



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



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Full Time Classified 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.

- ☐ 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
- ☐ Employment Packet – CUNY (Part One & Two)
- ☐ Personnel Information Form
- ☐ Amended Constitutional Oath Upon Appointment
- ☐ Employee's Withholding Allowance Certificate (W-4 and IT-2104)
- ☐ External Employment
- ☐ Appointment Processing and Fees
- ☐ IT Security
- ☐ Time and leave System (Kronos)

If applicable, complete and return:

- ☐ Direct Deposit of Net Pay Enrollment
- ☐ Transit Benefit Enrollment/Wage Works

Please take time to familiarize yourself with the following:

- [Policies and Procedures on BMCC HR Website](#)
- [Students Bill of Rights](#)
- Annual Security [Report](#)

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.

Print Name

Date

Signature

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 Equal Opportunity & Non-Discrimination](#)
- [Reasonable Accommodation Policy](#)
- CUNY [Lactation Room](#) Policy
- Annual Security [Report](#)
- [CUNY Policy on Drug and Alcohol](#)
- [Acceptable use of computer resources](#)
- [Children on Campus](#)
- [Time Off for Breast and Prostate Cancer Screenings and Donating Blood](#)
- [Time Off for Religious Observance](#)

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, 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: October 24, 2019

Subject: Appointment Processing and Fees

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

- Fingerprinting Fee of \$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 (next page) 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.

Thank you.



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fax 212-220-2364

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)]	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) [Map (opens new browser)]	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) [Map (opens new browser)]	Tue, Wed & Thu 9:00 - 2:00
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



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No.1615-0047

Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number <div></div>		Employee's Email Address			Employee's Telephone Number
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)				
		If you check Item Number 4. , enter one of these:				
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
Signature of Employee					Today's Date (mm/dd/yyyy)	

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority		Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.



Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A 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 an individual temporarily authorized to work for a specific employer because of his or her status or parole: <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 individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 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 <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.</p>

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.

For receipt validity dates, see the M-274.

<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>
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*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.

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
☐ Inactive Reserve

☐ Disabled
☐ Retired

☐ Disabled Vietnam Era
☐ 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:** _____



THE CITY UNIVERSITY OF NEW YORK EMPLOYMENT APPLICATION – PART ONE

Last Name: _____

First Name: _____

College: _____

Department: _____

Check here if you are a CUNY Doctoral Student

Important Notice to Applicants

Our Commitment to Diversity

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

Notice of Non-Discrimination

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

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

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

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

Disability Accommodation Available for Applicants

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

Clery Act

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

Military Service

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

Professional References

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

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

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



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

Position Title: _____

Contract Title: _____

College: _____ Job ID#: _____

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

Check here if you are a CUNY Doctoral Student

Personal Information

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

If known by another name, please provide: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone #: _____ Email: _____

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

Yes No

If yes, please explain: _____

Are you legally authorized to work in the United States?

Yes No

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

Yes No

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

Applicant Attestation

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

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

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

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

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

Select  Sign yourself to sign : _____

Date: _____

Education

Please indicate the highest equivalent grade of education completed:

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

List schools attended, beginning with most recent:

School Name: _____

School Name: _____

Location: _____

Location: _____

Major Study: _____

Major Study: _____

Credits Completed: _____

Credits Completed: _____

Degree Received? _____

Degree Received? _____

School Name: _____

School Name: _____

Location: _____

Location: _____

Major Study: _____

Major Study: _____

Credits Completed: _____

Credits Completed: _____

Degree Received? _____

Degree Received? _____

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

Type: _____

License Number: _____

Employment History

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

Employer Name (1): _____ Address: _____

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

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

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

Duties:

Name/Title of Immediate Supervisor: _____

Phone #: _____ Reason for Leaving: _____

Employer Name (2): _____ Address: _____

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

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

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

Duties:

Name/Title of Immediate Supervisor: _____

Phone #: _____ Reason for Leaving: _____

Employer Name (3): _____ Address: _____

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

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

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

Duties:

Name/Title of Immediate Supervisor: _____

Phone #: _____ Reason for Leaving: _____

Employer Name (4): _____ Address: _____

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

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

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

Duties:

