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
TO: Supervisors, Office Heads, and Applicants
To the Position of College Assistants or Tutors

FROM: Human Resources

DATE: July 1, 2003

SUBJECT: Appointment Processing and Fees

For all applicants to the position of College Assistants or Tutors, the following requirements must be completed prior to the first day of employment.

- Fingerprinting Fee of $75.00 by Postal money order ONLY, payable to the New York State Division of Criminal Justice Services (NYSDCJS). Fingerprinting will be done in the Human Resources Office, Room S-710.

- The Fingerprinting Fee does not apply to full time CUNY students. Proof of student status is required each semester in order to waive the fingerprinting fee. (e.g. Bursar's receipt & class schedule).

- All applicants who are appointed for 239 hours or more must pay an Application Processing Fee, by Postal money order ONLY, payable to the City University of New York for $10.00.

- Applicants MUST be verified for compliance with the Immigration Reform and Control Act (IRCA) within three days of your appointment for both identity and the required employability certification. See the reverse side of this Memorandum for IRCA documentation.

- Applicants MUST provide an original social security card.

- ALL TUTORS MUST submit official proof of highest degree earned.

If the above procedures are not completed, we will be unable to either process or release salary checks.

The Human Resources Office has been authorized to withhold salary checks and/or remove from the payroll, all College Assistants/Tutors who fail to complete these appointment processing requirements.

For your convenience, the following hours have been set aside for the employment packet/fingerprinting process:

**10:00 – 11:30 AM and 2:30 – 4:00 PM** each Monday through Friday. Thank you.
<table>
<thead>
<tr>
<th>LIST A</th>
<th>Documents that Establish Both Identity and Employment Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. U.S. Passport (unexpired or expired)</td>
<td></td>
</tr>
<tr>
<td>2. Certificate of U.S. Citizenship (INS Form N-560 or N-561)</td>
<td></td>
</tr>
<tr>
<td>3. Certificate of Naturalization (INS Form N-550 or N-570)</td>
<td></td>
</tr>
<tr>
<td>4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization</td>
<td></td>
</tr>
<tr>
<td>5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)</td>
<td></td>
</tr>
<tr>
<td>6. Unexpired Temporary Resident Card (INS Form I-688)</td>
<td></td>
</tr>
<tr>
<td>7. Unexpired Employment Authorization Card (INS Form I-688A)</td>
<td></td>
</tr>
<tr>
<td>8. Unexpired Reentry Permit (INS Form I-327)</td>
<td></td>
</tr>
<tr>
<td>9. Unexpired Refugee Travel Document (INS Form I-571)</td>
<td></td>
</tr>
<tr>
<td>10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-688B)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIST B</th>
<th>Documents that Establish Identity</th>
<th>OR</th>
<th>Documents that Establish Employment Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>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, sex, height, eye color, and address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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, sex, height, eye color, and address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. School ID card with a photograph</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Voter’s registration card</td>
<td></td>
<td></td>
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<tr>
<td>5. U.S. Military card or draft record</td>
<td></td>
<td></td>
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<tr>
<td>6. Military dependent’s ID card</td>
<td></td>
<td></td>
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<tr>
<td>7. U.S. Coast Guard Merchant Mariner Card</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Native American tribal document</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Driver’s license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. School record or report card</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Clinic, doctor, or hospital record</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Day-care or nursery school record</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIST C</th>
<th>Documents that Establish Employment Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)</td>
<td></td>
</tr>
<tr>
<td>2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)</td>
<td></td>
</tr>
<tr>
<td>3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal</td>
<td></td>
</tr>
<tr>
<td>4. Native American tribal document</td>
<td></td>
</tr>
<tr>
<td>5. U.S. Citizen ID Card (INS Form I-197)</td>
<td></td>
</tr>
<tr>
<td>6. ID Card for use of Resident Citizen in the United States (INS Form I-179)</td>
<td></td>
</tr>
<tr>
<td>7. Unexpired employment authorization document issued by the INS (other than those listed under List A)</td>
<td></td>
</tr>
</tbody>
</table>

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)
To: Provisional staff/College Assistant
From: Gloria Chao
Date: November 1, 1999
Re: New York City Employees' Retirement

I would like to inform you that you are eligible to join the New York City Employees' Retirement System (NYCERS) as a provisional employee/College Assistant. A summary of the plan description is enclosed. If you are interesting in joining the plan, please stop by my office at S-714 for an application.

