



Department of Human Resources  
 South Hall, Room 106  
 P: 708.289.5119  
 F: 718.289.6000

Bronx Community College  
 Of The City University of New York  
 2155 University Avenue  
 Bronx, New York 10453

To: New College Assistants and Tutors  
 From: Marta A. Clark, Executive Director of Human Resources  
 Subject: Processing of New College Assistants and College Assistants/Tutors

**Welcome To Bronx Community College.**

The Office of Human Resources must receive **ALL** items listed below before processing of applications can begin.

Please use the checklist below for the completion and submission of forms required for processing your employment. Email Francis Danso ([Francis.Danso@bcc.cuny.edu](mailto:Francis.Danso@bcc.cuny.edu)) or Gilbert Ara ([Gilbert.Ara@bcc.cuny.edu](mailto:Gilbert.Ara@bcc.cuny.edu)) between **Monday through Friday within the hours of 9:00 a.m. to 5:00 p.m.** to receive a link for Virtual Drop Off of your completed application to begin processing.

College Assistants/Tutors **cannot begin working prior** to receiving authorization from the Department of Human Resources.

**CHECKLIST**

HR	Employee
<input type="checkbox"/>	<input type="checkbox"/> CUNY Employment Application Forms
<input type="checkbox"/>	<input type="checkbox"/> Direct Deposit Form
<input type="checkbox"/>	<input type="checkbox"/> Orientation for IT Security and Computer use Policy
<input type="checkbox"/>	<input type="checkbox"/> Oath Upon Appointment
<input type="checkbox"/>	<input type="checkbox"/> Designation of Beneficiary Form
<input type="checkbox"/>	<input type="checkbox"/> Procedure for Fingerprinting
<input type="checkbox"/>	<input type="checkbox"/> NYCAPS ESS Account Information
<input type="checkbox"/>	<input type="checkbox"/> CUNY Policy Checklist
<input type="checkbox"/>	<input type="checkbox"/> Authorization to Release Reference Information
	<b><u>Payroll Forms</u></b>
<input type="checkbox"/>	<input type="checkbox"/> Form I-9
<input type="checkbox"/>	<input type="checkbox"/> W-4 Form
<input type="checkbox"/>	<input type="checkbox"/> IT-2104 Form
	<b><u>Items you must bring with your application</u></b>
<input type="checkbox"/>	<input type="checkbox"/> High School Diploma
<input type="checkbox"/>	<input type="checkbox"/> Receipt for Fingerprinting Services – See Instructions
<input type="checkbox"/>	<input type="checkbox"/> <b>United States Postal Service (USPS)</b> Money Order for processing of <b>\$15.00/\$25.00 application fee</b> (\$15.00 for hourly rates of \$17.80 or below/\$25.00 for hourly rates of \$17.81 or greater). <b>Must be payable to: Bronx Community College. Submit money order to Bursars Office located at Colston Hall [CO], Main Level and attach Bursars receipt to application.</b>
<input type="checkbox"/>	<input type="checkbox"/> <b>Original</b> Social Security Card
<input type="checkbox"/>	<input type="checkbox"/> Photo ID (Driver's License, Alien Resident Card, Passport, etc.)

If you have any questions in regards your title, please contact [Francis Danso](mailto:Francis.Danso@bcc.cuny.edu) at 718.289.5683 or [Gilbert Ara](mailto:Gilbert.Ara@bcc.cuny.edu) at 718.289.5360.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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Bronx Community College  
of The City University of New York  
2155 University Avenue  
Bronx, New York 10453

**Conditional Offer of Employment for Part time Positions**

The City University of New York is pleased to extend to you a conditional offer of employment as a **College Assistant**, an hourly (part time, equal to or less than 32 hours per week) at Bronx Community College.

This conditional offer is contingent upon satisfactory completion of the following which may include:

- . Verification of qualifying credentials
- . Background investigation (including fingerprints)

Failure to appear or participate fully in a screening may result in the revocation of the conditional offer of employment.

Your employment is also contingent upon your presenting appropriate documentation for the completion of your new hire processing, including proof that you are presently eligible to work in the United States. Failure to provide appropriate documentation within 3 days of hire will result in immediate termination of employment in accordance with the terms of the Immigration Reform and Control Act.

If you have any questions about your employment, please contact the Human Resources Department of the college at which you have been offered employment. If you understand and accept these terms, please sign this form below.

The provisions of this offer of employment have been read, are understood, and the offer is accepted.

I understand that my employment is contingent upon the items listed above. A background investigation (including fingerprints), verification of qualifying credentials, and presenting appropriate documentation. I also understand that failure to appear or participate fully in a screening may result in the revocation of the conditional offer of employment.

Name of Candidate (Please Print): \_\_\_\_\_

Candidate Email: \_\_\_\_\_ Department: \_\_\_\_\_

Candidate Signature: X \_\_\_\_\_ Date \_\_\_\_\_

Signature of Human Resources Director or Designee \_\_\_\_\_



Name

Position

College

Dept.

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**THE CITY UNIVERSITY OF NEW YORK EMPLOYMENT APPLICATION - PART ONE & TWO**

**This form is to be used for EXIGENCY HIRING OF PART-TIME EMPLOYEES ONLY**

**Candidates must receive a written conditional offer of employment prior to completing this form**

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**Important Notice to Applicants**

**Our Commitment to Diversity**

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

**Notice of Non-Discrimination**

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

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

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

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

**Disability Accommodation Available for Applicants**

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

**Clery Act**

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

**Military Service**

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

**Professional References**

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

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

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

**Continued on Page 2**

## **Post-Conditional Offer Verifications and Checks**

### **Employment Eligibility and Identity Documents Verification**

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

### **Verification of Credentials**

Academic and professional credentials, as submitted will be verified by the college.

### **Criminal Background Check**

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

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

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

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

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

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

### **Accommodation required to perform Essential Job Functions**

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

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



THE CITY UNIVERSITY OF NEW YORK

APPLICATION FOR EMPLOYMENT- PART ONE AND PART TWO

Application for Employment - Part One (Employment and Educational History of the Applicant)
Application for Employment - Part Two (Confidential Background Information)

College [ ] Job ID# [ ] [ ] Part-time
Hours available A.M. [ ]
P.M. [ ]
Position Title [ ]
Contract Title [ ]

Personal Information

Last Name [ ] First Name [ ] Middle Initial [ ]
If known by another name, please provide [ ]
Address [ ] Apt. # [ ]
City [ ] State [ ] Zip Code [ ] Daytime Phone # [ ]
email [ ] Evening Phone # [ ]

Do you have any relatives employed in the department for which you are applying? [ ] No relatives [ ] Yes, I have (a) relative (s)

If yes, please explain [ ]

Are you legally authorized to work in the United States? [ ] Yes [ ] No

Will you now or in the future require sponsorship for employment visa (e.g., H-1B visa status)? [ ] Yes [ ] No

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

Applicant Attestation:

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

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

The University will verify academic and professional credentials and may contact present and past employers to check professional references, as provided.

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

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

**A. Education** (Please indicate highest equivalent grade of education completed):

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

**List schools attended, beginning with most recent (university, college, business school, vocational or trade school, high school, etc.)**

School Name <input style="width: 90%;" type="text"/>	School Name <input style="width: 90%;" type="text"/>
Location <input style="width: 90%;" type="text"/>	Location <input style="width: 90%;" type="text"/>
Major Study <input style="width: 90%;" type="text"/>	Major Study <input style="width: 90%;" type="text"/>
Credits completed <input style="width: 30%;" type="text"/> Degree received <input style="width: 30%;" type="text"/>	Credits completed <input style="width: 30%;" type="text"/> Degree received <input style="width: 30%;" type="text"/>

School Name <input style="width: 90%;" type="text"/>	School Name <input style="width: 90%;" type="text"/>
Location <input style="width: 90%;" type="text"/>	Location <input style="width: 90%;" type="text"/>
Major Study <input style="width: 90%;" type="text"/>	Major Study <input style="width: 90%;" type="text"/>
Credits completed <input style="width: 30%;" type="text"/> Degree received <input style="width: 30%;" type="text"/>	Credits completed <input style="width: 30%;" type="text"/> Degree received <input style="width: 30%;" type="text"/>

**IF REQUIRED FOR POSITION:** Provide driver's license number, professional/trade license/certification numbers. *Attach page, if necessary*