Name/Title of Immediate Supervisor: _____

Phone #: _____ Reason for Leaving: _____

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

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

Important Skills, Competencies, or Experience Not Identified Above

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

Professional References

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

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

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

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

College Use Only

Reviewed by Chair of Search Committee/Hiring Manager:

Name: _____

Select  Sign yourself to sign : _____

Date: _____



College: _____

Name of Candidate: _____

Position Sought: _____

Authorization to Release Reference Information

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

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

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

Select  Sign yourself to sign : _____

Date: _____

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

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



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

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

Last Name: _____ First Name: _____
College: _____ Department: _____
Position: _____ Check here if you are a CUNY Doctoral Student

Post Conditional Offer Verifications and Checks

Employment Eligibility and Identity Documents Verification

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

Verification of Credentials

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

Criminal Background Check

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

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

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

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

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

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



Accommodation required to perform Essential Job Functions

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

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



THE CITY UNIVERSITY OF NEW YORK EMPLOYMENT APPLICATION – PART TWO CONFIDENTIAL BACKGROUND INFORMATION

Only candidates who have received a conditional job offer should complete this form.
For questions and concerns, candidates may request guidance from the Office of Human Resources.
The completed form should be submitted to the Office of Human Resources only.

College: _____ Position: _____

Contract Title: _____ Job ID#: _____

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

Check here if you are a CUNY Doctoral Student

Personal Information

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

If known by another name, please provide: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Preferred Phone #: _____

Please complete Page 3



Confidential Criminal Background Information

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

Yes No

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

Yes No

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

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

Applicant Attestation:

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

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

Signature: _____

Date: _____

College Use Only

Received by the Director of Human Resources

Name: _____

Date: _____

Signature: _____

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: _____

To: All Members of the Classified Staff
From: Human Resources
Subject: Kronos Time and Leave System

This memorandum is written to reacquaint you with the College's policy:

1. Classified staff is required to record their time upon arrival and departure by inputting their ID and finger images into the Kronos Touch ID System. Clocks are located throughout the College Campuses. You should record your time of arrival and departure at the building of your assigned work location. Before leaving the time clock, you should verify that the clock recorded your punch. The "Accepted Punch" message is your indication that your time is recorded.
2. In the instances where punches are not recorded, your supervisor/office head must provide a written statement verifying attendance and the specific hours worked to Human Resources.
3. In order to enhance the service, we ask that you immediately inform us and your supervisor when you are experiencing problems with the Kronos Touch ID Device.

Should you need additional information please call ext. 8300

Signature

Date



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

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

The Office of Compliance and Diversity: You Matter, It Matters

BMCC is committed to ensuring a discriminatory free environment, where all individuals are treated fairly and with respect. The Office of Compliance & Diversity is dedicated to promoting an open and inclusive environment, addressing complaints of unlawful discrimination or harassment, creating programs which promote diversity, and awareness and ensuring that the college complies with all applicable policies and laws.

Who can file a complaint?

- Individuals who can file a complaint include, but are not limited to, students, faculty, staff, and applicants for employment.
 - If you feel you have been discriminated against or witnessed discrimination or harassment, please contact the Office of Compliance and Diversity.

Where do I file a complaint?

- To file a complaint of unlawful discrimination or harassment, including sexual harassment, please contact:

Odelia Levy, Esq. Chief Diversity Officer Title IX & Title 504 Coordinator 199 Chambers Street – Room S701k OLevy@bmcc.cuny.edu or 212-220-1236	Theresa Wade, Esq. Deputy Director of Diversity & Title IX Compliance 199 Chambers Street – Room S701j TWade@bmcc.cuny.edu or 212-220-1273
You can also contact Public Safety at 212-220-7080 or speak to a Public Safety officer. Public Safety is located at 199 Chambers Street, Room S211. Public Safety is available whenever the building is open.	

What if I'm not sure about whether I want to file a complaint?

- The Office of Diversity and Compliance responds to complaints or concerns about unlawful harassment and discrimination on the basis of a protected characteristic. If you believe you have been discriminated against or have observed discrimination or harassment, you may contact the Office of Diversity and Compliance for a confidential consultation to discuss your options.
- At the confidential consultation, you may seek assistance, learn about how to file an internal complaint, and learn about interim safety measures and accommodations.

