



Human Resources

Borough of Manhattan Community College
The City University of New York
www.bmcc.cuny.edu

199 Chambers Street
New York, NY 10007-1097
tel. 212-220-8300
fax 212-220-2364

Dear New Employee

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

The offer of this employment is conditional upon satisfactory completion of all verifications, including but not limited to confirmation employment and background checks.

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

Sincerely,

Human Resources

/New Employee

Please review the following important Policies and Procedures by opening the links provided.

- CUNY [Sexual Misconduct](#) Policy
- [Notice of Non-Discrimination](#)
- [CUNY Policies and Procedures on Non-Discrimination](#)
- [Reasonable Accommodation Policy](#)
- Office of Compliance and Diversity [Informational Packet](#)
- CUNY [Lactation Room](#) Policy
- Annual Security [Report](#)
- [CUNY Policy on Drug and Alcohol](#)
- [Acceptable use of computer resources](#)
- [Children on Campus](#)
- [Time Off for Religious Observance](#)
- [Time Off for Breast and Prostate Cancer Screenings and Donating Blood](#)
- [Students Bill of Rights](#)

Additional [Policies and Procedures](#) are available on the BMCC/HR and [Office of Diversity](#) websites for your examination.

The college is committed to ensuring a discriminatory free environment, where all persons are treated fairly and with respect regardless of his/her protected status. The [Office of Compliance & Diversity](#) is dedicated to promoting an open and inclusive environment, addressing complaints as they arise, creating programs which promote diversity and awareness, and ensuring that the college complies with all applicable policies and laws.

Odelia Levy, Esq. is the college's Chief Diversity Officer. She also serves as the Coordinator for Title 504. You may reach Ms. Levy at olevy@bmcc.cuny.edu or (212) 220-1236.

Theresa B. Wade, Esq. is the college's Deputy Director of Diversity & Title IX Compliance and can be reached at twade@bmcc.cuny.edu or (212) 220-1273.

To file a complaint of unlawful discrimination or harassment, including sexual harassment, please contact Ms. Levy or Ms. Wade.

By signing below, I acknowledge that I have received, accessed, and familiarized myself with the above policies and reviewed the additional policies available on the BMCC website before commencing employment and agree to abide by their requirements.

Signature

Date

Print Name



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To: Supervisors, Office Heads, and Applicants to the Classified Staff

From: Human Resources

Date: March 13, 2020

Subject: Appointment Processing and Fees

For all applicants to the position of Full Time Classified Managerial Staff, the following requirements **must** be completed prior to the first day of employment.

- Fingerprinting Fee of \$88.75 will be required from all applicants who are **Classified Staff** (please see the Procedures for Candidates Fingerprinting Using L-1 Identity Solutions Letter).
- Applicants may need to pay a CUNY Application Processing Fee. Your HR Representative will advise you on the amount due. The processing fee, is payable by cash or a money order made out to BMCC. You must bring the processing fee **and** the HR form to the Bursars Office (S330). After paying the processing fee, you **must** return the receipt signed by the Bursars Officer to HR to place in your Personnel file.
- All applicants **MUST** be verified for Compliance with the Immigration Reform and Control Act (IRCA) within three days of your appointment for both identity and the required employability certification. See the Reverse side of this Memorandum of IRCA documentation.
- Applicants **MUST** provide an original social security card, needed for payroll purposes.

Thank you.



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To: Bursar's Office

From: Human Resources

Subject: CUNY Application Processing Fee-payable by Cash or Money Order

Date: _____

Name: _____ Last 4 of SS# _____

Title: _____

Fee: _____

.....

The Bursar's Receipt must be brought to HR to provide proof of payment.

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 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: BMCC

College ID Code you are applying to: 466

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 issued 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.

NEW YORK METRO

Bronx - E 149Th St	Bronx, NY. (349 E 149th St, Ste 605) [Map (opens new browser)]	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) [Map (opens new browser)]	Mon - Thu 9:00 - 2:00 & 2:30 - 4:00
Bronx - Third Ave - 2nd System	Bronx, NY. (2804a Third Ave) [Map (opens new browser)]	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) [Map (opens new browser)]	Mon, Tue, Thu & Fri 9:00 - 5:00; Wed 9:00 - 7:00; Sat 9:00 - 2:00
Brooklyn	Brooklyn, NY. (2174 Fulton St) [Map (opens new browser)]	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) [Map (opens new browser)]	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) [Map (opens new browser)]	Mon - Fri 10:00 - 3:30 & 4:00 - 7:00
Glendale	Glendale, NY. (79-63 Myrtle Ave) [Map (opens new browser)]	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) [Map (opens new browser)]	Mon - Fri 9:25 - 1:00 & 2:00 - 4:45
New York - W 35th St	New York, NY. (247 W 35th St, Ste 201) [Map (opens new browser)]	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) [Map (opens new browser)]	
New York - W 35th St - 3rd System	New York, NY. (247 W 35th St, Ste 201) [Map (opens new browser)]	
New York - W 35th St - Commercial Apps Only		

