office](#).

I acknowledge receiving the following CUNY policies, procedures and related information.

Signature: _____ Date: _____



ORIENTATION FOR IT SECURITY

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

Why is IT Security important at CUNY?

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

What can you do to support IT Security at CUNY?

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

Where can you find CUNY IT Security information resources?

- Security.cuny.edu is available 24 hours a day from any Internet accessible location without a user ID and password. All relevant policies, procedures, and advisories, the IT Security awareness program and materials, and links to external IT Security information resources are located there.
- Find the Policy on Acceptable Use of Computer Resources under Security Policies and Procedures.
- Find the IT Security Procedures – General under Security Policies and Procedures.



- To take the IT Security Awareness tutorial, approximately 30 minutes, click on the padlock on [CUNY Security homepage](#).

Who can you contact for help with IT Security at CUNY?

- Your [college helpdesk](#)
- The college IT Security Manager (click on the Campus IT Security Managers tab at security.cuny.edu under Contact Us)
- The college Chief Information Officer or equivalent in the Central Office department
- The CUNY Central CIS IT Security Office at security@cuny.edu; or the Contact Us page at security.cuny.edu

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

- [Stay Safe Online](#)
- Federal Trade Commission at www.ftc.gov
- Privacy Rights Clearinghouse - Nonprofit Consumer Information and Advocacy Organization at www.privacyrights.org
- Microsoft Malware Protection Center, Threat Research and Response at <https://www.microsoft.com/en-us/wdsi>

What is required of you as an employee of CUNY?

- Acknowledge, by signature below, receipt of the Policy on Acceptable Use of Computer Resources.
- Acknowledge, by signature below, receipt of the IT Security Procedures – General.
- Complete the IT Security Awareness tutorial within the first 30 days of employment.
- Maintain compliance with the Policy on Acceptable Use of Computer Resources and the IT Security Procedures at all times.
- If you discover or suspect a security breach, you should report the incident to your supervisor, the College IT Security Manager (click on Contact Us at security.cuny.edu) and the CUNY Central IT Security Office (security@cuny.edu) immediately.

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

Signature: _____

Name (*printed*): _____

College: _____ Date: _____

One copy for personnel file.

One copy for employee.



EMERGENCY CONTACT INFORMATION

First Contact:

Last Name: _____ First Name: _____ Middle Initial: _____

Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Contact Number: _____ Email Address: _____

Second Contact:

Last Name: _____ First Name: _____ Middle Initial: _____

Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Contact Number: _____ Email Address: _____



EMERGENCY EVACUATION ASSISTANCE

CONFIDENTIAL

In order to maintain evacuation procedures for all facilities, we need to determine whether or not any staff members or students would require assistance in an emergency evacuation. Please be assured that this information will only be used for emergency evacuation purposes and will only be shared with those who have responsibilities under the emergency evacuation plan.

I would require assistance during an evacuation: Yes No

Type of Assistance: _____

Employee Last Name: _____

Employee First Name: _____

Title: _____ Office Contact Number: _____

Department: _____

Location: _____

Name of Direct Supervisor: _____



STATEMENT OF CITIZENSHIP

Check one:

U.S. Citizen

Resident Alien

Non-Resident Alien (*please answer questions below*):

Do you have clearance to work in the United States? Yes No

Type of Visa: _____ Expiration Date: _____

Primary Purpose in the United States: _____

Citizen of: _____

Intended Length of Stay: _____

Are you a CUNY student? Yes No



VETERAN STATUS

Please select one or more of the following:

Not a Veteran

Armed Forces Service Medal Veteran: Any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209).

Disabled Veteran: Either (1) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation *(or who but for the receipt of military retired pay would be entitled to compensation)* under laws administered by the Secretary of Veteran Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability.

Note: *If you have a disability and need a reasonable accommodation to perform the essential functions of your job, please contact the Central Office Human Resources Director to begin an interactive discussion to identify and provide you a reasonable accommodation.*

Other Protected Veteran: A veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense.