**B. Employment History:** Begin with present (or last job if currently unemployed) and work back for the last 15 years, listing all full or part-time employment. Be sure to include any current CUNY employment held. **Attach additional pages, if necessary.**

Employer Name <input style="width: 90%;" type="text"/>	Job Title <input style="width: 90%;" type="text"/>
Address <input style="width: 90%;" type="text"/>	Briefly describe duties <input style="width: 90%; height: 60px;" type="text"/>
Telephone <input style="width: 90%;" type="text"/>	
Name/Title of Immediate Supervisor <input style="width: 90%;" type="text"/>	Date employed from <input style="width: 100px;" type="text"/> to <input style="width: 100px;" type="text"/>
Telephone <input style="width: 90%;" type="text"/>	Reason for leaving <input style="width: 90%;" type="text"/>
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time                   Average hours worked per week part-time <input style="width: 100px;" type="text"/>	

Employer Name <input style="width: 90%;" type="text"/>	Job Title <input style="width: 90%;" type="text"/>
Address <input style="width: 90%;" type="text"/>	Briefly describe duties <input style="width: 90%; height: 60px;" type="text"/>
Telephone <input style="width: 90%;" type="text"/>	
Name/Title of Immediate Supervisor <input style="width: 90%;" type="text"/>	Date employed from <input style="width: 100px;" type="text"/> to <input style="width: 100px;" type="text"/>
Telephone <input style="width: 90%;" type="text"/>	Reason for leaving <input style="width: 90%;" type="text"/>
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time                   Average hours worked per week part-time <input style="width: 100px;" type="text"/>	

Employer Name	<input type="text"/>	Job Title	<input type="text"/>
Address	<input type="text"/>	Briefly describe duties	<input type="text"/>
Telephone	<input type="text"/>		
Name/Title of Immediate Supervisor	<input type="text"/>	Date employed from	<input type="text"/>
Telephone	<input type="text"/>	Date employed to	<input type="text"/>
		Reason for leaving	<input type="text"/>
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	Average hours worked per week part-time	<input type="text"/>

Employer Name	<input type="text"/>	Job Title	<input type="text"/>
Address	<input type="text"/>	Briefly describe duties	<input type="text"/>
Telephone	<input type="text"/>		
Name/Title of Immediate Supervisor	<input type="text"/>	Date employed from	<input type="text"/>
Telephone	<input type="text"/>	Date employed to	<input type="text"/>
		Reason for leaving	<input type="text"/>
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	Average hours worked per week part-time	<input type="text"/>

**C. Important skills, competencies, or experience not identified above** *Identify other important skills, competencies, expertise, or related experiences (such as volunteer work, competence in foreign language, etc.) that you feel should be considered in evaluating your suitability for this position. **Attach additional pages, if necessary.***

**D. Professional References:**

The University may conduct a background investigation including, but not limited to, contacting references that you provide. Please list a minimum of three persons who are not related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying.

*The Authorization to Release Reference Information Form (Page 9) must be completed.*

1. Name	<input type="text"/>	2. Name	<input type="text"/>	3. Name	<input type="text"/>
Title	<input type="text"/>	Title	<input type="text"/>	Title	<input type="text"/>
Company	<input type="text"/>	Company	<input type="text"/>	Company	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>	Address	<input type="text"/>
Daytime Phone #	<input type="text"/>	Daytime Phone #	<input type="text"/>	Daytime Phone #	<input type="text"/>
e-mail	<input type="text"/>	e-mail	<input type="text"/>	e-mail	<input type="text"/>

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

- College Human Resources Office
- College Website
- CUNY Website (cuny.edu or cuny.jobs)
- Someone I know who works at CUNY
- Union office
- Search Engine (Bing, Google)
- Printed Advertisement
- External Job Board
- Government Job Bank or Resource Agency (Veterans' Vocational Rehabilitation, Other)
- Job Fair, Conference, or Convention
- Professional or academic group, contact, or referral
- Social Media (LinkedIn, Facebook, Academia.edu, Other)
- Search Firm

Other General Category  
(Please explain)



**PART TWO: CONFIDENTIAL CRIMINAL BACKGROUND INFORMATION**

1. Have you ever been convicted of a misdemeanor or felony? Even if you were convicted, answer "NO" if your conviction:  
 (a) was sealed, expunged, or reversed on appeal;  
 (b) was for a violation, infraction, or other petty offense such as "disorderly conduct";  
 (c) resulted in a youthful offender or juvenile delinquency finding; or  
 (d) if you withdrew your plea after completing a court program and were not convicted of a misdemeanor or felony.

Yes  No

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

Yes  No

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

Offense	<input type="text"/>	Date of conviction	<input type="text"/>	Name and location of Court	<input type="text"/>	Disposition including incarceration	<input type="text"/>
Offense	<input type="text"/>	Date of conviction	<input type="text"/>	Name and location of Court	<input type="text"/>	Disposition including incarceration	<input type="text"/>
Offense	<input type="text"/>	Date of conviction	<input type="text"/>	Name and location of Court	<input type="text"/>	Disposition including incarceration	<input type="text"/>
Offense	<input type="text"/>	Date of conviction	<input type="text"/>	Name and location of Court	<input type="text"/>	Disposition including incarceration	<input type="text"/>

**Applicant Attestation:**

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

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

**COLLEGE USE ONLY**

Received by the Director of Human Resources

Name

Signature \_\_\_\_\_ Date \_\_\_\_\_

THIS PAGE INTENTIONALLY LEFT BLANK



Name of Candidate

Position sought

College

**Authorization to Release Reference Information**

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

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

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

Signature

Date

\_\_\_\_\_

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

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

Date

**THE CITY UNIVERSITY OF NEW YORK EMPLOYMENT APPLICATION - PART THREE**

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

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

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

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

Last Name  First Name  Middle Initial

College  Department

Contract Title   Full-time  Part-time

**Current positions in Public Service** (Please check appropriate box)

I am **not** currently working for another public service agency, organization, or jurisdiction funded by New York City or New York State, nor have I worked at any such entity during the calendar year

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

Name of Employer

I am a statewide elected official of New York State  I am a member of the New York State Legislature

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

**Prior positions in Public Service** (Please check appropriate box)

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

I am **former** employee of  of the City/State of New York, and

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

Name of Pension Plan

I am **not** collecting retirement benefit based upon this public service

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

Signature  Date

**Office of Human Resources**

Name  Signature  Date

Date

**THE CITY UNIVERSITY OF NEW YORK EMPLOYMENT APPLICATION - PART 4**

**LICENSE OR PROFESSIONAL REGISTRATION VERIFICATION**

LICENSES AND PROFESSIONAL REGISTRATIONS MAY BE REQUIRED FOR CERTAIN TITLES

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

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

Last Name  First Name  Middle Initial

College  Department

Contract Title   Full-time  Part-time

Name of License/Registration

Name of Issuing Agency

License Number  Date Issued  Date of Expiration

Date Last Renewed  Renewal #  Date of Expiration

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

If yes, provide details

Name of License/Registration

Name of Issuing Agency

License Number  Date Issued  Date of Expiration

Date Last Renewed  Renewal #  Date of Expiration

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

If yes, provide details

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

Signature  Date

**Office of Human Resources**

Name  Signature  Date



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**PERSONAL DATA FORM**

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Marital Status Date: \_\_\_\_\_

Military Status: \_\_\_\_\_

**Education**

**College Name (1):** \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

Years Completed: \_\_\_\_\_ Major/Degree: \_\_\_\_\_

**College Name (2):** \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

Years Completed: \_\_\_\_\_ Major/Degree: \_\_\_\_\_

**Professional School/Other Name:** \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

Years Completed: \_\_\_\_\_ Major/Degree: \_\_\_\_\_

**High School Name:** \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

Years Completed: \_\_\_\_\_ Major/Degree: \_\_\_\_\_



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## REPORT OF EXTERNAL EMPLOYMENT FOR CLASSIFIED STAFF

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Employee/Candidate: Please complete sections A-D regarding your CUNY employment and external employment, both fulltime and part-time. Carefully read the attestation in section E and sign the bottom. Once it has been completed and signed, please submit this to the Human Resources Department of the CUNY college at which you are primarily employed or to which you have applied.

All information on this form is subject to verification. Please be advised that you are required to resubmit this form with updates if there are any changes to your external employment.