Enclosure
NYC EMPLOYEES' RETIREMENT SYSTEM (NYCERS)
TIER IV 57/10 PLAN
Individual appointed on or after June 28, 1995

New York State law mandates participation in a retirement system for Civil Service Managerial, Competitive and Labor Class employees. New staff members must file their retirement application with the Office of Human Resources within 6 months period from the effective date of their appointment.
Provisional staff and College Assistant are also welcome to join the pension system when starting the employment.

<table>
<thead>
<tr>
<th>Type of Plan</th>
<th>Defined benefits plan: Benefits are based on final 3 years’ average salary and years of employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vesting</td>
<td>5 years</td>
</tr>
<tr>
<td></td>
<td>For College Assistant, 1827 hours worked is equivalent to an One year of full time service.</td>
</tr>
<tr>
<td>Retirement Age</td>
<td>Minimum: age 57 and a minimum of 10 years of credited service age 50 and a minimum of 25 years of credited service in position designed as ‘physically taxing’</td>
</tr>
<tr>
<td>Employee’s contribution</td>
<td>5.85% deduction from regular bi-weekly paychecks</td>
</tr>
<tr>
<td></td>
<td>7.83% for ‘physically taxing’ employee</td>
</tr>
<tr>
<td>Retirement Allowance</td>
<td>Less than 25 years of credited service: 1.67% x final average salary (FAS) x years of credited service</td>
</tr>
<tr>
<td>(Annual)</td>
<td>With 25 or more years of credits service: 2% x FAS x years of credited service, up to a maximum of 30 years</td>
</tr>
<tr>
<td></td>
<td>Plus</td>
</tr>
<tr>
<td></td>
<td>1.5% x FAS x the years of credited service in excess of 30.</td>
</tr>
<tr>
<td>Tax Deferred Annuity</td>
<td>Tax Deferred Annuity (TDA) is available. For more information, Contact the Copeland Companies at 212-840-8610.</td>
</tr>
<tr>
<td>Loans</td>
<td>Up to 75% of the portion credited as employee’s contributions</td>
</tr>
<tr>
<td>Miscellanies</td>
<td>1. Refunds of employee’s contribution are available to participant who resigned from city service with less than 5 years of credited service.</td>
</tr>
<tr>
<td></td>
<td>2. A participant in NYCERS who receives retirement benefits payments is also eligible to receive NYC health insurance coverage.</td>
</tr>
<tr>
<td></td>
<td>3. Disability Retirement</td>
</tr>
<tr>
<td></td>
<td>4. Ordinary Death Benefit/Accidental Death Benefits</td>
</tr>
<tr>
<td></td>
<td>5. Purchasing previous service</td>
</tr>
<tr>
<td></td>
<td>6. Transfer to another NY State Retirement System</td>
</tr>
</tbody>
</table>

gc: 11/99
TO: All Members of the Classified Staff  
FROM: Human Resources  
DATE: September 26, 2002  
RE: Time and Leave System

The College's automated time keeping system has been in service for more than two years. During this period, several issues have arisen which require clarification. This memorandum is written to address those concerns and to reacquaint you with the College's policy.

1. Classified staff are required to record their time upon arrival and departure by swiping their CUNY cards through the Simplex time clocks located at the five College entrances. Before leaving the time clock, you should verify that the clock recorded your swipe. The "Thank you" message is your indication that your time is recorded. If the time clock is not functioning, you should inform your supervisor immediately.

2. In the instances where card swipes are not recorded, your supervisor/office head will need to provide a written statement verifying attendance and the specific hours worked. In addition, your Divisional Dean/Vice President must approve the verification of your time prior to submission to Human Resources.

3. The logbook is solely for the use of new staff who have not yet been issued an ID card.

4. Classified staff who fail to swipe more than two times within a six-month attendance period (i.e. July-December, January-June) will have their pay docked for the undocumented time. If your supervisor is able to verify the time worked, and submits written proof of your attendance during the unswiped period, the procedure identified in item two (2) above may apply. Further, the College may prefer disciplinary action against employees who chronically fail to swipe (i.e. fail to swipe three times or more in a six-month attendance period).