What if I need assistance requesting a disability related accommodation?

- Please contact the Office of Accessibility (students) at 212-220-8180 or Human Resources (employees) at 212-220-8300

I have questions. How can I learn more about the process?

- Please contact Odelia Levy at OLevy@bmcc.cuny.edu or 212-220-1236 or Theresa Wade at TWade@bmcc.cuny.edu at 212-220-1273



CUNY students who experience Sexual Violence, including sexual assault; domestic, dating or, intimate partner violence, stalking or voyeurism. All students have the right to:

- Make a report to local law enforcement and/or state police;
- Have disclosures of domestic violence, dating violence, stalking, and sexual assault treated seriously;
- Make a decision about whether or not to disclose a crime or violation and participate in the judicial or conduct process and/or criminal justice process free from pressure by the institution;
- Participate in a process that is fair, impartial, and provides adequate notice and a meaningful opportunity to be heard;
- Be treated with dignity and to receive from the institution courteous, fair, and respectful health care and counseling services, where available;
- Be free from any suggestion that the reporting individual is at fault when these crimes and violations are committed, or should have acted in a different manner to avoid such crimes or violations;
- Describe the incident to as few institutional representatives as practicable and not be required to unnecessarily repeat a description of the incident;
- Be protected from retaliation by the institution, any student, the accused and/or the respondent, and/or their friends, family and acquaintances within the jurisdiction of the institution;
- Have access to at least one level of appeal of a determination;
- Be accompanied by an advisor of choice who may assist and advise a reporting individual, accused, or respondent throughout the judicial or conduct process including during all meetings and hearings related to such process; and
- Exercise civil rights and practice of religion without interference by the investigative, criminal justice, or judicial or conduct process of the institution.

This Student Bill of Rights was established by the “Enough is Enough” Law, New York State Education Law Article 129-B, effective October 7, 2015.

For more information about preventing and addressing Sexual Violence at CUNY see <http://www1.cuny.edu/sites/title-ix/campus-websites>.

Information about filing a report, seeking a response, and options for confidential disclosure is available also available CUNY’s Title IX web page.

Questions about CUNY’s Sexual Misconduct policy and procedures may be directed to your campus Title IX Coordinator.



NOTICE OF NON-DISCRIMINATION

It is the policy of The City University of New York—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. Inquiries concerning sexual misconduct or sex discrimination may be made to the individuals specified in that Policy or may be referred to the U.S. Department of Education, Office for Civil Rights.

It is also the University's policy to provide reasonable accommodations and academic adjustments, when appropriate, to individuals with disabilities, individuals observing religious practices, individuals who have pregnancy or childbirth-related medical conditions and victims of domestic violence/stalking/sex offenses. The process for addressing these issues is set forth in CUNY's Procedures for Implementing Reasonable Accommodations and Academic Adjustments.

Retaliation for reporting or opposing discrimination, cooperating with an investigation of a discrimination complaint, or requesting an accommodation or academic adjustment is also **prohibited**.

To access CUNY's Policy and Procedures on Equal Opportunity and Non-Discrimination, Policy on Sexual Misconduct, and Procedures for Implementing Reasonable Accommodations and Academic Adjustments, please visit these links:

<http://www2.cuny.edu/wp-content/uploads/sites/4/page-assets/about/administration/offices/hr/policies-and-procedures/CUNYPolicy-Equal-Opportunity-and-Non-Discrimination-010115-procedures.pdf>

<http://policy.cuny.edu/wp-content/uploads/sites/6/page-assets/general-policy/EDITED-CUNY-Policy-on-Sexual-Misconduct-2018-with-links-8.2.2018.pdf>

<http://www2.cuny.edu/about/administration/offices/legal-affairs/policies-procedures/reasonable-accommodations-and-academic-adjustments/>

The following people have been designated at the Borough of Manhattan Community College to handle inquiries and complaints relating to CUNY's Policy on Equal Opportunity and Non-Discrimination and Policy on Sexual Misconduct and to ensure compliance with CUNY's Procedures for Implementing Reasonable Accommodations and Academic Adjustments:

<p>Odelia Levy, Esq. Chief Diversity Officer Title IX & Title 504 Coordinator OLevy@bmcc.cuny.edu or 212-220-1236</p>	<p>Theresa Wade, Esq. Deputy Director of Diversity & Title IX Compliance TWade@bmcc.cuny.edu or 212-220-1273</p>
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The following federal, state, and local agencies enforce laws against discrimination:

- New York City Commission on Human Rights,
<http://www1.nyc.gov/site/cchr/index.page>
- New York State Division on Human Rights,
<http://www.dhr.ny.gov>
- U.S. Equal Employment Opportunity Commission,
<http://www.eeoc.gov>
- United States Department of Justice,
<http://www.justice.gov/>
- United States Department of Education, Office for Civil Rights
<http://www2.ed.gov/ocr>

SEXUAL HARASSMENT & SEXUAL VIOLENCE

Anyone – of any gender, gender identity, sexual orientation, religious affiliation, citizenship status, race, class or educational level – can suffer from sexual harassment, including sexual violence. We want to make sure you understand your rights, CUNY’s policies, and other issues related to sexual harassment, gender harassment and sexual violence.

Sexual harassment is unwelcome conduct of a sexual nature. It can be verbal, written, physical, online, explicit, implicit, etc.

On every CUNY campus there is a person who has special training in helping students or employees who are facing issues related to sexual harassment and sexual violence. We urge you to contact this person (who is known as the “Title IX Coordinator”) for guidance or information. At BMCC, please contact the Title IX Coordinator, **Odelia Levy** at 212-220-1236 or OLevy@bmcc.cuny.edu or **Theresa Wade** at 212-220-1273 or TWade@bmcc.cuny.edu. If you need immediate assistance, please contact Public Safety at 212-220-8080

IF YOU WERE RECENTLY SEXUALLY ASSAULTED:

- Get to a safe place
- If the incident occurred on-campus, call Public Safety or 911.
 - **Public Safety’s emergency number is: 212-220-8080 or ext. 8080.**
- If the incident occurred off-campus, call 911 or go to the local NYPD precinct. Contacting the police does not require you to file charges.
- Seek medical attention as soon as possible. Campus Public Safety or the police can help you get medical care or you can go on your own (or with a friend) to an emergency room. www.svfreennyc.org/survivors_emergency.html
- Preserve evidence. You do not need to decide immediately whether to take action against the person who assaulted you. But if you might want to do this, it is important to preserve evidence of the assault. Go to an emergency room and ask for a SAFE or rape exam. (Do not bathe or brush your teeth prior to going.) For a list of hospitals in New York City with this service, go to: www.svfreennyc.org/survivors_emergency.html Retain the clothing you were wearing in a paper (not plastic) bag. If the assault took place in your home or dorm room, do not rearrange furniture and/or clean up.

Title IX: Title IX of the Education Amendments of 1972 (“Title IX”) is a federal civil rights law that prohibits discrimination on the basis of sex in education programs and activities at universities receiving federal funds. Under Title IX, discrimination on the basis of sex can include sexual harassment or sexual violence, such as rape, sexual assault, sexual battery, and sexual coercion.

YOU ARE NOT ALONE – WHO TO TALK TO

STUDENTS

CUNY’s goal is to maintain a safe environment free of sexual harassment, gender-based harassment and sexual violence (which may include stalking and dating, domestic and intimate partner violence). To further that goal, most employees of CUNY and its colleges are either required or encouraged to report incidents of sexual harassment, gender-based harassment or sexual violence when they become aware of those incidents. There are other employees specifically trained to offer support to victims of sexual harassment, gender-based harassment or sexual violence who may be consulted and who will keep information confidential, except in cases of immediate risk of harm to the community.

Before you speak to a college or CUNY employee about sexual harassment, gender-based harassment or sexual violence, you should be aware of that employee’s obligations under Title IX and/or CUNY policy. The three categories of employees are:

- 1) “Confidential” employees, who have an obligation to keep information about the incident confidential.
 - At BMCC, confidential employees are in the **BMCC Counseling Center** (212-220-8140) or **Women’s Resource Center** (212-220-8165);
- 2) “Responsible” employees, who are required to report the incident(s) to the Title IX Coordinator; and
- 3) all other employees, who are strongly encouraged but not required to report the incident(s).

