Dear New Employee:

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

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

Sincerely,

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

/kb/
TO: CANDIDATES FOR ADJUNCT POSITION

FROM: HUMAN RESOURCES

SUBJECT: APPOINTMENT AND PAYROLL PROCESSING

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

Under federal law, you are required to complete and sign an Employment Eligibility Verification Form (Form I-9) in the presence of a designated representative in the Human Resources Office, Room S-710. This process must be complete by the third day of the semester. We strongly recommend that you complete the I-9 before your first day of work.

In addition, other documents for your appointment include the following:

1. All appointment forms (see attached).
   The Constitutional Oath is required for employment.

2. Your resume;

3. Two reference letters;

4. An Official college/university transcript of your highest earned degree. This original transcript must have the seal of the institution. Transcripts are not required for Adjunct College Lab Technicians;

5. Social Security Card.

The timing of your initial salary check will be based on the above process and our receipt of the completed Personnel Action Form (PAF) from your department. If you have any questions about the appointment or payroll process, please call us at (212) 220-8300.

Thank You.

/lmc/
Attachment
**PERSONNEL DATA FORM**

Please complete all items. (Type or print legibly.)

<table>
<thead>
<tr>
<th>Name</th>
<th>(Last)</th>
<th>(First)</th>
<th>(Middle)</th>
<th>(Other last names used)</th>
</tr>
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<tbody>
<tr>
<td>Job Title</td>
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<tr>
<td>Area of Specialization</td>
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<tr>
<th>Home Address</th>
<th>(No.)</th>
<th>(Street)</th>
<th>(Apartment #)</th>
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<td>(City)</td>
<td>(State)</td>
<td>(Zip Code)</td>
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<tr>
<th>Home Telephone</th>
<th>(Area Code)</th>
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<tr>
<th>Date of Birth</th>
<th>Social Security No.</th>
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</table>

Citizen of the United States?  Yes ☐  No ☐

If no, state type of Visa Date of Expiration

Marital Status If married, full name of spouse

Number of Children U.S. military status

Handicapped: Yes ☐ No ☐  If yes, specify:

Languages read easily

Languages spoken easily

Have you served or are you now serving either full-time or part-time in any college of the City University of New York?  Yes ☐ No ☐

If yes, list the college, position, department, dates of employment and salary:
EDUCATION (Please leave no gaps; account for all time since completion of high school study to the present; include colleges, universities, professional schools, etc.)

<table>
<thead>
<tr>
<th>Name and Address of School</th>
<th>Major</th>
<th>Minor</th>
<th>Degree or Professional License</th>
<th>Date Conferred</th>
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</table>

Additional higher education and/or education in progress

<table>
<thead>
<tr>
<th>Institution</th>
<th>Dates Attended</th>
<th>Courses, etc.</th>
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</table>

Title of Master's Thesis.


Title of Doctoral Dissertation.

Are you currently a candidate for the Ph.D. or Ed.D?  Yes □  No □

If yes, date course requirements fulfilled.

Expected completion date of dissertation.

Please list any professional license(s) you hold (not listed above); include type, year, and state.


**WORK EXPERIENCE** (List in reverse chronological order, beginning with your most recent or current position. If self-employed, so indicate.)

<table>
<thead>
<tr>
<th>Name and Address of Organization</th>
<th>Period (Dates)</th>
<th>Immediate Supervisor</th>
<th>Nature of Work &amp; Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>From:</td>
<td>To:</td>
<td>Title:</td>
<td>Salary:</td>
</tr>
<tr>
<td>From:</td>
<td>To:</td>
<td>Title:</td>
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<tr>
<td>From:</td>
<td>To:</td>
<td>Title:</td>
<td>Salary:</td>
</tr>
</tbody>
</table>

**PUBLICATIONS AND/OR CREATIVE WORK** (List all publications/books, pamphlets and periodical articles, reviews and notes. Do not include dissertations. Give full bibliographical reference: title, publisher, journal, volume, date, pages; submit reprints, if available.)

---

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Academic and professional honors (prizes, scholarships, fellowships, awards, etc.). Give particulars, including dates and institutions.

Membership in learned or professional societies (Indicate type of membership, office held, if any, the year of election, committee service, and other activities. Include dates.)

Additional information relevant to position.

How and/or by whom were you referred to BMCC?

REFERENCES (Persons who can attest to your scholarship and professional service.)

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution and Mailing Address</th>
<th>Title or Position</th>
<th>Telephone</th>
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<tbody>
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</table>

I certify that the statements made by me are true, complete and correct to the best of my knowledge and belief.