5. In order to enhance the timekeeping system, we ask that you immediately inform us (your supervisor and Human Resources) when you are experiencing problems. Please do not hesitate to call us at 220-8300.

cc: Vice Presidents/Deans  
    Supervisors/Department Heads/Directors  
    Dorothy Brooks  
    Gloria Chao  
    Timekeepers

SwipePolicy2  
9/26/02
BOROUGH OF MANHATTAN COMMUNITY COLLEGE
THE CITY UNIVERSITY OF NEW YORK

DESIGNATION OF BENEFICIARY
(Non-Instructional Staff)

Name-Please Print ____________________________ Social Security Number ____________________________

Title ____________________________ Agency ____________________________

ACCIDENT DEATH BENEFIT
(Not applicable for Section 220 employee except Laborers)

I. In accordance with the provisions of Personnel Orders No. 26/71, 28/71, and 74/46, the accidental death benefit of $25,000 provided for therein is to be paid to the beneficiaries designated below in the following order:

<table>
<thead>
<tr>
<th>Name of beneficiary</th>
<th>Relationship</th>
<th>% of Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2)</td>
<td></td>
<td></td>
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<tr>
<td>3)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4) If none of the above-designated beneficiaries shall survive me, payment shall be made to my estate.

UNUSED ANNUAL LEAVE AND ACCRUED OVERTIME BENEFIT

II. In accordance with the provisions of Major's Executive Order No. 34, dated March 26, 1971, the lump-sum cash payment for accrued and annual leave and accrued compensatory time provided for therein is to be paid to the following beneficiary or beneficiaries or to my estate as indicated below in the following manner (fill in below if you desire to name a beneficiary other than your estate).

<table>
<thead>
<tr>
<th>Name of beneficiary</th>
<th>Relationship</th>
<th>% of Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4) It is my understanding that by not designating a beneficiary this benefit will be paid to my estate.

ALL PREVIOUS DESIGNATED BENEFICIARIES ARE HEREBY CANCELLED AND IT IS DIRECTED THAT PAYMENT BE MADE UPON DEATH AS SPECIFIED ABOVE.

SIGNATURE OF EMPLOYEE (DO NOT PRINT) ____________________________ ADDRESS OF EMPLOYEE ____________________________

SIGNED AT (CITY, STATE) ____________________________ DATE SIGNED ____________________________

SIGNATURE OF WITNESS (DO NOT PRINT) ____________________________ ADDRESS OF WITNESS ____________________________

SIGNED AT (CITY, STATE) ____________________________ DATE SIGNED ____________________________

NOTE: IT IS YOUR RESPONSIBILITY TO SUBMIT A NEW DESIGNATION OF BENEFICIARY WHENEVER CHANGING PERSONAL CIRCUMSTANCES MAKE A CHANGE IN BENEFICIARY NECESSARY.
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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Department</th>
<th>Date of Appointment</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>( ) Female</th>
<th>( ) Male</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Ethnicity: ( ) American Indian ( ) Alaskan Native ( ) Asian  |
| ( ) Black ( ) Hispanic ( ) Italian American ( ) White |
| ( ) Pacific Islander ( ) Puerto Rican |

<table>
<thead>
<tr>
<th>U.S. Citizen: ( ) Yes ( ) No</th>
<th>If you are not a US Citizen,</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Of what country are you a citizen:</td>
</tr>
<tr>
<td></td>
<td>Of what type of Visa are you holding:</td>
</tr>
<tr>
<td></td>
<td>Expiration Date:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Are you a Veteran? ( ) No ( ) Yes</th>
<th>If you are a Veteran, please specify:</th>
</tr>
</thead>
<tbody>
<tr>
<td>( ) Active Reserve ( ) Disabled ( ) Disabled Vietnam Era</td>
<td></td>
</tr>
<tr>
<td>( ) Inactive Reserve ( ) Retired ( ) Vietnam Era</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Address: (Print)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Emergency Contact:</th>
<th>Relationship:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number:</th>
<th>Business Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Education: Degree Major Date Earned Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

To be completed by the Office of Human Resources

I-9 Date: Work Authorization Expiration Date:  
H.R. Staff Initial: Date:  

HR-2000
BOROUGH OF MANHATTAN COMMUNITY COLLEGE
THE CITY UNIVERSITY OF NEW YORK

CONVICTION NOTICE AND LICENSE REGISTRATION FORM

Upon appointment, this form will be used to verify your claims; convictions will be verified with the New York State Division of Criminal Justice Services.