EMPLOYEES

If you are a CUNY employee, and wish to speak to someone on a confidential basis, free confidential support services are available through CUNY’s Work/Life Program, which is administered by an outside company: Deer Oaks. The helpline number is 855-492-3633. Confidential community counseling resources are also available throughout New York City.

ANY QUESTIONS?

If you have any questions about how confidentiality works at BMCC, please contact the Office of Compliance and Diversity at 212-220-1236 or OLevy@bmcc.cuny.edu

We encourage you to report all allegations of sexual harassment and sexual misconduct. For more information please see the CUNY Sexual Misconduct Policy.

Retaliation is strictly prohibited.

CONTACT INFORMATION

WHO TO CONTACT AT BMCC – TO FILE A COMPLAINT	
<p>Chief Diversity Officer / Title IX Coordinator Odelia Levy, Esq. 199 Chambers Street, Room: S701k 212-220-1236 OLevy@bmcc.cuny.edu Office of Compliance & Diversity</p>	<p>Vice President for Student Affairs Marva Craig 199 Chambers Street, Room: S350c 212-220-8132 MCraig@bmcc.cuny.edu Office of Student Affairs</p>
<p>Deputy Director of Diversity & Title IX Compliance Theresa Wade, Esq. 199 Chambers Street, Room: S701j 212-220-1273 TWade@bmcc.cuny.edu Office of Compliance & Diversity</p>	<p>Director of Public Safety Michael Korn 199 Chambers Street, Room: S215e 212-220-8135 MKorn@bmcc.cuny.edu Office of Public Safety</p>

CONFIDENTIAL BMCC CAMPUS RESOURCES - STUDENTS	
<p>BMCC Women's Resource Center 199 Chambers Street, S340 212-220-8165 wrc@bmcc.cuny.edu Web: http://www.bmcc.cuny.edu/womencenter/</p>	<p>BMCC Counseling Center 199 Chambers Street, S343 212-220-8140 Web: http://www.bmcc.cuny.edu/counseling/</p>

CONFIDENTIAL RESOURCES - EMPLOYEES
<p>DEER OAKS (855) 492-3633 Email: eap@deeroaks.com Web: www.deeroakseap.com</p>

TO REQUEST AN ACCOMMODATION	
<p>Students: Office of Accessibility 199 Chambers Street, N360 212-220-8180 Web: http://www.bmcc.cuny.edu/accessibility</p>	<p>Employees: Human Resources 199 Chambers Street, S717 212-220-8300 Web: http://www.bmcc.cuny.edu/hr/</p>

(continued on next page)

EXTERNAL RESOURCES

Domestic Violence/ Rape Crisis / Sexual Assault Services and Hotlines

NYPD Sex Crimes Hotline	212-267-RAPE (24 hours)
Safe Horizon Crisis Hotline	(212) 577-7777
Domestic Violence Hotline	(800) 621-4673
Crime Victims Hotline	(866) 689- 4357
Rape, Sexual Assault & Incest Hotline	(212) 227-3000
Samaritans Suicide Hotline	(212) 673-3000
Gay and Lesbian National Hotline	(888) 843-4564
New York Hotline	(212) 989-0999
NY LGBT Anti-Violence Project Hotline	(212) 714-1141
National Domestic Violence Hotline	(800) 799-7233 TTY (800)787-3224
YouthLine	(800) 246-4646
NY State Coalition Against Sexual Assault	(English) (800) 942-6906 TTY (866) 604-5350 (Spanish) (800) 942-6908 TTY (800) 780-7660
NYC Alliance Against Sexual Assault	(212) 229-0345 32 Broadway, Ste. 1101, NY, NY 10004 http://www.svfreenyc.org
RAINN: Rape, Abuse & Incest National Network Online Hotline	(800) 656-HOPE (4673) http://www.rainn.org/
LifeNet (NYC Dept. of Mental Health)	(English) (212) 982-5284 (Spanish) (877) 298-3373 (Mandarin & Cantonese) (877) 990-8585
Family Justice Center for Manhattan	(212) 602-2800 80 Centre Street, 5 th Fl., NY, NY 10013 http://www1.nyc.gov/site/ocdv/programs/family-justice-centers.page