New York - William St - 2nd System	New York, NY. (130 William St, Ste 900) [Map (opens new browser)]	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) [Map (opens new browser)]	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 Flr) [Map (opens new browser)]	Mon - Fri 9:00 - 5:00
Queens - Jamaica	Jamaica, NY. (9024 161st St) [Map (opens new browser)]	Mon - Fri 7:00 - 8:00; Sat 8:30 - 3:00
Queens - Jamaica - 2nd System	Jamaica, NY. (9024 161st St) [Map (opens new browser)]	Mon - Fri 7:00 - 8:00; Sat 8:30 - 3:00
Staten Island	Staten Island, NY. (159 New Dorp Plz, Ste 201) [Map (opens new browser)]	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) [Map (opens new browser)]	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

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.

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

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

Refer to the instructions for more information about acceptable receipts.



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>	
<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>	
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

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.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A	OR	List B	AND	List C
Identity and Employment Authorization		Identity		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		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
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.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
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)
----------------	-----------------	---------------------------------------

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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Name (print)

Social Security Number

Date of Birth

Title

Department

Date of Appointment

Select one of the following

☐ Male

☐ Female

☐ Transgender

☐ Gender Nonconforming

☐ Non-Binary

☐ A gender not listed

☐ X

☐ Not Specified (removing gender information)

Ethnicity:

☐ African American

☐ Alaskan Native

☐ American Indian

☐ Asian

☐ Black

☐ Hispanic

☐ Italian American

☐ Pacific Islander

☐ Puerto Rican

☐ White

☐ Other

U.S. Citizen:

☐ Yes

☐ No

If you are not a U.S. Citizen,

Of what country are you a citizen?

What type of VISA are you holding:

Expiration Date:

Are you a Veteran?

☐ Yes

☐ No

If you are a veteran, please specify:

☐ Active Reserve

☐ Disabled

☐ Disabled Vietnam Era

☐ Inactive Reserve

☐ Retired

☐ Vietnam Era

Home Address:

(print)

Telephone Number:

E-Mail Address

Emergency Contact:

Relationship:

Address:

Telephone Number:

Alternate Phone Number:

Education:

Degree

Major

Date Earned

Institution

I-9 Date: _____ **Work Authorization Expiration Date:** _____ **Staff Initial** _____ **Date:** _____



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10007-1097 www.bmcc.cuny.edu tel 212-220-8300
fax 212-220.2364

Primary:

Name of Emergency Contact: _____

Relationship: _____

Address: _____

Home Phone Number: _____

Business Number: _____

Cell Phone Number: _____

Secondary:

Name of Emergency Contact _____

Relationship: _____

Address: _____

Home Phone Number: _____

Business Number: _____

Cell Phone Number: _____

Name (Print)

Department

Signature

Date

AMENDED CONSTITUTIONAL OATH UPON APPOINTMENT

(In compliance with Section 62 of the New York State Civil Service Law)

"I hereby pledge and declare that I will support the Constitution of the United States and the Constitution of the State of New York and that I will faithfully discharge the duties of the Position of _____ according to the best of my ability"

Name: _____

Signature: _____

Address: _____

Date: _____

**THE CITY UNIVERSITY OF NEW YORK
CONVICTION NOTICE AND LICENSE**

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

PLEASE ANSWER ALL QUESTIONS:

Social Security Number: _____ **Today's Date:** _____

Last Name _____ **First Name** _____ **Middle Initial** _____

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

Last Name _____ **First Name** _____ **Middle Initial** _____

Street Address _____ **Apt No.** _____

City or Town _____

State _____ **Zip** _____ - _____

License or Professional Registration:

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

1. Name of License/Registration valid in NYC _____ License No. _____

Name of Issuing Agency _____

Date Originally Issued _____ Date Last Renewed _____

Renewal No. (If any) _____ Date of Expiration _____

Have you ever has a license, certificate of permit suspended or revoked? ☐ Yes ☐ No If Yes give full details

2. Name of License/Registration valid in NYC _____ License No. _____

Name of Issuing Agency _____

Date Originally Issued _____ Date Last Renewed _____

Renewal No. (If any) _____ Date of Expiration _____

Have you ever has a license, certificate of permit suspended or revoked? ☐ Yes ☐ No If Yes give full details

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.