PLEASE ANSWER ALL QUESTIONS, one character per space.

Social Security Number:

Today's Date:

Last Name:

First Name:

Middle Initial:

Please list below any other name you may be known by (this includes maiden name):

Last Name:

First Name:

Middle Initial:

Street Address:

Apt No.

City or Town:

State:

Zip Code:

Home Phone Number:

Work Phone Number:

LICENSE OR PROFESSIONAL REGISTRATION:

(If required for position or as stated in the vacancy notice or exam announcement, such as driver's license, engineer's license, etc.)

1. Name of License/Registration valid in NYC ___________________ License No. ___________________
   Name of Issuing Agency __________________________________________
   Date Originally Issued __________________________ Date Last Renewed ______________________
   Renewal No. (if any) __________________________________________ Date of Expiration ____________
   Have you ever had a license, certificate or permit suspended or revoked? ______ Yes ______ No. If yes, give full details.

2. Name of License/Registration valid in NYC ___________________ License No. ___________________
   Name of Issuing Agency __________________________________________
   Date Originally Issued __________________________ Date Last Renewed ______________________
   Renewal No. (if any) __________________________________________ Date of Expiration ____________
   Have you ever had a license, certificate or permit suspended or revoked? ______ Yes ______ No. If yes, give full details.
REVISED CONVICTIONS - To be used instead of Form 602a R-9/95 (Applicants for Security and Public Safety positions are subject to a more vigorous criminal history background check.)

A conviction record will not necessarily disqualify you from the position for which you are applying. Each record is reviewed to determine eligibility in accordance with guidelines established by the University and in accordance with New York State Law. However, FAILURE TO REPORT THE REQUIRED INFORMATION WILL AUTOMATICALLY DISQUALIFY YOU REGARDLESS OF THE REASON FOR THE OMISSION/FALSIFICATION.

For each conviction or pending charge, you may state facts in favor of your employment on a separate sheet to be attached to this form. These facts will be considered when your application is being reviewed.

A suspended sentence, a fine, a conditional discharge, a Certificate of Relief from Disabilities, or an adjournment in contemplation of dismissal, does not expunge an offense from your record, and the offense must be reported.

1. Were you ever convicted of an offense anywhere including felonies, misdemeanors or violations (except for traffic violations or convictions sealed, expunged or set aside under Federal or State law)?

Answer YES or NO ________

Only a court can determine youthful offender status and seal a conviction. You are not considered a youthful offender just because of your age at the time of the conviction. If you are unsure whether a conviction was sealed, respond yes to the question and explain below or in an attachment why you are unsure. Most traffic tickets involve infractions or violations, which need not be reported. However, some convictions, such as driving while intoxicated, are classified as misdemeanors or more serious offenses which must be reported.

2. Are there any criminal charges or violations (except for traffic violations) currently pending against you?

Answer YES or NO ________

3. In the space below, please list: a) all felony convictions and felony pending charges regardless of the date received; and b) for misdemeanors and violations, all your convictions and pending charges for the past 10 years. If none, write "NONE". You must list convictions even if you plead guilty or received a Certificate of Relief from Disabilities, and regardless of the penalty or sentence you received.

<table>
<thead>
<tr>
<th>Date of Conviction (Mo/Yr)</th>
<th>Offense of which you were convicted</th>
<th>Name/location of court</th>
<th>Disposition including incarceration</th>
</tr>
</thead>
</table>

WARNING: FALSIFYING OR OMITTING ANY MATERIAL REQUIRED ON THIS FORM WILL RESULT IN YOUR DISQUALIFICATION AND YOUR REMOVAL FROM CUNY SERVICE AND MAY RESULT IN CRIMINAL PROSECUTION. YOUR STATEMENTS WILL BE CHECKED USING COURT OR OTHER RECORDS. REMEMBER TO RESPOND TO THE THREE QUESTIONS AND FILL IN THE INFORMATION REQUESTED ABOVE.