Date

Signature
Borough of Manhattan Community College
Office of Human Resources
Personnel Information form

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name (print)</th>
<th>Social Security Number</th>
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<tr>
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<tr>
<th>( ) Female</th>
<th>( ) Male</th>
<th>Date of Birth:</th>
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<tr>
<th>Ethnicity:</th>
<th>( ) American Indian</th>
<th>( ) Alaskan Native</th>
<th>( ) Asian</th>
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<tbody>
<tr>
<td>( ) Black</td>
<td>( ) Hispanic</td>
<td>( ) Italian American</td>
<td>( ) White</td>
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<tr>
<td>( ) Pacific Islander</td>
<td>( ) Puerto Rican</td>
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<tr>
<th>U.S. Citizen:</th>
<th>( ) Yes</th>
<th>( ) No</th>
<th>If you are not a US Citizen,</th>
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</table>

Of what country are you a citizen: __________________________

Of what type of VISA are you holding: ____________________ Expiration Date: ____________

<table>
<thead>
<tr>
<th>Are you a Veteran?</th>
<th>( ) No</th>
<th>( ) Yes</th>
<th>If you are a Veteran, please specify:</th>
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<td>( ) Active Reserve</td>
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<td>( ) Disabled</td>
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<td>( ) Inactive Reserve</td>
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<td>( ) Disabled Vietnam Era</td>
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<td>( ) Vietnam Era</td>
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<tr>
<th>Name of Emergency Contact:</th>
<th>Relationship:</th>
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<th>Address:</th>
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<tr>
<th>Telephone Number:</th>
<th>Business Number:</th>
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<tr>
<th>Education: Degree</th>
<th>Major</th>
<th>Date Earned</th>
<th>Institution</th>
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<tr>
<th>To be completed by the Office of Human Resources</th>
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</thead>
<tbody>
<tr>
<td>I-9 Date: __________ Work Authorization Expiration Date: ________</td>
</tr>
<tr>
<td>H.R. Staff Initial: _____ Date: ______</td>
</tr>
</tbody>
</table>

HR-2000
**COLLEGE**

(Print) Name in Full

Last

First

Middle

Home address

No. Street Apt. # City State Zip

Telephone Number ( ) S.S. No. / /

Business

Home

Are you authorized to work in the U.S.? Yes No

Under the Immigration and Reform Control Act, CUNY is required to verify your employment eligibility and identity within three (3) days of your reporting to work.

**EDUCATION:** Please indicate highest equivalent grade of education completed (eg. GED= 12; BA= 16)

List schools attended, beginning with most recent (college, business, high school, vocation, trade etc.)

<table>
<thead>
<tr>
<th>School Name</th>
<th>Location</th>
<th>Date Entered</th>
<th>Date Left</th>
<th>Major Study</th>
<th>Total Credits Completed</th>
<th>Degree and Date Received</th>
</tr>
</thead>
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</table>

GED: Year Issued Certificate #:

**EMPLOYMENT HISTORY:** Begin with present or last job and work back for the last 15 years, if job related. Attach an extra page, if necessary.

1. Firm Name
   Dates Employed From / / To / /
   Mo. Yr. Mo. Yr.
   Address
   Final Base Salary/Indicate one:
   ( )Annual $
   ( )Weekly $  
   ( )Hourly $  
   Job Title
   Name and Title of Immediate Supervisor
   Reason for Leaving
   Briefly describe duties

2. Firm Name
   Dates Employed From / / To / /
   Mo. Yr. Mo. Yr.
   Address
   Final Base Salary/Indicate one:
   ( )Annual $
   ( )Weekly $  
   ( )Hourly $  
   Job Title
   Name and Title of Immediate Supervisor
   Reason for Leaving
   Briefly describe duties

3. Firm Name
   Dates Employed From / / To / /
   Mo. Yr. Mo. Yr.
   Address
   Final Base Salary/Indicate one:
   ( )Annual $
   ( )Weekly $  
   ( )Hourly $  
   Job Title
   Name and Title of Immediate Supervisor
   Reason for Leaving
   Briefly describe duties
May we contact the employers listed above prior to your being hired at CUNY? All employment (past/current) will be verified after hire.
Yes ___ No ___ If no, explain __________________________.

Have you previously been employed by CUNY? No ___ Yes ___ If yes, please give name of college, dates of employment, title(s) and reason for leaving.

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

List any special skills that you possess that are either required for this job or which you believe will help you perform this job better (e.g., office machines, languages, word processor); be specific: __________________________.