**Conflicts which arise unexpectedly over work hours may be resolved by the College's Director of Human Resources in favor of the University.**

### A. EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

### B. CUNY Employment

#### CUNY Primary Position

Title: \_\_\_\_\_

College: \_\_\_\_\_ Department: \_\_\_\_\_

Regular Work Schedule: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Date of Appointment: \_\_\_\_\_

#### CUNY Secondary Position

Title: \_\_\_\_\_

College: \_\_\_\_\_ Department: \_\_\_\_\_

Regular Work Schedule: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Date of Appointment: \_\_\_\_\_



**C. EXTERNAL EMPLOYMENT**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone & Fax Numbers: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Supervisor Name & Title: \_\_\_\_\_

Regular Work Schedule: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Date of Appointment: \_\_\_\_\_

**D. NO EXTERNAL EMPLOYMENT**

I have no external employment. I understand that if I plan to obtain external employment, I must contact the HR Department of my school and submit an updated "Report of External Employment for Classified Staff" form BEFORE I begin external employment.

**E. EMPLOYEE ATTESTATION**

By my signature below, I declare and affirm that the information submitted above is true and complete. I acknowledge that my full-time position at CUNY is my primary employment. I understand that any misrepresentation or material omission of facts in this form shall be a sufficient basis for ending further consideration of my application, or, in the event I have already been hired, shall constitute sufficient cause for disciplinary action, which may result in a penalty up to and including termination of employment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_





**SECTIONS E & F & G ARE FOR OFFICE USE ONLY**

**F. SUPERVISOR/DEPARTMENT HEAD APPROVAL**

**Approve:** I have reviewed this employee's CUNY employment and his/her completed External Employment form and have determined that there is no conflict of interest between the two positions and that the situation is in compliance with CUNY's policy regarding external employment.

**Do Not Approve:** I have reviewed this employee's CUNY employment and his/her completed External Employment form and have determined that this situation is NOT in compliance with CUNY's policy regarding external employment for the following reason(s):

There is a conflict of interest between the two positions.

There is an overlap in scheduled working hours.

There is not adequate time allocated for travel between the positions.

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (*printed*): \_\_\_\_\_

Title: \_\_\_\_\_

**G. HUMAN RESOURCES DIRECTOR APPROVAL**

**Approve:** I have reviewed this employee's CUNY employment and his/her completed External Employment form and have determined that there is no conflict of interest between the two positions and that the situation is in compliance with CUNY's policy regarding external employment.

**Do Not Approve:** I have reviewed this employee's CUNY employment and his/her completed External Employment form and have determined that this situation is NOT in compliance with CUNY's policy regarding external employment for the following reason(s):

There is a conflict of interest between the two positions

There is an overlap in scheduled work hours

There is not adequate time allocated for travel between the positions

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (*printed*): \_\_\_\_\_

Title: \_\_\_\_\_



**H. PRESIDENTIAL APPROVAL FOR EXTERNAL FULL-TIME POSITIONS**

**Approve:** I have reviewed this employee's CUNY employment and his/her completed External Employment form and have determined that there is no conflict of interest between the two full-time positions and that the situation is in compliance with CUNY's policy regarding external employment.

**Do Not Approve:** I have reviewed this employee's CUNY employment and his/her completed External Employment form and have determined that this situation is NOT in compliance with CUNY's policy regarding external employment for the following reason(s):

There is a conflict of interest between the two positions

There is an overlap in scheduled work hours

There is not adequate time allocated for travel between the positions

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (*printed*): \_\_\_\_\_

Title: \_\_\_\_\_

Please return to the HR Director.  
Retain original document in employee file.



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## EMERGENCY CONTACT INFORMATION

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**First Contact:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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**Second Contact:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_



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## STATEMENT OF CITIZENSHIP

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Check one:

**U.S. Citizen**

**Resident Alien**

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

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

Type of Visa: \_\_\_\_\_                  Expiration Date: \_\_\_\_\_

Primary Purpose in the United States: \_\_\_\_\_

Citizen of: \_\_\_\_\_

Intended Length of Stay: \_\_\_\_\_

Are you a CUNY student?                  Yes                  No



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## EMERGENCY EVACUATION ASSISTANCE

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**CONFIDENTIAL**

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

I would require assistance during an evacuation:      Yes                      No

Type of Assistance: \_\_\_\_\_

Employee Last Name: \_\_\_\_\_

Employee First Name: \_\_\_\_\_

Title: \_\_\_\_\_                      Office Contact Number: \_\_\_\_\_

Department: \_\_\_\_\_

Location: \_\_\_\_\_

Name of Direct Supervisor: \_\_\_\_\_



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## VOLUNTARY SELF-IDENTIFICATION FORM FOR EMPLOYEES

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

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

### GENDER

Male                  Female                  Transgender                  Non-Conforming  
Non-Binary                  Gender Not Listed                  Not Specified (*removing gender information*)

\*Initial Here \_\_\_\_\_

### ETHNICITY AND RACE

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

Yes                  No

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

Yes                  No

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

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

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

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

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

(continued on next page)



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

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



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## VETERAN STATUS

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Please select one or more of the following:

**Not a Veteran**

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

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

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

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

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

Discharge Date: \_\_\_\_\_





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## VOLUNTARY SELF-IDENTIFICATION OF DISABILITY

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

Because the University does business with the government, we must reach out to, hire and provide equal opportunities to qualified people with disabilities<sup>1</sup>. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

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

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

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

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



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

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

Yes

No

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

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

Yes

No





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## ORIENTATION FOR IT SECURITY

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

#### **Why is IT Security important at CUNY?**

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

#### **What can you do to support IT Security at CUNY?**

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

#### **Where can you find CUNY IT Security information resources?**

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



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

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

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

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

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

**What is required of you as an employee of CUNY?**

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

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

Signature: \_\_\_\_\_

Name (*printed*): \_\_\_\_\_

College: \_\_\_\_\_

Date: \_\_\_\_\_

One copy for personnel file.

One copy for employee.



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

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

Name (*printed*): \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

DESIGNATION OF BENEFICIARY  
(Non-Instructional Staff)

Employee Name: \_\_\_\_\_ SSN#: \_\_\_\_\_

Title: \_\_\_\_\_ Agency City University of New York

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:

- | Name of Beneficiary   | Relationship | Address % of Benefits |
|---|--------------|-----------------------|
| 1) _____  | _____        | _____                 |
| 2) _____  | _____        | _____                 |
| 3) _____  | _____        | _____                 |
| 4) if non 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 Mayors executive Order No. 34, dated March 26, 1971, the lump-sum cash payment for accrued and annual and accrued compensatory time provided for therein is to be paid to the following beneficiary of 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).

- | Name of Beneficiary   | Relationship | Address % of Benefits |
|---|--------------|-----------------------|
| 1) _____  | _____        | _____                 |
| 2) _____  | _____        | _____                 |
| 3) _____  | _____        | _____                 |
| 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 CANCELED AND IT IS DIRECTED THAT PAYMENT BE MADE UPON MY 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.



Office of Human Resources Management  
Civil Service Support  
395 Hudson Street, 5 floor  
New York, N.Y. 10014  
646-664-3311 Fax 646-664-3836  
[Classified.CentEx@cuny.edu](mailto:Classified.CentEx@cuny.edu)

**Procedures for Candidates Fingerprinting**  
**Morphotrust USA Enrollment Services (formerly L1 Enrollment Services)**

As part of the background check, the next step in the hiring process is for you to provide The University with fingerprints. To do so, please follow the instructions here:

1. You are required to pre-register prior to going to fingerprint location by:
  - a) Calling 1-877-472-6915 to speak with a Customer Service Representative (CSR) so they can capture demographic data. **All credit card payments (\$88.50) must be made onsite at the time of the fingerprinting session.**
  - or
  - b) Visit MorphoTrust USA website at [www.identogo.com](http://www.identogo.com) and submit your demographic data. **All credit card payments must be made onsite at the time of the fingerprinting session. (\$88.50)**

2. At the time of registration, you will need to provide the following information:

**CUNY Service Code #: 156J7Y**

**Name of College you are applying to: Bronx Community College**

**College ID Code you are applying to: 463**

3. At the fingerprint location, you are required to take this notice and two forms of identification. Please note: a *photo ID* is ***required*** before any applicant can be fingerprinted (acceptable forms of photo ID are either state or federally issued, i.e. Drivers License, State ID, Passport, Alien Registration Card, Unexpired Foreign Passport, School or College ID, Unexpired Employment Authorization with photo, or Photo ID Card issued by Federal, State, or Local Gov't). Along with a Social Security Card, Voter Registration Card, US Military Card or Draft Record, Military Dependents ID, Coast Guard Merchant Mariner ID, Native America Tribal Document, Canadian Drivers License, Permanent Resident Card, US Passport (expired or unexpired), Alien Registration Receipt Card, Unexpired Foreign Passport, Photo ID Card issues by Federal, State or Local Gov't, Original or Certified Copy of Birth Certificate, Certificate of Birth Abroad (issued by US), or a US Citizen ID Card.
4. Once you have been fingerprinted, the fingerprint technician will transmit the fingerprint records electronically to the Division of Criminal Justice Services. The fingerprint technician also issues a receipt for the fingerprinting service to you. The Division of Criminal Justice Services processes the background check for the state of New York. When the background check is completed, the results are returned directly to The City University of New York.