DECLARATION FOR THE SECTIONS ABOVE

Date: __________________________

(Please Print Name) __________________________, residing at __________________________ (Address)

do declare that all the statements contained herein are true and correct to the best of my knowledge. __________________________ (Signature)

To be completed by College HR/Personnel Department

Candidate __________________________ College __________________________ Dept. __________________________ Date __________________________

CSC Title __________________________ Action (Appt., Trans., Reinst.) __________________________ Appt Date __________________________ Status __________________________

Completed by __________________________ Title __________________________ Date __________________________

HR/Personnel Director __________________________ Sienature ____________
# The City University of New York
## APPLICATION FOR EMPLOYMENT
### SHORT FORM

### COLLEGE

<table>
<thead>
<tr>
<th>(Print) Name in Full</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home address:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. Street</td>
<td>Apt. #</td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>S.S. No.</td>
<td>/</td>
<td>/</td>
</tr>
</tbody>
</table>

**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>
<tbody>
<tr>
<td></td>
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</tbody>
</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
   - Job Title
   - Final Base Salary/Indicate one:
     - ( )Annual $
     - ( )Weekly $
     - ( )Hourly $

**Name and Title of Immediate Supervisor**

**Reason for Leaving**

**Briefly describe duties**

2. **Firm Name**
   - Dates Employed From / / To / / Mo. Yr. Mo. Yr.
   - Address
   - Job Title
   - Final Base Salary/Indicate one:
     - ( )Annual $
     - ( )Weekly $
     - ( )Hourly $

**Name and Title of Immediate Supervisor**

**Reason for Leaving**

**Briefly describe duties**

3. **Firm Name**
   - Dates Employed From / / To / / Mo. Yr. Mo. Yr.
   - Address
   - Job Title
   - Final Base Salary/Indicate one:
     - ( )Annual $
     - ( )Weekly $
     - ( )Hourly $

**Name and Title of Immediate Supervisor**

**Reason for Leaving**

**Briefly describe duties**
1. May we contact the employers listed above prior to your being hired at CUNY? All employment (prior/current) will be verified after hire.
   Yes ___  No ___  If no, explain ________________________________

2. 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.

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

4. 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 (eg. office machines, languages, word processor); be specific: ________________________________

5. 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.

6. 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. ________________________________

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

8. 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: ________________________________ Mailed: ________________________________ Drop In: ________________________________

Word Processing Score: ________________________________ Date: ________________________________ P.O. Staff Initials: ________________________________ (Attach summary sheet)

Interview Date: ________________________________ By: ________________________________ Position: ________________________________

Interview Date: ________________________________ By: ________________________________ Position: ________________________________

Interview Date: ________________________________ By: ________________________________ Position: ________________________________

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

OFSR-601
R:1-4/01
BOROUGH OF MANHATTAN COMMUNITY COLLEGE
THE CITY UNIVERSITY OF NEW YORK

ADDENDUM TO APPLICATION FOR EMPLOYMENT

DATE: ______________

NAME: ________________________________

TITLE: ________________________________

Are you attending classes or do you expect to attend classes at any college in the City University?

YES    NO

If yes, give details, name of college, days and time of classes, matriculation, degree goal, number of years have attended.

Are you working or do you anticipate working on other employment?

YES    NO

If yes give name of employer, days and time of work, nature of duties.
TO: The Director of Human Resources

I accept this College Assistant position with the understanding that the hours I can work will be limited to 1040 per fiscal year (July 1 – June 30).

Name ________________________________

Signature ________________________________

Date ________________________________

TO: The College Assistant Applicant

College Assistants working more than 5 hours but less than 6 hours per day, must take a lunch break of ½ hour.

College Assistants working more than 6 hours per day, must take a lunch break of at least 1 hour.
BOROUGH OF MANHATTAN COMMUNITY COLLEGE

The City of New York
Department of Personnel

AGENCY SHOP FEE AGREEMENT

This form must be completed by all employees except those in the Managerial Pay Plan, Original Jurisdiction titles, and those employees specifically excluded from collective bargaining by decisions of the Office of Collective Bargaining.