Are you physically, mentally and medically able, with or without reasonable accommodation, to perform fully the essential duties of this job as contained in the job description? Yes ___ No ___ If No, you may still be eligible for appointment to the position. If appointed, be prepared to provide additional specific information.

Are you working or do you anticipate working at any other job? Yes ___ No ___ If yes, give name of employer, days and time of work, nature of duties: __________________________.

Are you currently a full-time student? Yes ___ No ___ If yes, give name of school: __________________________ Credits earned this semester: __________________________.

Are you a retiree of either a New York City or State agency and currently collecting a pension? Yes ___ No ___ If yes, are you willing to suspend pension payment if offered a position with CUNY? Yes ___ No ___

NOTICE (Please read carefully)
A material false statement or omission willfully or fraudulently made in this application (including attached papers and related interviews) will result in disqualification, even following appointment, and may result in criminal prosecution.

If the position for which this application is submitted requires, as a condition of employment, the applicant to successfully undergo a drug, alcohol, medical and/or psychological examination, failure to pass such examination or failure to report for such examination shall be grounds for non-appointment or for invalidating the appointment when an offer has been made. Any offer of employment is contingent on successful completion of the City University of New York’s total employment screening process, including, when required, receipt of references which the University or College considers satisfactory.

Only the representations made by the President of the College or the College Appointing Officer – usually the College Personnel/Human Resources Director made in writing prior to appointment are official representations. No manager or representative of the City University of New York has the authority to make an offer of employment or to represent a condition of employment including those made in writing. If such an offer and/or condition is made by those other than the President or Appointing Officer it would be unenforceable because it would be a violation of the University Bylaws, Rules and Regulations, or Collective Bargaining Agreements governing the administrative policies of the University. The City University reserves the right to revise without notice any personnel policy or practice at any time other than those set forth in the University Bylaws, applicable New York State Laws, Collectively Bargained Agreements, and the Rules of the CUNY Civil Service Commission.

APPLICANT'S CERTIFICATION AND AGREEMENT

I declare and affirm, under penalty of perjury, that I have read and understand the above notice, and that the statements I have made herein are true and correct to the best of my knowledge.

Your Signature: __________________________ Date: __________________________

FOR HUMAN RESOURCES MANAGEMENT SERVICES OFFICE USE

Date Received: __________________________ Word Processing Score: __________________________

Mailed: __________________________ Date: __________________________ P.O. Staff Initials: __________________________

(by:) __________________________ Position: __________________________

(by:) __________________________ Position: __________________________

(by:) __________________________ Position: __________________________

EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION, AMERICAN'S WITH DISABILITIES ACT, AND IMMIGRATION REFORM AND CONTROL ACT EMPLOYER

OFFR-601
R: 1-1-01
BOROUGH OF MANHATTAN COMMUNITY College
THE CITY UNIVERSITY OF NEW YORK

AMENDED CONSTITUTIONAL OATH UPON APPOINTMENT
(in compliance with Section 62 of the NY State Civil Service Law)

“I hereby pledge and declare that I will support the constitution of the United
State, and the constitution of the state of New York, and that I will faithfully
discharge the duties of the position of ____________________________
according to the best of my ability.”

Name ____________________________

Signature ____________________________

Address ____________________________

__________________________________

Date ____________________________
Form W-4 (2004)

Purpose. Complete Form W-4 so that your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2004 expires February 16, 2005. See Pub. 505, Tax Withholding and Estimated Tax.

Note: You cannot claim exemption from withholding if: (a) your income exceeds $800 and includes more than $250 of unearned income (e.g., interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependents, or other qualifying individuals. See line E below.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 919, How Do I Adjust My Tax Withholding? for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

Two-earner/two-job. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8334 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2004. See Pub. 919, especially if your earnings exceed $125,000 (Single) or $175,000 (Married). Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 to initiate a name change and obtain a social security card showing your correct name.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent

- You are single and have only one job; or

B Enter "1" if:

- You are married, have only one job, and your spouse does not work; or

- Your wages from a second job or your spouse's wages (or the total of both) are $1,000 or less.

C Enter "1" for your spouse. But, you may choose to enter "0" if you are married and have either a working spouse or more than one job. (Entering "0" may help you avoid having too little tax withheld.)

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)

F Enter "1" if you have at least $1,500 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 903, Child and Dependent Care Expenses, for details.)

G Child Tax Credit (including additional child tax credit):

- If your total income will be less than $52,000 ($77,000 if married), enter "2" for each eligible child.