2023**Step 1:**
Enter
Personal
Information

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

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, other details, 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) Reserved for future use.
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

TIP: If you have self-employment income, see page 2.

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

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

Step 5:
Sign
Here

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

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

Date

Employers
Only

Employer's name and address	First date of employment	Employer identification number (EIN)
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Department of Taxation and Finance

Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

IT-2104

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

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

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

Employee's signature	Date
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Employee: Give this form to your employer and keep a copy for your records. Remember to review this form once a year and update it if needed.

Note: Single taxpayers with one job and zero dependents, enter **1** on lines 1 and 2 (if applicable). Married taxpayers with or without dependents, heads of household or taxpayers that expect to itemize deductions or claim tax credits, or both, complete the worksheet in the instructions. Visit www.tax.ny.gov (search: *IT-2104-I*) or scan the QR code below.

Employer: Keep this certificate with your records.

If any of the following apply, mark an **X** in each corresponding box, complete the additional information requested, and send an additional copy of this form to New York State. See **Employer** in the instructions. Visit www.tax.nys.gov (search: *IT-2104-I*) or scan the QR code below.

A Employee claimed more than 14 exemption allowances for New York State A ☐

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

You may report new hire information online instead of mailing the form to New York State. Visit www.nynewhire.com.

Note: Employers **must** report individuals under an **independent contractor arrangement** with contracts in excess of \$2,500 using the online reporting website above, **not** Form IT-2104.

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

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

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



<https://www.tax.ny.gov/r/it2104i-2023>

IMPORTANT

HEALTH PLAN COVERAGE FOR EMPLOYEES HIRED ON OR AFTER OCTOBER 1, 2022

City of New York employees and employees of Participating Employers*, hired on or after October 1, 2022, and their eligible dependents, will only be eligible to enroll in the EmblemHealth HIP HMO Preferred Plan and must remain in the HIP HMO Preferred Plan for the first year (365 days) of employment.

After 365 days of employment, the employee will have the option of either remaining in the HIP HMO Preferred Plan or selecting a different health plan within 30 days before the end of the 365-day period. If a new health plan is selected, the new plan will be effective on the 366th day.

Only after the 365th day can the employee participate in any Annual Fall Transfer Period. (See the Annual Fall Transfer Period section below for details.)

An employee who needs to request an exemption from the required enrollment in the HIP HMO Preferred Plan can do so by submitting a HIP HMO Opt-Out Request Form to EmblemHealth directly. An employee, or eligible dependent, must meet specific criteria in order to submit the request, and EmblemHealth must approve it before the exemption is granted. The HIP HMO Opt-Out Request Form and HIP HMO service area are available on the EmblemHealth website.

CITY OF NEW YORK
NEW EMPLOYEE HIP HMO OPT-OUT REQUEST FORM

Pursuant to the New York City Health Benefits Summary Program Description, all City of New York employees and employees of Participating Employers hired on or after October 1, 2022, will only be eligible to enroll in the EmblemHealth HIP HMO Preferred Plan and must remain in the HIP HMO Preferred Plan for the first 365 days of employment.

An employee who needs to request an exemption to this requirement can do so by submitting this completed Opt-Out Request Form to EmblemHealth, via the email address provided below. An employee or eligible dependent must meet the criteria outlined below, and EmblemHealth must approve the request before the exemption is granted.

Criteria for Opt-Out (Check box below):

- ☐ The new employee resides outside the HIP HMO service area and cannot access primary care with one of the HMO providers. Visit <https://www.emblemhealth.com/Members/City-of-New-York-Employees> for a list of counties in the HIP HMO Service Area. Please provide your name and address on the following form.

- ☐ The new employee or eligible dependent is being treated by a non-network provider for a life-threatening or disabling disease or condition and is receiving ongoing treatment for a catastrophic or terminal illness or a condition requiring complex case management (such as ventilator dependence or trauma). Please provide the treating physician(s) name, address, and phone number on the following form.

Process:

New employees must complete and submit this New Employee HIP HMO Opt-Out Request Form immediately. Please email completed forms to: cityagencies@emblemhealth.com or fax them to 212-510-5919.

Once your Opt-Out Request Form has been reviewed and a determination has been made, EmblemHealth will notify you via the email address you have provided on the back of this form. If you are approved, you must submit the approval notification to NYCAPS or your agency benefits representative.

Please complete the following:

Employee Information

Employee Last Name: _____ Employee First Name: _____

Date of Birth: _____ Phone: _____

Email Address: _____

Home Address: _____ Home Zip: _____

Agency: _____ Date of Hire: _____

Dependent Information:

(If the request for exemption is due to an eligible dependent, please also provide the following.)