5. Payment for fingerprinting services is required at the time of the fingerprinting session. MorphoTrust USA accepts personal check, money order, business check, credit card, e-check, and escrow account transactions.

*Final Note: Fees for fingerprint services vary depending on the type of background check required. The fees assessed by MorphoTrust USA include the fingerprint rolling charges and any fingerprint processing charges levied by the Department of State. MorphoTrust USA collects the fee for each applicant and makes the appropriate payments to the Division of Criminal Justice Services on behalf of the applicants.*

**Appointments are required at all locations - please proceed to the appointment registration page and set up an appointment time for your fingerprinting or call toll-free 877-472-6915**

**Location listing is accurate as of Friday, February 07, 2014 locations are subject to change without notice.**

<b>NEW YORK METRO</b>		
Bronx - E 149Th St	Bronx, NY. (349 E 149th St, Ste 605) [ <a href="#">Map (opens new browser)</a> ]	Mon, Tue, Thu & Fri 9:00 - 5:00; Wed 9:00 - 6:00; E/O Sat 10:00 - 2:00
Bronx - E 149th St - 2nd System	Bronx, NY. (349 E 149th St, Ste 605) [ <a href="#">Map (opens new browser)</a> ]	Mon - Thu 9:00 - 2:00 & 2:30 - 4:00
Bronx - Third Ave - 2nd System	Bronx, NY. (2804a Third Ave) [ <a href="#">Map (opens new browser)</a> ]	Mon, Tue, Thu & Fri 9:00 - 5:00; Wed 9:00 - 7:00; Sat 9:00 - 2:00
Bronx - Third Ave - Between 147th & 148th St	Bronx, NY. (2804a Third Ave) [ <a href="#">Map (opens new browser)</a> ]	Mon, Tue, Thu & Fri 9:00 - 5:00; Wed 9:00 - 7:00; Sat 9:00 - 2:00
Brooklyn	Brooklyn, NY. (2174 Fulton St) [ <a href="#">Map (opens new browser)</a> ]	Mon - Thu 9:00 - 5:00; Fri 9:00 - 7:00; E/O Sat 9:00 - 3:00
Brooklyn - Flatbush	Brooklyn, NY. (1772 Flatbush Ave - Between Ave's J & K) [ <a href="#">Map (opens new browser)</a> ]	Mon - Fri 9:00 - 12:00 & 12:30 - 9:00; Sat 10:00 - 12:00 & 12:30 - 6:00
Brooklyn - Flatbush - 2nd System	Brooklyn, NY. (1772 Flatbush Ave Between Ave's J & K) [ <a href="#">Map (opens new browser)</a> ]	Mon - Fri 10:00 - 3:30 & 4:00 - 7:00
Glendale	Glendale, NY. (79-63 Myrtle Ave) [ <a href="#">Map (opens new browser)</a> ]	Mon, Tue, Thu & Fri: 9:00 - 12:00 & 1:00 - 5:00; Wed 9:00 - 12:00 & 1:00 - 7:00; Sat 10:00 - 2:00
New York - Broadway	New York, NY. (1412 Broadway, 17th Fl) [ <a href="#">Map (opens new browser)</a> ]	Mon - Fri 9:25 - 1:00 & 2:00 - 4:45
New York - W 35th St	New York, NY. (247 W 35th St, Ste 201) [ <a href="#">Map (opens new browser)</a> ]	Mon - Fri 9:00 - 1:30 & 2:30 - 5:20; Sat 10:00 - 4:00
New York - W 35th St - 2nd System	New York, NY. (247 W 35th St, Ste 201) [ <a href="#">Map (opens new browser)</a> ]	Mon - Fri 9:00 - 1:30 & 2:30 - 5:20; Sat 10-4
New York - W 35th St - 3rd System	New York, NY. (247 W 35th St, Ste 201) [ <a href="#">Map (opens new browser)</a> ]	Mon - Fri 9:00 - 1:30 & 2:30 - 5:20; Sat 10:00 - 4:00
New York - W 35th St - Commercial Apps Only	New York, NY. (247 W 35th St, Ste 201) [ <a href="#">Map (opens new browser)</a> ]	Tue, Wed & Thu 9:00 - 2:00
New York - William St - 2nd System	New York, NY. (130 William St, Ste 900) [ <a href="#">Map (opens new browser)</a> ]	Mon & Thu 9:00 - 6:00; Tue & Fri 9:00 - 5:00; Wed 9:00 - 7:00; 3rd Sat 9:00 - 1:00
New York - William St - Across from Dept of State	New York, NY. (130 William St, Ste 900) [ <a href="#">Map (opens new browser)</a> ]	Mon & Thu 9:00 - 6:00; Tue & Fri 9:00 - 5:00; Wed 9:00 - 7:00; 3rd Sat 9:00 - 1:00
New York - William St - Commercial Apps Only	New York, NY. (130 William St, Ste 900, Ninth Fl) [ <a href="#">Map (opens new browser)</a> ]	Mon - Fri 9:00 - 5:00
Queens - Jamaica	Jamaica, NY. (9024 161st St) [ <a href="#">Map (opens new browser)</a> ]	Mon - Fri 7:00 - 8:00; Sat 8:30 - 3:00
Queens - Jamaica - 2nd System	Jamaica, NY. (9024 161st St) [ <a href="#">Map (opens new browser)</a> ]	Mon - Fri 7:00 - 8:00; Sat 8:30 - 3:00
Staten Island	Staten Island, NY. (159 New Dorp Plz, Ste 201) [ <a href="#">Map (opens new browser)</a> ]	Mon & Wed 11:00 - 5:00; Tue & Thu 9:00 - 3:00; Fri 9:00 - 3:00; E/O Sat 10:00 - 3:00
Yonkers	Yonkers, NY. (5 Seminary Ave, Ste 4) [ <a href="#">Map (opens new browser)</a> ]	Mon, Tue, Wed & Fri 10:00 - 2:30 & 3:30 - 5:00; Thu 10:00 - 2:30 & 3:30 - 7:00; Sat 10:00 - 2:00



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## NYCAPS EMPLOYEE SELF-SERVICE ACCOUNT SET-UP INSTRUCTIONS & INFORMATION

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FISA-OPA, CUNY Community College's HR and Payroll processing, is providing access to NYCAPS *Employee Self-Service (ESS)* for all employees on the New York City payroll. The NYCAPS ESS will enable CUNY's Community College employees to view fully-detailed paystubs online. Full paystubs will be available in NYCAPS ESS for the trailing 12 month period. Please follow the instructions below to set-up your Employee Self-Service (ESS) account in NYCAPS and to view your EStubs:

1. Open a new browser window and navigate to [My Paycheck Page](#) on NYC.gov.
2. Select **Employee Self-Service (ESS)** at the top of the page.
3. **User ID**
  - This is your seven-digit City Employee ID # which can be found on your pay-stub.
4. **Initial Password**
  - Your initial password consists of the last two digits of your SSN, an ( ) underscore, the first three letters of your birth month (*must be all upper case*), your birth day including the leading zero, and your birth year (*i.e., the password for an employee with an SSN of XXX-XX-XX99 and a birth date of January 01, 1910 would be 99\_JAN011910*).

Note that if you have worked for a previous New York City agency in the past, this password logic may not allow you to login. In this case, please contact CUNY via email at [University Payroll Security Adm@cuny.edu](mailto:University Payroll Security Adm@cuny.edu) and request a password reset.

If you encounter any other technical issues during initial login, please contact CUNY via email at [University Payroll Security Adm@cuny.edu](mailto:University Payroll Security Adm@cuny.edu).