- If your total income will be between $52,000 and $84,000 ($77,000 and $119,000 if married), enter "1" for each eligible child plus "1" additional if you have four or more eligible children.

H Add lines A through G and enter total here. Note: This may be different from the number of exemptions you claim on your tax return.

For accuracy, complete all worksheets that apply.

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

Form W-4

Employee's Withholding Allowance Certificate

Your employer must send a copy of this form to the IRS if: (a) you claim more than 10 allowances or (b) you claim "Exempt" and your wages are normally more than $200 per week.

1 Type or print your first and middle initial

Last name

2 Your social security number

3 Single  Married  Married, but withhold at higher Single rate.

Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.

4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card.

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)

6 Additional amount, if any, you want withheld from each paycheck

7 I claim exemption from withholding for 2004, and I certify that I meet both of the following conditions for exemption:

- Last year I had a right to a refund of all Federal income tax withheld because I had no tax liability and

- This year I expect a refund of all Federal income tax withheld because I expect to have no tax liability

If you meet both conditions, write "Exempt" here

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.

8 Employee's signature

If form is not valid unless you sign it.

Date

9 Office code (optional)

10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2.
Deductions and Adjustments Worksheet

Note: Use this worksheet only if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2004 tax return.

1. Enter an estimate of your 2004 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2004, you may have to reduce your itemized deductions if your income is over $142,700 ($71,350 if married filing separately). See Worksheet 3 in Pub. 919 for details.)

2. Enter:

- $9,700 if married filing jointly or qualifying widow(er)
- $7,150 if head of household
- $4,850 if single
- $4,850 if married filing separately

3. Subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-".

4. Enter an estimate of your 2004 adjustments to income, including alimony, deductible IRA contributions, and student loan interest.

5. Add lines 3 and 4 and enter the total. (Include any amount for credits from Worksheet 7 in Pub. 919)

6. Enter an estimate of your 2004 non-wage income (such as dividends or interest).

7. Subtract line 5 from line 4. Enter the result, but not less than "-0-".

8. Divide the amount on line 7 by $3,000 and enter the result here. Drop any fraction.

9. Enter the number from the Personal Allowances Worksheet, line H, page 1.

10. Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earner/Two-Job Worksheet, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1.

Two-Earner/Two-Job Worksheet (See two earners/two jobs on page 1.)

Note: Use this worksheet only if the instructions under line H on page 1 direct you here.

1. Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet).

2. Find the number in Table 1 below that applies to the LOWEST paying job and enter it here.

3. If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-" and on Form W-4, line 5, page 1. Do not use the rest of this worksheet.

Note: If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4-9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.

4. Enter the number from line 2 of this worksheet.

5. Enter the number from line 1 of this worksheet.

6. Subtract line 5 from line 4.

7. Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here.

8. Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed.

9. Divide line 8 by the number of pay periods remaining in 2004. For example, divide by 26 if you are paid every two weeks. If you complete this form in December 2003, enter the result here and on Form W-4, line 5, page 1. This is the additional amount to be withheld from each paycheck.

---

### Table 1: Two-Earner/Two-Job Worksheet

<table>
<thead>
<tr>
<th>Married Filing Jointly</th>
<th>If wages from HIGHEST paying job are—</th>
<th>AND, wages from LOWEST paying job are—</th>
<th>Enter on line 2 above</th>
<th>Enter on line 2 above</th>
</tr>
</thead>
</table>
| $0 - $40,000           | $0 - $4,000                          | 0                                     | 31,001 - 38,000       | 6
|                        | 4,001 - 8,000                        | 1                                     | 38,001 - 44,000       | 7
|                        | 8,001 - 17,000                       | 2                                     | 44,001 - 50,000       | 8
|                        | 17,001 - over                         | 3                                     | 50,001 - 65,000       | 9
| $40,001 and over       | $0 - $4,000                          | 0                                     | 65,001 - 75,000       | 10
|                        | 4,001 - 8,000                        | 1                                     | 75,001 - 85,000       | 11
|                        | 8,001 - 15,000                       | 2                                     | 85,001 - 100,000      | 12
|                        | 15,001 - 22,000                      | 3                                     | 100,001 - 115,000     | 13
|                        | 22,001 - 25,000                      | 4                                     | 115,001 and over       | 14
|                        | 25,001 - 31,000                      | 5                                     |                        | 15