(continued on next page)

EXTERNAL RESOURCES

Hospital Resources

Mt. Sinai Hospital, Sexual Assault and Violence Prevention(SAVI)	Manhattan (212) 423-2140 Queens (718) 736-1288
St. Vincent Hospital, Rape Crisis Center	(212) 604-8068
Bellevue Hospital, Center-Rape Crisis Center	(212) 562-3435/3755
New York Presbyterian Hospital, Domestic & Other Emergencies (DOVE)	(212) 305-9060

SAFE Centers – Sexual Assault Forensic Examiner (SAFE) Program

Manhattan SAFE Centers	
Beth Israel-Petrie Campus (CHP)	1st Ave & E 16th St.
Harlem Hospital (HHC)	506 Lenox Ave
Metropolitan Hospital Center (HHC)	1901 1st Ave
Roosevelt Hospital (CHP)	1000 10th Av
St. Luke's Hospital (CHP)	Amsterdam Ave & W 113th St

Brooklyn SAFE Centers	
Coney Island (HHC)	2601 Ocean Pkwy
Kings County Hospital Center (HHC)	451 Clarkson Ave
Woodhull Medical and Mental Health Center (HHC)	760 Broadway

Bronx SAFE Centers	
Jacobi Hospital (HHC)	Eastchester Rd & Pelham Pkwy S
Lincoln Medical & Mental Health Center (HHC)	234 E 149th St.
North Central Bronx (HHC)	E 210 th Street & Kossuth Avenue

Queens SAFE Centers	
Elmhurst Hospital (HHC)	Centers
Queens Hospital Center	82-68 164th St

Staten Island SAFE Center	
Richmond University Medical Center (IN)	355 Bard Ave

Borough of Manhattan Community College

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

Why is IT Security important at CUNY?

- 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
- We must maintain accurate University data and prevent unauthorized changes (g.g., grades, financial aid information).
- We must be reputable custodians and are required by law to protect the privacy of personal data belonging to our faculty, students, and staff.

What are the IT security risks to CUNY?

- Don't be phished. Phishing is a scam in which an e-mail message directs you to click on a link that takes you to a web site where you are prompted for personal information, such as passwords, social security number, bank account number or credit card number. Both the link and the web site may closely resemble an authentic web site, 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 via telephone or in person, and through e-mail.
- Don't disclose personal information within CUNY unless it is absolutely necessary. The need for disclosing your social security number outside of the Human Resources (HR) department would be unusual. When in doubt, contact the HR department directly to verify the legitimacy of the request.
- Protect your user ID and password 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 the 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, hitting the "Control-Alt-Delete" keys and then selecting "Lock Computer" will keep other out. You will need your password to sign back in, but doing this several times a day will help you to remember your password.
- E-mail and portable devices are not secure. Do not ship 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.
- Be careful when using Internet. Malicious code can take forms such as a virus, worm, or Trojan and can be hidden behind an infected web page or a downloaded program. Keep an 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.

Where are the 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 here.
- Find the Policy on Acceptable Use of Computer Resources under Info Security Policies.
- Find the IT Security Procedures-General under Info Security Policies.
- To take the IT Security Awareness tutorial, approximately 30 minutes, click on the padlock on the home page of security.cuny.edu.

Who to contact for help with IT Security at CUNY?

- Your Supervisor
- Your College Web-site
- security.cuny.edu
- The College IT Security Manager (click on Campus Security Managers Contact Information at security.cuny.edu under Contact Us).
- The College Chief Information Officer or equivalent in the Central Office department.
- The CUNY Central IT Security Office at security@mail.cuny.edu or the Contact us page at security.cuny.edu or the Who to Contact for Help page at security.cuny.edu

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

- New York State Office of Cyber Security and Critical Infrastructure Coordination (CSCIC) at www.csic.state.ny.us
- Federal Trade Commission at www.ftc.gov
- Privacy Rights Clearinghouse-Nonprofit Consumer Information and Advocacy Organization at www.privacyrights.org
- Anti-Phishing Working Group-Committed to wiping out Internet scams and fraud at www.antiphishing.org
- Microsoft Malware Protection Center, Threat Research and Response at www.microsoft.com/security/portal

What is required of me 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@mail.cuny.edu) immediately.