5. **Creation of New Password After Initial Login**
  - Upon logging in for the first time, you will be asked to create a new password – this password must be at least 8 characters in length, containing at least one number.
  - You will also be asked to answer at least five out of ten security questions that will be used to re-set forgotten passwords. If you encounter password issues in ESS, contact CUNY via email at [University Payroll Security Adm@cuny.edu](mailto:University Payroll Security Adm@cuny.edu).
  - **Passwords expire every 90 days.** Upon expiration, employees will be asked to create new passwords. New passwords must meet the criteria outlined above, and cannot be equal to any of the four previously-used passwords.
6. **Access Your EStub**
  - From the home screen, use the following path:
    - **Pay and Tax Information > View My Last Pay Stub**

If you encounter issues with your account, such as incorrect personal and/or payroll information, please contact CUNY via email at [University Payroll Security Adm@cuny.edu](mailto:University Payroll Security Adm@cuny.edu).



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## CUNY POLICY CHECKLIST/RECEIPT OF POLICIES FOR NEW HIRES

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Employee Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

Campus: \_\_\_\_\_ Department: \_\_\_\_\_

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

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

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

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**AUTHORIZATION TO RELEASE REFERENCE INFORMATION**

---

Name of Candidate: \_\_\_\_\_

Position Sought: \_\_\_\_\_ College: \_\_\_\_\_

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

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

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

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

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

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

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

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

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

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

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

Employer Completes Next Page



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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

**Section 2. Employer or Authorized Representative Review and Verification**

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

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

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

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

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

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

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

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

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

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	OR	<b>LIST B</b> <b>Documents that Establish Identity</b>	AND	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

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

**Refer to the instructions for more information about acceptable receipts.**

## Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**  
▶ **Give Form W-4 to your employer.**  
▶ **Your withholding is subject to review by the IRS.**

# 2021

<b>Step 1:</b> <b>Enter Personal Information</b>	<b>(a)</b> First name and middle initial	Last name	<b>(b)</b> Social security number
	Address		▶ <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	<b>(c)</b> <input type="checkbox"/> <b>Single</b> or <b>Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly</b> or <b>Qualifying widow(er)</b> <input type="checkbox"/> <b>Head of household</b> (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

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

**Step 2: Multiple Jobs or Spouse Works**

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

Do **only one** of the following.

**(a)** Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); **or**

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

**(c)** If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶

**TIP:** To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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

<b>Step 3:</b> <b>Claim Dependents</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):  Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____  Multiply the number of other dependents by \$500 . . . . . ▶ \$ _____  Add the amounts above and enter the total here . . . . . <b>3</b> \$ _____		
<b>Step 4 (optional): Other Adjustments</b>	<b>(a) Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$ _____
	<b>(b) Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$ _____
	<b>(c) Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$ _____

<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ _____ ▶		▶ _____ ▶
	<b>Employee's signature</b> (This form is not valid unless you sign it.)		<b>Date</b>

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)
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## General Instructions

### Future Developments

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

### Purpose of Form

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

**Exemption from withholding.** You may claim exemption from withholding for 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 **and** you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2021 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2022.

**Your privacy.** If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

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

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

## Specific Instructions

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

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

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

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



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

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

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

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2021 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

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



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

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

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

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



- 1 Enter an estimate of your 2021 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$25,100 if you're married filing jointly or qualifying widow(er); \$18,800 if you're head of household; \$12,550 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

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

**Married Filing Jointly or Qualifying Widow(er)**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$190	\$850	\$890	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,100	\$1,870	\$1,870
\$10,000 - 19,999	190	1,190	1,890	2,090	2,220	2,220	2,220	2,220	2,300	3,300	4,070	4,070
\$20,000 - 29,999	850	1,890	2,750	2,950	3,080	3,080	3,080	3,160	4,160	5,160	5,930	5,930
\$30,000 - 39,999	890	2,090	2,950	3,150	3,280	3,280	3,360	4,360	5,360	6,360	7,130	7,130
\$40,000 - 49,999	1,020	2,220	3,080	3,280	3,410	3,490	4,490	5,490	6,490	7,490	8,260	8,260
\$50,000 - 59,999	1,020	2,220	3,080	3,280	3,490	4,490	5,490	6,490	7,490	8,490	9,260	9,260
\$60,000 - 69,999	1,020	2,220	3,080	3,360	4,490	5,490	6,490	7,490	8,490	9,490	10,260	10,260
\$70,000 - 79,999	1,020	2,220	3,160	4,360	5,490	6,490	7,490	8,490	9,490	10,490	11,260	11,260
\$80,000 - 99,999	1,020	3,150	5,010	6,210	7,340	8,340	9,340	10,340	11,340	12,340	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,930	7,130	8,260	9,320	10,520	11,720	12,920	14,120	15,090	15,290
\$150,000 - 239,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,230	16,190	16,400
\$240,000 - 259,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,270	17,040	18,040
\$260,000 - 279,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,870	14,870	16,870	18,640	19,640
\$280,000 - 299,999	2,040	4,440	6,500	7,900	9,230	10,470	12,470	14,470	16,470	18,470	20,240	21,240
\$300,000 - 319,999	2,040	4,440	6,500	7,940	10,070	12,070	14,070	16,070	18,070	20,070	21,840	22,840
\$320,000 - 364,999	2,720	5,920	8,780	10,980	13,110	15,110	17,110	19,110	21,190	23,490	25,560	26,860
\$365,000 - 524,999	2,970	6,470	9,630	12,130	14,560	16,860	19,160	21,460	23,760	26,060	28,130	29,430
\$525,000 and over	3,140	6,840	10,200	12,900	15,530	18,030	20,530	23,030	25,530	28,030	30,300	31,800

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$440	\$940	\$1,020	\$1,020	\$1,410	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040	\$2,040
\$10,000 - 19,999	940	1,540	1,620	2,020	3,020	3,470	3,470	3,470	3,640	3,840	3,840	3,840
\$20,000 - 29,999	1,020	1,620	2,100	3,100	4,100	4,550	4,550	4,720	4,920	5,120	5,120	5,120
\$30,000 - 39,999	1,020	2,020	3,100	4,100	5,100	5,550	5,720	5,920	6,120	6,320	6,320	6,320
\$40,000 - 59,999	1,870	3,470	4,550	5,550	6,690	7,340	7,540	7,740	7,940	8,140	8,150	8,150
\$60,000 - 79,999	1,870	3,470	4,690	5,890	7,090	7,740	7,940	8,140	8,340	8,540	9,190	9,990
\$80,000 - 99,999	2,000	3,810	5,090	6,290	7,490	8,140	8,340	8,540	9,390	10,390	11,190	11,990
\$100,000 - 124,999	2,040	3,840	5,120	6,320	7,520	8,360	9,360	10,360	11,360	12,360	13,410	14,510
\$125,000 - 149,999	2,040	3,840	5,120	6,910	8,910	10,360	11,360	12,450	13,750	15,050	16,160	17,260
\$150,000 - 174,999	2,220	4,830	6,910	8,910	10,910	12,600	13,900	15,200	16,500	17,800	18,910	20,010
\$175,000 - 199,999	2,720	5,320	7,490	9,790	12,090	13,850	15,150	16,450	17,750	19,050	20,150	21,250
\$200,000 - 249,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$250,000 - 399,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$400,000 - 449,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,910	21,220	22,520
\$450,000 and over	3,140	6,250	8,830	11,330	13,830	15,790	17,290	18,790	20,290	21,790	23,100	24,400

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$820	\$930	\$1,020	\$1,020	\$1,020	\$1,420	\$1,870	\$1,870	\$1,910	\$2,040	\$2,040
\$10,000 - 19,999	820	1,900	2,130	2,220	2,220	2,620	3,620	4,070	4,110	4,310	4,440	4,440
\$20,000 - 29,999	930	2,130	2,360	2,450	2,850	3,850	4,850	5,340	5,540	5,740	5,870	5,870
\$30,000 - 39,999	1,020	2,220	2,450	2,940	3,940	4,940	5,980	6,630	6,830	7,030	7,160	7,160
\$40,000 - 59,999	1,020	2,470	3,700	4,790	5,800	7,000	8,200	8,850	9,050	9,250	9,380	9,380
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,850	11,050	11,250	11,520	12,320
\$80,000 - 99,999	1,880	4,280	5,710	7,000	8,200	9,400	10,600	11,250	11,590	12,590	13,520	14,320
\$100,000 - 124,999	2,040	4,440	5,870	7,160	8,360	9,560	11,240	12,690	13,690	14,690	15,670	16,770
\$125,000 - 149,999	2,040	4,440	5,870	7,240	9,240	11,240	13,240	14,690	15,890	17,190	18,420	19,520
\$150,000 - 174,999	2,040	4,920	7,150	9,240	11,240	13,290	15,590	17,340	18,640	19,940	21,170	22,270
\$175,000 - 199,999	2,720	5,920	8,150	10,440	12,740	15,040	17,340	19,090	20,390	21,690	22,920	24,020
\$200,000 - 249,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$250,000 - 349,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$350,000 - 449,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,900	25,200
\$450,000 and over	3,140	6,840	9,570	12,160	14,660	17,160	19,660	21,610	23,110	24,610	26,050	27,350



# Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

First name and middle initial	Last name	Your Social Security number						
Permanent home address (number and street or rural route)		Apartment number						
City, village, or post office		State						
		ZIP code						
Are you a resident of New York City? ..... Yes <input type="checkbox"/> No <input type="checkbox"/> Are you a resident of Yonkers? ..... Yes <input type="checkbox"/> No <input type="checkbox"/>		Single or Head of household <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher single rate <input type="checkbox"/> <b>Note:</b> If married but legally separated, mark an <b>X</b> in the <i>Single or Head of household</i> box.						
<b>Complete the worksheet on page 4 before making any entries.</b> <b>1</b> Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 19) ..... <table border="1"><tr><td>1</td><td></td></tr></table> <b>2</b> Total number of allowances for New York City (from line 31) ..... <table border="1"><tr><td>2</td><td></td></tr></table>			1		2			
1								
2								
<b>Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.</b> <b>3</b> New York State amount ..... <table border="1"><tr><td>3</td><td></td></tr></table> <b>4</b> New York City amount ..... <table border="1"><tr><td>4</td><td></td></tr></table> <b>5</b> Yonkers amount ..... <table border="1"><tr><td>5</td><td></td></tr></table>			3		4		5	
3								
4								
5								

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

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

**Employee: detach this page and give it to your employer; keep a copy for your records.**

**Employer: Keep this certificate with your records.**

Mark an **X** in box A and/or box B to indicate why you are sending a copy of this form to New York State (see instructions):

A Employee claimed more than 14 exemption allowances for NYS ..... A

B Employee is a new hire or a rehire ... B  First date employee performed services for pay (mm-dd-yyyy) (see instr.):

Are dependent health insurance benefits available for this employee? ..... Yes  No

If Yes, enter the date the employee qualifies (mm-dd-yyyy):

Employer's name and address (Employer: complete this section only if you are sending a copy of this form to the NYS Tax Department.)	Employer identification number
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## Instructions

### Changes effective for 2021

Form IT-2104 has been revised for tax year 2021. The worksheet on page 4 and the charts beginning on page 5, used to compute withholding allowances or to enter an additional dollar amount on line(s) 3, 4, or 5, have been revised. If you previously filed a Form IT-2104 and used the worksheet or charts, you should complete a new 2021 Form IT-2104 and give it to your employer.

### Who should file this form

This certificate, Form IT-2104, is completed by an employee and given to the employer to instruct the employer how much New York State (and New York City and Yonkers) tax to withhold from the employee's pay. The more allowances claimed, the lower the amount of tax withheld.

If the federal Form W-4 you most recently submitted to your employer was for tax year 2019 or earlier, and you did not file Form IT-2104, your employer may use the same number of allowances you claimed on your federal Form W-4. Due to differences in federal and New York State tax law, this may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers.

For tax years 2020 or later, withholding allowances are no longer reported on federal Form W-4. Therefore, if you submit a federal Form W-4 to your

employer for tax year 2020 or later, and you do not file Form IT-2104, your employer may use zero as your number of allowances. This may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers.

Complete Form IT-2104 each year and file it with your employer if the number of allowances you may claim is different from federal Form W-4 or has changed. Common reasons for completing a new Form IT-2104 each year include the following:

- You started a new job.
- You are no longer a dependent.
- Your individual circumstances may have changed (for example, you were married or have an additional child).
- You moved into or out of NYC or Yonkers.
- You itemize your deductions on your personal income tax return.
- You claim allowances for New York State credits.
- You owed tax or received a large refund when you filed your personal income tax return for the past year.
- Your wages have increased and you expect to earn \$107,650 or more during the tax year.

- The total income of you and your spouse has increased to \$107,650 or more for the tax year.
- You have significantly more or less income from other sources or from another job.
- You no longer qualify for exemption from withholding.
- You have been advised by the Internal Revenue Service that you are entitled to fewer allowances than claimed on your original federal Form W-4 (submitted to your employer for tax year 2019 or earlier), and the disallowed allowances were claimed on your original Form IT-2104.
- You are a covered employee of an employer that has elected to participate in the Employer Compensation Expense Program.

**Exemption from withholding**

You cannot use Form IT-2104 to claim exemption from withholding. To claim exemption from income tax withholding, you **must** file Form IT-2104-E, *Certificate of Exemption from Withholding*, with your employer. You must file a new certificate each year that you qualify for exemption. This exemption from withholding is allowable only if you had no New York income tax liability in the prior year, you expect none in the current year, **and** you are over 65 years of age, under 18, or a full-time student under 25. You may also claim exemption from withholding if you are a military spouse and meet the conditions set forth under the Servicemembers Civil Relief Act as amended by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act. If you are a dependent who is under 18 or a full-time student, you may owe tax if your income is more than \$3,100.

**Withholding allowances**

You may **not** claim a withholding allowance for yourself or, if married, your spouse. Claim the number of withholding allowances you compute in Part 1 and Part 4 of the worksheet on page 4. If you want more tax withheld, you may claim fewer allowances. **If you claim more than 14 allowances**, your employer **must send** a copy of your **Form IT-2104** to the New York State Tax Department. You may then be asked to verify your allowances. If you arrive at negative allowances (less than zero) on lines 1 or 2 and your employer cannot accommodate negative allowances, **enter 0** and see *Additional dollar amount(s)* below.

**Income from sources other than wages** – If you have more than \$1,000 of income from sources other than wages (such as interest, dividends, or alimony received), reduce the number of allowances claimed on line 1 and line 2 (if applicable) of the IT-2104 certificate by one for each \$1,000 of nonwage income. If you arrive at negative allowances (less than zero), see *Withholding allowances* above. You may also consider making estimated tax payments, especially if you have significant amounts of nonwage income. Estimated tax requires that payments be made by the employee directly to the Tax Department on a quarterly basis. For more information, see the instructions for Form IT-2105, *Estimated Tax Payment Voucher for Individuals*, or see *Need help?* on page 7.

**Other credits** (Worksheet line 14) – If you will be eligible to claim any credits other than the credits listed in the worksheet, such as an investment tax credit, you may claim additional allowances.

Find your filing status and your New York adjusted gross income (NYAGI) in the chart below, and divide the amount of the expected credit by the number indicated. Enter the result (rounded to the nearest whole number) on line 14.

Single and NYAGI is:	Head of household and NYAGI is:	Married and NYAGI is:	Divide amount of expected credit by:
Less than \$215,400	Less than \$269,300	Less than \$323,200	65
Between \$215,400 and \$1,077,550	Between \$269,300 and \$1,616,450	Between \$323,200 and \$2,155,350	68
Over \$1,077,550	Over \$1,616,450	Over \$2,155,350	88

**Example:** *You are married and expect your New York adjusted gross income to be less than \$323,200. In addition, you expect to receive a flow-through of an investment tax credit from the S corporation of which you are a shareholder. The investment tax credit will be \$160. Divide the expected credit by 65. 160/65 = 2.4615. The additional withholding allowance(s) would be 2. Enter 2 on line 14.*

**Married couples with both spouses working** – If you and your spouse both work, you should each file a separate IT-2104 certificate with your respective employers. Your withholding will better match your total tax if the higher wage-earning spouse claims all of the couple's allowances and the lower wage-earning spouse claims zero allowances. **Do not** claim more total allowances than you are entitled to. If your combined wages are:

- less than \$107,650, you should each mark an **X** in the box *Married, but withhold at higher single rate* on the certificate front, and divide the total number of allowances that you compute on line 19 and line 31 (if applicable) between you and your working spouse.
- \$107,650 or more, use the chart(s) in Part 5 and enter the additional withholding dollar amount on line 3.