<table>
<thead>
<tr>
<th>Married Filing Jointly</th>
<th>If wages from HIGHEST paying job are—</th>
<th>Enter on line 7 above</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $65,000</td>
<td>$470</td>
<td></td>
</tr>
<tr>
<td>60,001 - 110,000</td>
<td>780</td>
<td></td>
</tr>
<tr>
<td>110,001 - 150,000</td>
<td>870</td>
<td></td>
</tr>
<tr>
<td>150,001 - 270,000</td>
<td>1,020</td>
<td></td>
</tr>
<tr>
<td>270,001 and over</td>
<td>1,090</td>
<td></td>
</tr>
</tbody>
</table>

### Table 2: Two-Earner/Two-Job Worksheet

<table>
<thead>
<tr>
<th>Married Filing Jointly</th>
<th>If wages from HIGHEST paying job are—</th>
<th>Enter on line 7 above</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $30,000</td>
<td>$470</td>
<td></td>
</tr>
<tr>
<td>30,001 - 70,000</td>
<td>780</td>
<td></td>
</tr>
<tr>
<td>70,001 - 140,000</td>
<td>870</td>
<td></td>
</tr>
<tr>
<td>140,001 - 320,000</td>
<td>1,020</td>
<td></td>
</tr>
<tr>
<td>320,001 and over</td>
<td>1,090</td>
<td></td>
</tr>
</tbody>
</table>

---

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. The Internal Revenue Code requires this information under sections 6102(f)(3)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also 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, and the District of Columbia for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to Federal and state agencies to enforce Federal income and crime laws and 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 its 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 time needed to complete this form will vary depending on individual circumstances. The estimated average time is: Recordingkeeping, 46 min.; Learning about the law or the form, 13 min.; Preparing the form, 59 min. If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Products Coordinating Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. Do not send Form W-4 to this address. Instead, give it to your employer.
Employee's Withholding Allowance Certificate
New York State • City of New York • City of Yonkers

<table>
<thead>
<tr>
<th>Print or type</th>
<th>First name and middle initial</th>
<th>Last name</th>
<th>Your social security number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent mailing address (number and street or rural route)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, village, or post office</td>
<td>Apartment number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>ZIP code</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Complete the worksheet on page 3 before making any entries.

1. Total number of allowances you are claiming for New York State and the city of Yonkers, if applicable (from line 19) ................................................................. 1.

2. Total number of allowances for city of New York (from line 30) ................................................................. 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.


5. City of Yonkers amount ................................................................. 5.

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

Employee's signature ................................................................. Date .................................................................

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

Employer's name and address (Employer: complete this section only if you must send a copy of this form to the New York State Tax Department.)

Employer Identification number .................................................................

Employers only: Please check the appropriate box(es) to indicate why you are sending a copy of this form to New York State:

☐ Employee is a new hire

☐ Employee claims more than 14 exemption allowances for New York State

Need help?

Internet access: www.nystax.gov
Access our Answer Center for answers to frequently-asked questions; check your refund status; check your estimated tax account; download forms, publications; get tax updates and other information.

Fax-on-demand forms: Forms are available 24 hours a day, 7 days a week. 1 800 748-3676

Telephone assistance is available from 8:00 A.M. to 5:00 P.M. (eastern time), Monday through Friday.
To order forms and publications: 1 800 462-8100
Refund status: (electronically filed) 1 800 353-0708
(direct deposit) 1 800 321-3213
(all others) 1 800 443-3200

Personal Income Tax Information Center: 1 800 225-5829
From areas outside the U.S. and outside Canada: (518) 485-6800
Hearing and speech impaired (telecommunications device for the deaf (TDD) callers only): 1 800 634-2110

Privacy notification

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 171, 171-a, 287, 308, 429, 475, 505, 697, 1005, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 605(c)(2)(C)(I).

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Director of Records Management and Data Entry, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the United States and outside Canada, call (518) 485-6800.

Employee: detach this page and give it to your employer.
Changes for 2004

The additional withholding per week dollar amounts and the number of allowances in Chart I and Chart II on page 4 of the instructions for this form have been revised for tax year 2004. If you filed a 2003 Form IT-2104 (dated 8/03) based on the tax rate increases effective for tax year 2004, complete Chart I on page 2 of the 2003 Form IT-2104 to compute an additional dollar amount to claim on lines 3, 4, or 5 of Form IT-2104, you should complete a new 2004 Form IT-2104 to give it to your employer.