Recently Separated Veteran: Any veteran during the three-year period beginning on the date of veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

Discharge Date: _____



VOLUNTARY SELF-IDENTIFICATION FORM FOR EMPLOYEES

The City University of New York is committed to equal opportunity, and personnel decisions are made on the basis of qualifications without regard to race, color, creed, national origin, ethnicity, ancestry, religion, age, sex, sexual orientation, gender, and/or gender identity, marital status, partnership status, disability, genetic information, alienage, citizenship, military or veteran status, pregnancy, or status as a victim of domestic violence, stalking, or sex offense. The University also complies with federal affirmative action regulations. In order for the University to comply with state, federal and University reporting requirements and to assess the effectiveness of our recruitment efforts, we would greatly appreciate your completing this form. Completion of this form is, however, voluntary and the information collected will be used as required by law.

Any question regarding gender, race or ethnicity, veteran, or disability identification should be directed to the Chief Diversity Officer.

GENDER

Male Female Transgender Non-Conforming

Non-Binary Gender Not Listed Not Specified (*removing gender information*)

*Initial Here _____

ETHNICITY AND RACE

Question 1: Are you Hispanic or Latino (*a person of Cuba, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race*)?

Yes No

If yes, are you Puerto Rican (*a person of Puerto Rican culture or origin*)?

Yes No

Question 2: Please select one or more of the following categories that apply to you.

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

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian sub-continent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Black or African American: A person having origins in any of the Black racial groups of Africa.

Italian American: A person having origins in Italy (*this is for CUNY reporting purposes*).

(continued on next page)



Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White: A person having origins in any of the original peoples of Europe, the Middle East or North Africa.



VOLUNTARY SELF-IDENTIFICATION OF DISABILITY

The City University of New York is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcements. When reported, the data will not identify any specific individual.

Because the University does business with the government, we must reach out to, hire and provide equal opportunities to qualified people with disabilities¹. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for CUNY, your response to this self-identification will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral Palsy
- HIV/AIDS
- Schizophrenia
- Muscular Dystrophy
- Bipolar Disorder
- Major Depression
- Multiple Sclerosis (*MS*)
- Missing limbs or partially missing limbs
- Post-Traumatic Stress Disorder (*PTSD*)
- Obsessive-Compulsive Disorder
- Impairments requiring the use of a wheelchair
- Intellectual Disability

¹ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.



For the below questions, please check all that apply. If you do not wish to disclose the information, please check the appropriate box.

Are you an individual who has a physical or any other disability?

Yes

No

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or to work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

If you identify as an individual who has a physical or any other disability, do you require special working accommodations?

Yes

No



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 <input type="checkbox"/> Married <input type="checkbox"/> |
| City, village, or post office | | | State | ZIP code | 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. | | | | | |
| Are you a resident of New York City (this includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island)? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| Are you a resident of Yonkers? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| 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 |
|----------------------|------|

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 |
|---|--------------------------------|

Scan here

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

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) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) | | |

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:

| | | |
|--|---|-----------|
| <ul style="list-style-type: none"> • \$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 |

DIRECT DEPOSIT FORM FOR NYS EMPLOYEES

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

AC 2772 (REV 12/2022)

SECTION A: EMPLOYEE INFORMATION (REQUIRED)

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

SECTION B: REQUEST FOR EXEMPTION FROM DIRECT DEPOSIT

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

EMPLOYEE SIGNATURE _____ DATE _____

SECTION C: BALANCE ACCOUNT INFORMATION (REQUIRED)

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

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

SECTION D: ADDITIONAL ACCOUNT INFORMATION (OPTIONAL)

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

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

DIRECT DEPOSIT FORM FOR NYS EMPLOYEES

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

AC 2772 (REV 12/2022)

SECTION E: DIRECT DEPOSIT STATEMENT OPTIONS (OPTIONAL)

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

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

SECTION F: AUTHORIZATION (REQUIRED)

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

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

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

EMPLOYEE SIGNATURE _____ DATE _____

CANCELLATIONS

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

NEW YORK STATE PERSONAL PRIVACY LAW NOTIFICATION

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