NOTICE TO EMPLOYEE

Under an act passed by the New York State Legislature and by agreement between the City and municipal employee unions, bargaining unit employees who are not union members are subject to a deduction from their salary in an amount equal to the dues payable by a union member.

EMPLOYEE AFFIRMATION

I have been informed that I have the right to join or refrain from joining the union certified for my title. I understand that if I refrain from joining I will be subject to an Agency Shop Fee deduction which shall be an amount equivalent to the amount of dues payable by a union member.

Employee's Signature ___________________________ Date __________

TO BE FILLED OUT BY AGENCY

NOTICE TO UNION

Please be advised of the appointment or change in status of the employee as indicated below:

Employee Name: ___________________________ Social Security Number: ___________________________
Title: ___________________________ Check Digit

Job Sequence Number (JSN): ___________ Check one: Assigned [ ] Automatically
Payroll No.: ___________ Title Code No. : ___________ (List plan assigned)
Agency Address: ___________________________ Agency Clerk: ___________________________ Phone #: ______
Name of Union ___________________________

To the Union: If the deduction plan was assigned incorrectly, submit correction to the Organizational Dues Unit, Office of Payroll Administration.

* FORWARD TO THE APPROPRIATE UNION
** MAINTAIN A COPY IN EMPLOYEE'S PERSONNEL FILE

DP-2328B (r. 6/93)
AMENDED CONSTITUTIONAL OATH UPON APPOINTMENT
(In compliance with Section 62 of the New York State Civil Service Law)

“I 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: __________________________

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 for 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 8233 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.

B Enter "1" if:
   • You are single and have only one job; or
   • 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. 505, 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.

For accuracy, complete all worksheets that apply.

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.

If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.

If you have more than one job or are married and you and your spouse both work, and the combined earnings from all jobs exceed $35,000 ($25,000 if married) see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld.

If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

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

2 Last name

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.

Employee's signature

Date □

Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS)

8 Office code (optional)

10 Employer identification number (EIN)

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

Cat. No. 10220Q

Form W-4 (2004)
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.) $ 1

2. Enter:
   
   $9,700 if married filing jointly or qualifying widow(er)
   2
   $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 nonwage income (such as dividends or interest).

7. Subtract line 6 from line 5. 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 and you complete this form in December 2003. Enter the result here and on Form W-4, line 6, 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>All Others</th>
<th>Enter on line 2 above</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $40,000</td>
<td>$0 - $4,000</td>
<td>0</td>
<td>$40,001 and over</td>
<td>$50 - $60,000</td>
<td>6</td>
</tr>
<tr>
<td>$40,001 and over</td>
<td>$0 - $4,000</td>
<td>0</td>
<td>31,001 - 38,000</td>
<td>6,001 - 11,000</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>4,001 - 8,000</td>
<td>1</td>
<td>38,001 - 44,000</td>
<td>11,001 - 18,000</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>8,001 - 17,000</td>
<td>2</td>
<td>44,001 - 50,000</td>
<td>18,001 - 25,000</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>17,001 and over</td>
<td>3</td>
<td>50,001 - 65,000</td>
<td>25,001 - 31,000</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>$4,001 - 8,000</td>
<td>1</td>
<td>65,001 - 75,000</td>
<td>31,001 - 44,000</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>8,001 - 15,000</td>
<td>2</td>
<td>75,001 - 85,000</td>
<td>44,001 - 55,000</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>15,001 - 22,000</td>
<td>3</td>
<td>85,001 - 100,000</td>
<td>55,001 - 70,000</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>22,001 - 25,000</td>
<td>4</td>
<td>100,001 - 115,000</td>
<td>70,001 - 80,000</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>25,001 - 31,000</td>
<td>5</td>
<td>115,001 and over</td>
<td>80,001 - 100,000</td>
<td>8</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>
<th>All Others</th>
<th>If wages from HIGHEST paying job are—</th>
<th>Enter on line 7 above</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $60,000</td>
<td>0</td>
<td>$470</td>
<td>$30 - $30,000</td>
<td>$470</td>
<td></td>
</tr>
<tr>
<td>60,001 - 110,000</td>
<td>700</td>
<td>790</td>
<td>30,001 - 70,000</td>
<td>780</td>
<td></td>
</tr>
<tr>
<td>110,001 - 150,000</td>
<td>870</td>
<td>870</td>
<td>70,001 - 140,000</td>
<td>870</td>
<td></td>
</tr>
<tr>
<td>150,001 - 270,000</td>
<td>1,020</td>
<td>1,020</td>
<td>140,001 - 320,000</td>
<td>1,020</td>
<td></td>
</tr>
<tr>
<td>270,001 and over</td>
<td>1,090</td>
<td>1,090</td>
<td>320,001 and over</td>
<td>1,090</td>
<td></td>
</tr>
</tbody>
</table>
New York State Department of Taxation and Finance