Who should file this form

The certificate, Form IT-2104, is completed by an employee and given to the employer to instruct the employer how much New York State (and New York City and Yonkers) tax to withhold from the employee's pay. The more allowances claimed, the lower the amount of tax withheld. If you do not file Form IT-2104, your employer may use the same number of allowances you claimed on federal Form W-4. Due to differences in tax law, this may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers. Complete Form IT-2104 each year and file it with your employer if the number of allowances you claim is different than on federal Form W-4 or has changed. Common reasons for completing a new Form IT-2104 each year include:

- You started a new job.
- You are no longer a dependent.
- Your individual circumstances may have changed (for example, you were married or regained an additional child).
- You itemize your deductions on your personal income tax return.
- You claim allowances for New York State credits.
- You owed tax or received a large refund when you filed your personal income tax return for the past year.
- Your wages have increased and you expect to earn $100,000 or more during the tax year.
- The total income of you and your spouse has increased to $100,000 or more for the tax year.
- You have significantly more or less income from other sources or from another job.
- You no longer qualify for exemption from withholding.
- You have been advised by the Internal Revenue Service that you are entitled to fewer allowances than claimed on your original federal Form W-4 and the disallowed allowances claimed on your original Form IT-2104.

Instructions

To claim exemption from income tax withholding, you must file Form IT-2104-E, Certificate of Exemption from Withholding, with your employer. You must file a new certificate each year that you qualify for exemption. This exemption from withholding is allowable only if you had New York income tax liability in the prior year, you expect none in the current year, and you are over 65 years of age, under 18, or a full-time student under 25. If you are a dependent who is under 18 or a full-time student, you may owe tax if your income is more than $3,000.

Withholding allowances

You may not claim a withholding allowance for yourself or, if married, your spouse. Claim the number of withholding allowances you compute in Part I and Part III on page 3 of this form. If you want more tax withheld, you may claim fewer allowances. If you want to reduce the number of allowances by two on line 1 and line 2 (if applicable) on the certificate you file with your higher-paying job employer. If you arrive at negative allowances (less than zero), see Withholding allowances above.

Single taxpayers or heads of household

- If you are a single taxpayer or head of household and your total income is $100,000 or more, use Chart II to compute the number of allowances to transfer to Part I, line 18, and if applicable, Chart III to compute the number of allowances to transfer to Part III, line 29. Substitute the words higher paying job for higher wage earner within the charts.

Dependants

- If you are a dependent of a single or head of household, complete Chart III on page 4 to exceed $3,000, you should reduce your withholding allowances by one for each $1,000 of income over $2,500. This will ensure that your employer withholds enough income to pay your taxes.

Following the above instructions will help to ensure that you will not owe additional tax when you file your return.

Employees with only one job

- If you will use the head or single status, file the certificate on your state income tax return, check the Single Head of household box on the front of the certificate. If you have only one job, you may also wish to claim one additional withholding allowance on Part I, line 13.

Married couples with only one spouse working

- If your spouse does not work and has no income subject to state income tax, check the Married box on the front of the certificate. You may also wish to claim two additional allowances on Part I, line 14.

Additional dollar amount(s)

You may ask your employer to withhold an additional dollar amount each pay period by completing lines 3, 4, and 5 on Form IT-2104. In most instances, you may compute a negative number of allowances using the worksheets on page 4 and your employer cannot accommodate a negative number. Each negative allowance claimed you should have an additional $2 of tax withheld per week for New York State withholding on line 3, and an additional $1 of tax withheld per week for New York City withholding on line 4. Yonkers residents should use 5% (0.05) of the New York State amount for additional withholding for the city of Yonkers.

Note: If you are requesting your employer withhold an additional dollar amount on lines 3, 4, or 5 of this allowance certificate, the additional dollar amount as determined by these instructions or by using the charts on page 4 is accurate for a weekly payroll. Therefore, if you are paid other than weekly, you will need to adjust the dollar amount(s) that you compute. For example, if you are paid biweekly, you must double the dollar amount(s) computed using the worksheet(s) on page 3.

Avoid underwithholding

Form IT-2104, together with your employer's withholding tables, is designed to ensure that the correct amount of tax is withheld from your pay. If you fail to have enough tax withheld during the entire year, you may have a large tax liability when you file your tax return. The Tax Department must assess interest and impose penalties in certain situations in addition to the tax liability. Even if you do not like a result, you may determine that you owe personal income tax, and we may assess interest and penalties on the amount of tax that you should have paid during the year.
How to complete your Direct Deposit Authorization Form

ACCOUNT NUMBER
Print the account number as it appears on the check if you are depositing into a checking account* or on the bank statement if you are depositing to a savings account.

*Note: Refer to: “How to read the bank and account numbers from your check” which is attached.

ACCOUNT TYPE
✓ (check) Savings if you want your check directly deposited to your savings account.