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

(Printed Name)

(Signed)

Borough Of Manhattan Community College
(College/business area)

(Date)

Report of External Employment for Classified Staff

Employee/Candidate: Please complete sections A-D regarding your CUNY employment and external employment, both full-time 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.

A. Employee Information

Employee Name:		Date Completed	
----------------	--	----------------	--

B. CUNY Primary Position

Title:		
College:	Department:	
Regular Work Schedule	Number of Hours per Week	Date of Appointment

CUNY Secondary Position

Title:		
College:	Department:	
Regular Work Schedule	Number of Hours per Week	Date of Appointment

C. External Employment

Employer:

Address:

Telephone & Fax Numbers:

Job Title:

Department:

Supervisor Name & Title:

Regular Work Schedule	Number of 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 of Classified Staff" form BEFORE I begin the 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 work hours

_____ there is not adequate time allocated for travel between the positions.

Comments:

Signature

Date

Print Name

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

Print Name

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 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

Print Name

Please return to the HR Director

Retain original document in employee file

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
----------------------	------

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
---	--------------------------------

Scan here



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

THE CITY OF NEW YORK PAYROLL
MANAGEMENT SYSTEM
DIRECT DEPOSIT OF NET PAY
Enrollment/Cancellation

SUBMIT COMPLETED FORM TO:
YOUR AGENCY DIRECT DEPOSIT COORDINATOR OR YOUR
PAYROLL OFFICE

www.NYC.gov/payroll

**TYPE OF
ACTION**

Attach a voided check or most recent savings statement. Check all that apply.

☐ New
Enrollment

☐ Cancellation

☐ Change of Name
on Account

☐ Change of
Account Number

☐ Change of
Account Type

☐ Change of
ABA Number

EMPLOYEE SECTION

**EMPLOYEE
IDENTIFICATION**

FIRST

M.I.

LAST

--	--	--	--	--	--	--	--	--	--

--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SOCIAL SECURITY NUMBER

				-				-				
--	--	--	--	---	--	--	--	---	--	--	--	--

WORK TELEPHONE

				-				-				
--	--	--	--	---	--	--	--	---	--	--	--	--

Enrollment

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

PERSON 1

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PERSON 2

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ABA NUMBER*

--	--	--	--	--	--	--	--	--	--

ACCOUNT NUMBER**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ACCOUNT TYPE
(CHECK ONLY ONE)

☐

SAVINGS

☐

CHECKING

***ABA BANK NUMBER:** CHECKING ACCOUNTS—The ABA number is the first nine(9) numbers prior to the account number at the bottom left corner of the check

SAVINGS ACCOUNTS---Contact your bank for ABA number, if not known.

EMPLOYEE AUTHORIZATION

I hereby authorize The City of New York to deposit my net pay directly into my checking or savings account as requested. I also grant authorization for the reversal of a credit to my account in the event the credit was made in error. I understand that, under the "National Automated Clearing House Association" operating guidelines and rules. The City of New York can only reverse the amount of the incorrect direct deposit. I agree that this authorization will remain in effect until I provide to my agency a written cancellation to terminate the service.

Employee Signature _____

Date

--	--

 /

--	--

 /

--	--

Cancellation

I hereby authorize The City of New York to cancel my direct deposit agreement.