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></td>
<td>Permanent mailing address (number and street or rural route)</td>
<td>Apartment number</td>
<td></td>
</tr>
<tr>
<td></td>
<td>City, village, or post office</td>
<td>State</td>
<td>ZIP code</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 ..........................................................
4. City of New York amount ..........................................................
5. City of Yonkers amount ..........................................................

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 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.nys tax.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.

Telephone assistance is available from 8:00 A.M. to 5:00 P.M. (Eastern time), Monday through Friday.

To order forms and publications: 1 800 482-8100

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, 1066, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 605(c)(2)(C)(ii).

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.
Instructions

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 the tax year 2004. If you filed a 2003 Form IT-2104 (dated 8/03) based on the tax rate increase effective for tax year 2003, use Chart I or Chart II on page 4 of the 2004 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 and 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 give it with your employer if the number of allowances you may 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 had an addition 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 you are entitled to fewer allowances than claimed on your original federal Form W-4; and the disallowed allowances were claimed on your original Form IT-2104.

Exemption from withholding

You cannot use this Form IT-2104 to claim exemption from withholding. To claim exemption from income tax withholding, you must file Form IT-2104-E, Certificate of Exemption from Withholding, with your employer. You must file a new certificate each year that you qualify for exemption. This exemption from withholding is allowable only if you had no New York income tax liability in the prior year, you expect none in the current year, and you are over 65 years of age, under 18, or a full-time student under 25. 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 claim 14 allowances, your employer must send a copy of your Form IT-2104 to the New York State Tax Department. You must verify your allowances. If you arrive at negative allowances (less than zero) on lines 1, 2, 19, or 30, and your employer cannot accommodate negative allowances, see Additional dollar amount(s) below.

Income from sources other than wages

If you have more than $1,000 of income from sources other than wages (such as interest, dividends, or alimony received), reduce the number of allowances claimed on line 1 and line 2 (if applicable) of the IT-2104 certificate by one for each $1,000 of nonwage income. If you arrive at negative allowances (less than zero), see Withholding allowances above. You may also consider filing estimated tax, especially if you have significant amounts of non-wage income. Estimated tax requires that payments be made by the employee directly to the Tax Department on a quarterly basis. For more information, see the instructions for Form IT-2104, Estimated Income Tax Payment Voucher, or see Need help? on page 1.

Other credits (Worksheet line 12)

If you are entitled to any credits other than the credits listed, such as an investment tax credit, you may claim additional allowances as follows:

- If you expect your New York adjusted gross income to be less than $50,000, divide the amount shown by 60 and enter the result (rounded to the nearest whole number) on line 12.
- If you expect your New York adjusted gross income to be more than $50,000, divide the amount shown by 70 and round the result (rounded to the nearest whole number) on line 12.

Example: You expect your New York adjusted gross income to exceed $50,000. According to the table, you expect to receive a flow-through of an investment tax credit from the S corporation of which you are a shareholder. The investment tax credit will be $160. Divide the expected credit by 70. 160/70 = 2.2857. The additional withholding allowance(s) would be 2. Enter "2" on line 12.

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 withholding allowances on Part I, line 13.

Additional dollar amount(s)

You may ask your employer to withhold an additional dollar amount each pay period by completing lines 3, 4, and 5 on Form IT-2104. In most instances, if you compute a negative number of allowances using the worksheets on page 3 and your employer cannot accommodate a negative number, for 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 worksheets on page 3.

Avoid underwithholding

Form IT-2104, together with the employer’s withholding tables, is a tool to help you 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 New York tax return. The Tax Department must assess interest and may impose penalties in certain situations in addition to the tax liability. Even if you do not file a return, the Tax Department 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.