✓ (check) Checking if you want your check directly deposited to your checking account.

Note: Using a money market acct; ask the bank if it’s checking or savings.

EMPLOYEE AUTHORIZATION
Sign and Date this section.

This will authorize the direct deposit of your check to the requested type of account. This authorization will remain in effect until you provide your agency with a written cancellation of direct deposit.

Note: The name appearing on your bank account and the name you use at work can be different, however, your name must appear in some form on the bank account. It is extremely IMPORTANT that you sign your name in this employee authorization area as it appears on your account.

For Example: A married employee who works under a maiden name but banks under a married name can have net pay directly deposited into his/her bank account. When completing the enrollment form the employee would list the name under which they work in the Employee Name Area. In the area for Name on Bank Account, the employee should list the name exactly as it appears on Bank Account. In the Employee Authorization area, the employee should sign the name under which they BANK (the name that appears on the bank account).

Submit the completed form to your agency payroll office. Remember to retain your copy of this form for your records.

A message “WE ARE PROCESSING YOUR EFT ENROLLMENT” will appear on the paystub prior to the payroll check that will be directly deposited.
Please place a voided check here.

How to read the bank and account numbers from your check.
THE CITY OF NEW YORK PAYROLL MANAGEMENT SYSTEM
DIRECT DEPOSIT OF NET PAY AUTHORIZATION RELEASE

PLEASE NOTE
COMPLETE ALL ITALICIZED HEADED AREAS ONLY.
SIGN AND DATE IN APPROPRIATE AREA PROVIDED.
DO NOT FILL IN AREAS WITH SHAD ED BORDERS.
A MESSAGE "WE ARE PROCESSING YOUR DIRECT DEPOSIT" WILL APPEAR ON THE
PAYSTUB PRIOR TO THE EFFECTED PAYROLL.
IF CANCELLATION OR CHANGE IS NECESSARY, SUBMIT A NEW COMPLETED FORM
SIGNED IN THE APPROPRIATE AREA.

EMPLOYEE SECTION

EMPLOYEE NAME

LAST

FIRST

MI

WORK TELEPHONE NO.

TYPE OF ACTION (ATTACH A CANCELLED CHECK OR MOST RECENT SAVINGS STATEMENT.)

- NEW ENROLLMENT
- CANCELLATION

CHANGE OF

PERSON(S) NAMED ON THE ACCOUNT

ACCOUNT NUMBER

ACCOUNT TYPE

DOCUMENT NUMBER

SOCIAL SECURITY NUMBER

PAYROLL INFORMATION

CHECK

DIGIT

JSN

PYRL

NO

(OPA / AGENCY USE ONLY)

(FOR AGENCY PAYROLL USE ONLY)

PERSON(S) NAMED ON ACCOUNT (PRINT EXACTLY - INCLUDE TRUSTEE OR JOINT OWNER)


ABA NUMBER

ACCOUNT NUMBER

ACCOUNT TYPE

SAVINGS

CHECKING

(CHECK ONE ONLY)

EMPLOYEE AUTHORIZATION

I HEREBY AUTHORIZE THE CITY OF NEW YORK TO DEPOSIT MY NET PAY DIRECTLY INTO MY CHECKING OR SAVINGS ACCOUNT AS REQUESTED AND TO INITIATE (IF NECESSARY) DEBIT ENTRIES AND ADJUSTMENTS FOR ANY CREDIT ENTRIES MADE IN ERROR TO MY ACCOUNT. I AGREE THAT THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL I PROVIDE TO MY AGENCY A WRITTEN CANCELLATION TO TERMINATE THE SERVICE.

SIGNATURE

DATE

CANCELLATION AUTHORIZATION - EMPLOYEE

I HEREBY AUTHORIZE THE CITY OF NEW YORK TO CANCEL MY DIRECT DEPOSIT AUTHORIZATION AGREEMENT.

SIGNATURE

DATE

AGENCY PAYROLL SECTION ONLY

AGENCY REP

SIGNATURE

DATE

OPA / AGENCY USE ONLY

REVIEWED BY

SIGNATURE

DATE

ENROLLMENT REJECTION REASONS

- INACTIVE

- LEAVE STATUS

- PAYCLASS IS "B"

- PAY CYCLE IS NOT "D"

- ABA # INVALID

KEY ENTRY OPERATOR

ENTERED BY

(SIGNATURE)

DATE

OPA DATA ENTRY
BOROUGH OF MANHATTAN COMMUNITY COLLEGE
The City University of New York
IMMIGRATION REFORM AND
CONTROL ACT OF 1986

EMPLOYMENT ELIGIBILITY VERIFICATION INFORMATION

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

Should you accept an offer of employment with the Borough of Manhattan Community
College, you must present ORIGINAL documentation outlined on the reverse side of this
document on or before your first day of work.