Dependent's Last Name: _____ Dependent's First Name: _____

Dependent's Date of Birth: _____

Medical Information (Please check one):

Self

Dependent

Treating Physician's Name: _____

Physician's Phone: _____

Physician's Address: _____

Diagnosis/Condition: _____

EMPLOYEE/DEPENDENT'S SIGNATURE AND RELEASE (this form must be signed to be processed)

I hereby request exemption from the above City Health Benefits Program requirement and certify that the above information is complete, true, and correct. I authorize above listed physicians and other medical professionals to provide EmblemHealth with information concerning medical care, advice, treatment, or supplies provided to the Employee or eligible dependent. I understand that this authorization will be used only for the purpose of obtaining information, and the duration of the authorization will be limited, to determine whether the employee or eligible dependent meets the criteria outlined above. I agree that a photostatic copy of this authorization is as valid as the original.

Employee Signature: _____ Date: _____

Dependent's Signature (if dependent is not a minor) _____ Date: _____

FOR OFFICIAL USE ONLY
<ul style="list-style-type: none">• Approval
<ul style="list-style-type: none">• Denial - does not meet criteria
Date: _____

Full Time Classified Managerial Staff

Benefits

You are eligible for health benefits and should contact the Benefits Manager within the first week of employment to schedule a benefit orientation.

Welfare Fund Benefits

Some basic benefits include:

- Dental
- Prescription
- Vision

Detailed information on all Welfare Fund Benefits are available via the [PSC-CUNY Welfare Fund Website](#)

Retirement Benefits

You are eligible to enroll in the [New York City's Employees' Retirement System \(NYCERS\)](#) or the [Optional Retirement Program, TIAA](#).

Tax-Deferred Annuity Plans

You may participate in a tax-deferred annuity (TDA) plan with TIAA-CREF. The TDA plan allows you to set aside pre or post-tax dollars in a supplemental retirement account subject to the annual maximum IRS limit. For additional information on TIAA-CREF, you may contact TIAA at 212-916-4498 or visit the [TIAA website](#).

Transit Benefit Program

[Commuter Benefits/Edenred](#) - This Transit Benefit allows you to reserve pre-tax dollars for your travel needs. Enrollment forms for the Transit Benefit and Park-n-ride plans may be found on the [HR Benefits website](#).

CUNY Work/Life Program

The CUNY Work/Life Program presented by CCA@Your Service is a confidential, 24/7 employee assistance program provider. For additional information refer to the program flyer and their list of services. Call TOLL-FREE: 800-833-8707 or log on to the [CCA website](#), Company Code: CUNY. This employee assistance program is a voluntary, free and confidential benefit for employees and their family members. Services are available 24 hours a day, 7 days a week.

Jury Duty

Employees summoned to Jury Duty in New York State/New York State Courts will be paid their full time salary.

Union Membership

As Full Time Classified Managerial Staff, you are excluded from union membership. However, your Dental, Optical, Vision and Prescriptions is provided by the Union's Welfare Fund. For further information regarding which union covers your Welfare Fund Benefits, please contact the HR Benefits Office in S717.



Borough of Manhattan Community College
The City University of New York
www.bmcc.cuny.edu

199 Chambers Street
New York, NY 10007-1097
tel. 212-220-8300
fax 212-220-2364

Full Time Classified Managerial Staff Packet Checklist

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

- ☐ **Completed New Hire Packet**
- ☐ **Proof of Identity and Employment Eligibility**
Under federal law you must complete an Employment Verification (I-9) form in the presence of an HR officer. Be sure to bring appropriate proof of identity/eligibility to HR before your first day of work.
- ☐ **Social Security Card (for Payroll Purposes)**
- ☐ **NYCERS Tier 6 Application Form**

If applicable, complete and return:

- ☐ BMCC [Computer System Accounts](#)
- ☐ [Park-N-Ride Plan](#)
- ☐ [Direct Deposit of Net Pay Enrollment](#)
- ☐ [TRANSITBENEFIT Plan](#)

Please take time to familiarize yourself with the following:

- Appointment Processing and Fees (located in the New Hire Packet)
- [Acceptable Use of Computers](#) (located on the HR Policies page)

The timing of your initial pay check will be based on the process and our receipt of the above documents. If you have any questions about your appointment or payroll process, please call us at 212-220-8300.

By signing below, I acknowledge that I have received, and familiarized myself with the above policies by viewing them through the links provided to the BMCC website, and agree to abide by their requirements.

Print Name

Date

Signature