**Taxpayers with more than one job** – If you have more than one job, file a separate IT-2104 certificate with each of your employers. Be sure to claim only the total number of allowances that you are entitled to. Your withholding will better match your total tax if you claim all of your allowances at your higher-paying job and zero allowances at the lower-paying job. In addition, to make sure that you have enough tax withheld, if you are a single taxpayer or head of household with two or more jobs, and your combined wages from all jobs are under \$107,650, reduce the number of allowances by seven on line 1 and line 2 (if applicable) on the certificate you file with your higher-paying job employer. If you arrive at negative allowances (less than zero), see *Withholding allowances* above.

If you are a single or a head of household taxpayer, and your combined wages from all of your jobs are between \$107,650 and \$2,263,265, use the chart(s) in Part 6 and enter the additional withholding dollar amount from the chart on line 3.

If you are a married taxpayer, and your combined wages from all of your jobs are \$107,650 or more, use the chart(s) in Part 5 and enter the additional withholding dollar amount from the chart on line 3 (Substitute the words *Higher-paying job* for *Higher earner's wages* within the chart).

**Dependents** – If you are a dependent of another taxpayer and expect your income to exceed \$3,100, you should reduce your withholding allowances by one for each \$1,000 of income over \$2,500. This will ensure that your employer withholds enough tax.

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

**Heads of households with only one job** – If you will use the head-of-household filing status on your state income tax return, mark the *Single or Head of household* box on the front of the certificate. If you have only one job, you may also wish to claim two additional withholding allowances on line 15.

**Additional dollar amount(s)**

You may ask your employer to withhold an additional dollar amount each pay period by completing lines 3, 4, and 5 on Form IT-2104. In most instances, if you compute a negative number of allowances and your employer cannot accommodate a negative number, for each negative allowance claimed you should have an additional \$1.85 of tax withheld per week for New York State withholding on line 3, and an additional \$0.80 of tax withheld per week for New York City withholding on line 4. Yonkers residents should use 16.75% (.1675) of the New York State amount for additional withholding for Yonkers on line 5.

**Note:** If you are requesting your employer to withhold an additional dollar amount on lines 3, 4, or 5 of this allowance certificate, the additional dollar amount, as determined by these instructions or by using the chart(s) in Part 5 or Part 6, is accurate for a weekly payroll. Therefore, if you are not paid on a weekly basis, you will need to adjust the dollar amount(s) that you compute. For example, if you are paid biweekly, you must double the dollar amount(s) computed.

**Avoid underwithholding**

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

**Employers**

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

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

<b>Quarter</b>	<b>Due date</b>	<b>Quarter</b>	<b>Due date</b>
January – March	April 30	July – September	October 31
April – June	July 31	October – December	January 31

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

(continued)

## Worksheet

**See the instructions before completing this worksheet.**

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

6 Enter the number of dependents that you will claim on your state return ( <i>do not include yourself or, if married, your spouse</i> ) .....	<b>6</b>	
<b>For lines 7, 8, and 9, enter 1 for each credit you expect to claim on your state return.</b>		
7 College tuition credit .....	<b>7</b>	
8 New York State household credit .....	<b>8</b>	
9 Real property tax credit .....	<b>9</b>	
<b>For lines 10, 11, and 12, enter 3 for each credit you expect to claim on your state return.</b>		
10 Child and dependent care credit .....	<b>10</b>	
11 Earned income credit .....	<b>11</b>	
12 Empire State child credit .....	<b>12</b>	
13 New York City school tax credit: If you expect to be a resident of New York City for any part of the tax year, enter 2 .....	<b>13</b>	
14 Other credits ( <i>see instructions</i> ) .....	<b>14</b>	
15 Head of household status <b>and</b> only one job ( <i>enter 2 if the situation applies</i> ) .....	<b>15</b>	
16 Enter an estimate of your federal adjustments to income, such as deductible IRA contributions you will make for the tax year. Total estimate \$ .....	<b>16</b>	
17 If you expect to be a covered employee of an employer who elected to pay the employer compensation expense tax in 2021, complete Part 3 below and enter the number from line 28 .....	<b>17</b>	
18 If you expect to itemize deductions on your state tax return, complete Part 2 below and enter the number from line 23. All others enter 0 .....	<b>18</b>	
19 Add lines 6 through 18. Enter the result here and on line 1. If you have more than one job, or if you and your spouse both work, see instructions for <i>Taxpayers with more than one job</i> or <i>Married couples with both spouses working</i> . .....	<b>19</b>	

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

20 Enter your estimated NY itemized deductions for the tax year ( <i>see Form IT-196 and its instructions; enter the amount from line 49</i> ) .....	<b>20</b>	
21 Based on your federal filing status, enter the applicable amount from the table below .....	<b>21</b>	
<b>Standard deduction table</b>		
Single (cannot be claimed as a dependent) .... \$ 8,000	Qualifying widow(er) .....	\$16,050
Single (can be claimed as a dependent) .....	Married filing jointly .....	\$16,050
Head of household .....	Married filing separate returns .....	\$ 8,000
22 Subtract line 21 from line 20 ( <i>if line 21 is larger than line 20, enter 0 here and on line 18 above</i> ) .....	<b>22</b>	
23 Divide line 22 by \$1,000. Drop any fraction and enter the result here and on line 18 above .....	<b>23</b>	

**Part 3 – Complete this part if you expect to be a covered employee of an employer that has elected to participate in the Employer Compensation Expense Program (line 17).**

24 Expected annual wages and compensation from electing employer in 2021 .....	<b>24</b>	
25 Line 24 minus \$40,000 (if zero or less, <b>stop</b> ) .....	<b>25</b>	
26 Line 25 multiplied by .05 .....	<b>26</b>	
27 Line 26 multiplied by .935 .....	<b>27</b>	
28 Divide line 27 by 65. Drop any fraction and enter the result here and on line 17 above .....	<b>28</b>	

**Part 4 – Complete this part to compute your withholding allowances for New York City (line 2).**

29 Enter the amount from line 6 above .....	<b>29</b>	
30 Add lines 15 through 18 above and enter total here .....	<b>30</b>	
31 Add lines 29 and 30. Enter the result here and on line 2 .....	<b>31</b>	







		Combined wages between \$1,185,400 and \$1,724,299									
Higher earner's wages		\$1,185,400 \$1,239,249	\$1,239,250 \$1,293,199	\$1,293,200 \$1,347,049	\$1,347,050 \$1,400,949	\$1,400,950 \$1,454,849	\$1,454,850 \$1,508,699	\$1,508,700 \$1,562,549	\$1,562,550 \$1,616,449	\$1,616,450 \$1,670,399	\$1,670,400 \$1,724,299
\$592,650	\$646,499	\$5	\$8								
\$646,500	\$700,399	\$5	\$8	\$11	\$14						
\$700,400	\$754,299	\$5	\$8	\$11	\$14	\$17	\$21				
\$754,300	\$808,199	\$5	\$8	\$11	\$14	\$17	\$21	\$24	\$27		
\$808,200	\$862,049	\$5	\$8	\$11	\$14	\$17	\$21	\$24	\$27	\$30	\$33
\$862,050	\$915,949	\$37	\$8	\$11	\$14	\$17	\$21	\$24	\$27	\$30	\$33
\$915,950	\$969,899	\$32	\$40	\$11	\$14	\$17	\$21	\$24	\$27	\$30	\$33
\$969,900	\$1,023,749	\$27	\$35	\$44	\$14	\$17	\$21	\$24	\$27	\$30	\$33
\$1,023,750	\$1,077,549	\$32	\$30	\$38	\$47	\$17	\$21	\$24	\$27	\$30	\$33
\$1,077,550	\$1,131,499	\$35	\$34	\$31	\$40	\$48	\$19	\$22	\$25	\$28	\$32
\$1,131,500	\$1,185,399	\$22	\$35	\$34	\$31	\$40	\$48	\$19	\$22	\$25	\$28
\$1,185,400	\$1,239,249	\$9	\$22	\$35	\$34	\$31	\$40	\$48	\$19	\$22	\$25
\$1,239,250	\$1,293,199		\$9	\$22	\$35	\$34	\$31	\$40	\$48	\$19	\$22
\$1,293,200	\$1,347,049			\$9	\$22	\$35	\$34	\$31	\$40	\$48	\$19
\$1,347,050	\$1,400,949				\$9	\$22	\$35	\$34	\$31	\$40	\$48
\$1,400,950	\$1,454,849					\$9	\$22	\$35	\$34	\$31	\$40
\$1,454,850	\$1,508,699						\$9	\$22	\$35	\$34	\$31
\$1,508,700	\$1,562,549							\$9	\$22	\$35	\$34
\$1,562,550	\$1,616,449								\$9	\$22	\$35
\$1,616,450	\$1,670,399									\$9	\$22
\$1,670,400	\$1,724,299										\$9