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

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

If you have any questions concerning the employment process at Borough of Manhattan
Community College, please call the Human Resources Office, 212-220-8300.
One of these ORIGINAL documents to establish identity, and employment eligibility:

- U.S. passport;
- Certificate of U.S. citizenship (INS Form N0500 or N-561);
- Certificate of Naturalization (INS Form N-550 or N-570);
- Unexpired foreign passport with unexpired official stamp or valid Form I-94.
- *NOTE:* Use of this form must first be verified.
- Alien registration receipt card with bearer's photograph ("green card"-INS form I-151);
- Resident alien form with bearer's photograph (INS Form I-155);
- Temporary resident card (INS Form I-688)
- Employment authorization card (INS Form I-688A).

If you do not have any of the above documents, then you must present one document from each of the next two sections:

One of these ORIGINAL documents to establish identity:

- State-issued driver's license or state-issued identification card containing a photograph
  or if the document does not contain a photograph, identifying information such as name,
  date of birth, sex, heights, color of eyes and address;
- School identification card with a photograph;
- Voter's registration card;
- U.S. military card or draft record;
- Identification card issued by federal, state, or local government agencies or entities;
- Military dependent's identification card;
- Native American tribal documents;
- U.S. Coast Guard Merchant Mariner card;
- Driver's license issued by a Canadian government authority.

AND

One of the ORIGINAL documents to establish employment eligibility:

- Social Security number card other than on which has printed on its face "not valid for
  employment purposes";
- Certification of birth issued by Dept. of State (Form FS-545)
- Original or certified copy of birth certificate issued by a state, county, or municipal
  authority bearing a seal;
- Certification of birth aboard issued by Dept. of State (Form DS-1350);
- Unexpired reentry permit (INS Form 1-327);
- Unexpired Refugee Travel document (INS Form 1-571);
- Employment authorization document issued by the INS;
- Native American tribal document;
- U.S. citizen identification card (INS Form 1-197);
- Identification card for use of resident citizen in the U.S. (INS Form 1-179).
BENEFITS AVAILABLE FOR ELIGIBLE ADJUNCTS

Health Insurance

Health insurance coverage is available to Adjuncts through the PSC/CUNY Welfare Fund. It will be provided to an eligible adjunct that is not covered by other primary health care insurance.

Available plan: Empire HMO/Direct Connection

Eligibility: To be eligible for this benefit, the adjunct must be paid with tax-levy money (not Research Foundation or Grants) and must meet the following requirements:

Teaching adjuncts--- Teaching six (6) or more hours (or the equivalent) at any CUNY college in the semester of the proposed coverage and who have taught at any CUNY college in the two semesters immediately preceding the semester of coverage. Summer sessions are excluded for purposes of determining eligibility.

Non-teaching adjuncts--- Working ten or more hours per week at any CUNY college for two complete consecutive semesters, followed by working ten or more hours per week at any CUNY college in the semester of proposed coverage. Summer sessions are excluded for purposes of determining eligibility.

Pension

All adjuncts are eligible to join the New York City Teachers’ Retirement System (TRS). Membership is optional.

Under IRS rulings and regulations, CUNY employees who are eligible to participate in TRS are deemed to be “active employees” in a pension plan whether or not they actually elected to participate in TRS. Therefore the City of New York is obliged to check the box on each employee’s form W-2 indicating to the IRS that he/she is a participant in a defined pension plan.
Tax Deferred Annuity

Yearly maximum $11,000

Tax deferred annuity plans are available for adjuncts that are not presently contributing to a TDA plan.

Available plans:  
TIAA/CREF-SRA: 1-800-842-2733 Ext. 2929  
TRS-TDA: 1-212-386-5000  
HRC: 1-800-786-1598 James Pino

Tuition Waiver

All adjuncts that have been teaching ten (10) consecutive semesters in the same department at one CUNY College are eligible for a tuition waiver within CUNY colleges only. One course of undergraduate or graduate allowed per semester.

NOTE: Only tax-levy services are counted toward benefits eligibility.    
Summer sessions are excluded for purpose of determining eligibility.

For more information and enrollment applications, please contact Amparo Lopez-Moreno, Room S714, (212) 220-8301 or email alopezmoreno@bmcc.cuny.edu.