		Combined wages between \$1,724,300 and \$2,263,265									
Higher earner's wages		\$1,724,300 \$1,778,149	\$1,778,150 \$1,832,049	\$1,832,050 \$1,885,949	\$1,885,950 \$1,939,799	\$1,939,800 \$1,993,699	\$1,993,700 \$2,047,599	\$2,047,600 \$2,101,499	\$2,101,500 \$2,155,349	\$2,155,350 \$2,209,299	\$2,209,300 \$2,263,265
\$862,050	\$915,949	\$36	\$39								
\$915,950	\$969,899	\$36	\$39	\$42	\$45						
\$969,900	\$1,023,749	\$36	\$39	\$42	\$45	\$49	\$52				
\$1,023,750	\$1,077,549	\$36	\$39	\$42	\$45	\$49	\$52	\$55	\$58		
\$1,077,550	\$1,131,499	\$35	\$38	\$41	\$44	\$47	\$50	\$53	\$56	\$490	\$906
\$1,131,500	\$1,185,399	\$32	\$35	\$38	\$41	\$44	\$47	\$50	\$53	\$487	\$906
\$1,185,400	\$1,239,249	\$28	\$32	\$35	\$38	\$41	\$44	\$47	\$50	\$484	\$903
\$1,239,250	\$1,293,199	\$25	\$28	\$32	\$35	\$38	\$41	\$44	\$47	\$480	\$900
\$1,293,200	\$1,347,049	\$22	\$25	\$28	\$32	\$35	\$38	\$41	\$44	\$477	\$897
\$1,347,050	\$1,400,949	\$19	\$22	\$25	\$28	\$32	\$35	\$38	\$41	\$474	\$894
\$1,400,950	\$1,454,849	\$48	\$19	\$22	\$25	\$28	\$32	\$35	\$38	\$471	\$891
\$1,454,850	\$1,508,699	\$40	\$48	\$19	\$22	\$25	\$28	\$32	\$35	\$468	\$888
\$1,508,700	\$1,562,549	\$31	\$40	\$48	\$19	\$22	\$25	\$28	\$32	\$465	\$884
\$1,562,550	\$1,616,449	\$34	\$31	\$40	\$48	\$19	\$22	\$25	\$28	\$462	\$881
\$1,616,450	\$1,670,399	\$35	\$34	\$31	\$40	\$48	\$19	\$22	\$25	\$459	\$878
\$1,670,400	\$1,724,299	\$22	\$35	\$34	\$31	\$40	\$48	\$19	\$22	\$456	\$875
\$1,724,300	\$1,778,149	\$9	\$22	\$35	\$34	\$31	\$40	\$48	\$19	\$452	\$872
\$1,778,150	\$1,832,049		\$9	\$22	\$35	\$34	\$31	\$40	\$48	\$449	\$869
\$1,832,050	\$1,885,949			\$9	\$22	\$35	\$34	\$31	\$40	\$479	\$866
\$1,885,950	\$1,939,799				\$9	\$22	\$35	\$34	\$31	\$470	\$895
\$1,939,800	\$1,993,699					\$9	\$22	\$35	\$34	\$462	\$887
\$1,993,700	\$2,047,599						\$9	\$22	\$35	\$464	\$878
\$2,047,600	\$2,101,499							\$9	\$22	\$466	\$881
\$2,101,500	\$2,155,349								\$9	\$452	\$882
\$2,155,350	\$2,209,299									\$235	\$438
\$2,209,300	\$2,263,265										\$14

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

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

If you are in one of these situations and you would like to request an additional dollar amount of withholding from your wages, contact the Tax Department for assistance (see *Need help?* on page 7).

**Part 6** – These charts are only for single taxpayers and head of household taxpayers with more than one job, and whose combined wages are between \$107,650 and \$2,263,265.

Enter the additional withholding dollar amount on line 3.

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

		Combined wages between \$107,650 and \$538,749										
Higher wage		\$107,650 \$129,249	\$129,250 \$150,749	\$150,750 \$172,299	\$172,300 \$193,849	\$193,850 \$236,949	\$236,950 \$280,099	\$280,100 \$323,199	\$323,200 \$377,099	\$377,100 \$430,949	\$430,950 \$484,899	\$484,900 \$538,749
\$53,800	\$75,299	\$13	\$18									
\$75,300	\$96,799	\$12	\$20	\$27	\$28							
\$96,800	\$118,399	\$8	\$16	\$24	\$27	\$28						
\$118,400	\$129,249	\$2	\$10	\$18	\$21	\$26	\$37					
\$129,250	\$139,999		\$4	\$14	\$17	\$23	\$43					
\$140,000	\$150,749		\$2	\$10	\$13	\$19	\$43	\$43				
\$150,750	\$161,549			\$3	\$9	\$15	\$42	\$41				
\$161,550	\$172,499			\$1	\$7	\$13	\$42	\$43	\$41			
\$172,500	\$193,849				\$3	\$10	\$40	\$46	\$43	\$46		
\$193,850	\$236,949					\$11	\$35	\$49	\$48	\$49	\$40	
\$236,950	\$280,099						\$10	\$19	\$31	\$28	\$31	\$16
\$280,100	\$323,199							\$7	\$17	\$29	\$24	\$29
\$323,200	\$377,099								\$8	\$19	\$29	\$24
\$377,100	\$430,949									\$8	\$19	\$29
\$430,950	\$484,899										\$8	\$19
\$484,900	\$538,749											\$8

		Combined wages between \$538,750 and \$1,185,399											
Higher wage		\$538,750 \$592,649	\$592,650 \$646,499	\$646,500 \$700,399	\$700,400 \$754,299	\$754,300 \$808,199	\$808,200 \$862,049	\$862,050 \$915,949	\$915,950 \$969,899	\$969,900 \$1,023,749	\$1,023,750 \$1,077,549	\$1,077,550 \$1,131,499	\$1,131,500 \$1,185,399
\$236,950	\$280,099	\$11											
\$280,100	\$323,199	\$9	\$8										
\$323,200	\$377,099	\$30	\$8	\$8	\$8								
\$377,100	\$430,949	\$24	\$30	\$8	\$8	\$8	\$8						
\$430,950	\$484,899	\$29	\$24	\$30	\$8	\$8	\$8	\$8	\$8				
\$484,900	\$538,749	\$19	\$29	\$24	\$30	\$8	\$8	\$8	\$8	\$8	\$8		
\$538,750	\$592,649	\$8	\$19	\$29	\$24	\$30	\$8	\$8	\$8	\$8	\$8	\$236	\$452
\$592,650	\$646,499		\$8	\$19	\$29	\$24	\$30	\$8	\$8	\$8	\$8	\$236	\$452
\$646,500	\$700,399			\$8	\$19	\$29	\$24	\$30	\$8	\$8	\$8	\$236	\$451
\$700,400	\$754,299				\$8	\$19	\$29	\$24	\$30	\$8	\$8	\$236	\$452
\$754,300	\$808,199					\$8	\$19	\$29	\$24	\$30	\$8	\$236	\$452
\$808,200	\$862,049						\$8	\$19	\$29	\$24	\$30	\$236	\$452
\$862,050	\$915,949							\$8	\$19	\$29	\$24	\$258	\$451
\$915,950	\$969,899								\$8	\$19	\$29	\$252	\$473
\$969,900	\$1,023,749									\$8	\$19	\$257	\$468
\$1,023,750	\$1,077,549										\$8	\$247	\$472
\$1,077,550	\$1,131,499											\$123	\$234
\$1,131,500	\$1,185,399												\$14

(Part 6 continued on page 8)

#### Privacy notification

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

#### Need help?



Visit our website at [www.tax.ny.gov](http://www.tax.ny.gov)

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

#### Telephone assistance

Automated income tax refund status: 518-457-5149

Personal Income Tax Information Center: 518-457-5181

To order forms and publications: 518-457-5431

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