Employee Signature _____

Date

--	--

 /

--	--

 /

--	--

AGENCY PAYROLL SECTION

DOCUMENT #

--	--	--	--	--	--	--	--	--	--

CHECK DIGIT

--

JSN

--

PAYROLL

--	--	--

ENROLLMENT REJECTION REASONS: ☐ INACTIVE LEAVE STATUS ☐ PAYCYCLE IS "A" ☐ OTHER _____

AGENCY REP

NAME

(PLEASE PRINT)

SIGNATURE

DATE

**DATA ENTRY
OPERATOR**

NAME

(PLEASE PRINT)

SIGNATURE

DATE

THE CITY OF NEW YORK COMMUTER BENEFITS PROGRAM

TRANSITBENEFIT PLANS

Submit completed form to: Your College TransitBenefit Coordinator

www.cuny.edu/transitbenefit

www.commuterbenefitsnyc.com

EMPLOYEE ACTION

<input type="checkbox"/> NEW (Enroll)	<input type="checkbox"/> CHANGE PERSONAL INFORMATION (Change Mailing address, Email or Telephone)	<input type="checkbox"/> CHANGE DEDUCTION (Change Transit Plan and/or Amount Deducted from Pay each Month)	<input type="checkbox"/> SUSPEND DEDUCTION (Temporarily Stop Transit Plan Deduction from Pay)	<input type="checkbox"/> CANCELLATION (Terminate Your Transit Plan Payroll Deduction)
---	---	---	--	--

EMPLOYEE IDENTIFICATION (All fields in this section are required and must be filled out completely. Please Print.)

Social Security / ERN	DOB MM ____ / DD ____ / YYYY ____		
Name (First/Middle/Last)			
Address Line 1			
Address Line 2**			
City/ State/Zip			
Email Address		Telephone	

*Located on your pay statement or check stub.

** Apt.#, Fl.# or Box# if applicable.

TRANSIT PLAN AUTHORIZATION (Please select One of the following plans by writing your initials in the column next to the Transit Plan of your choice. Please enter the total amount, including dollars and cents, you want deducted from your pay each month.)

ACCESS-A-RIDE (\$2.05 Monthly Admin Fee through Payroll Deductions)		COMMUTER CARD - Unrestricted (\$1.25 Monthly Admin Fee through Payroll Deductions)		TRANSIT PASS (\$2.05 Monthly Admin Fee through Payroll Deductions)	
Employee Initials	Monthly Deduction Amount*	Employee Initials	Monthly Deduction Amount*	Employee Initials	Monthly Deduction Amount*
	\$		\$		\$

*For the Commuter Card-Unrestricted, Transit Pass and Access-A-Ride plans you may elect any amount up to \$800.

SUSPEND TRANSIT PLAN DEDUCTION

Submit at least 2 weeks before you want to suspend your deduction. Remember, administrative deductions will continue when applicable. If you are also enrolled in the Commuter Benefits Parking Plan, the parking plan will be suspended for the same period. Please note this will only suspend your payroll deduction. To also suspend your transit pass orders you must do so directly with Edenred Commuter Benefit Solutions at www.commuterbenefitsnyc.com or (833) 584-8109.

PAY DATE TO SUSPEND DEDUCTION	<div>MONTH</div> <div>DAY</div> <div>YEAR</div>	PAY DATE TO RESUME DEDUCTION	<div>MONTH</div> <div>DAY</div> <div>YEAR</div>
--------------------------------------	---	-------------------------------------	---

EMPLOYEE CERTIFICATION

I hereby authorize The City University of New York to deposit my payroll deduction as indicated above into my ECBS Commuter Benefits Transit Account.

I also grant authorization for the reversal of a credit to my account in the event the credit was made in error. I understand that, under the "National Automated Clearing House Association" operating guidelines and rules, The City University of New York can only reverse the amount of the incorrect direct deposit.

I understand, according to the Internal Revenue Code, that the average monthly amount of my transportation deductions should not exceed my average monthly cost of public transportation to and from work. If my average monthly cost of public transportation to and from work should change, I will change my deduction plan to accommodate my new circumstance. Furthermore, no reimbursement will be provided for pre-tax transportation fringe deductions. Upon cancellation, voluntary or otherwise, any funds remaining in my Transit Account will be available for use for a period of 90 days from the effective date of cancellation. Residual funds remaining in the account beyond the 90 day period will be forfeited.

I understand there is a monthly fee to cover administrative costs of the program. Said fee will be deducted from my post-tax pay each month. The administrative charge is non-refundable. The administrative fees and charges are as follows:

TRANSIT PLAN	FEE	CHARGE METHOD
Access-A-Ride	2.05	Deducted from post-tax pay
Commuter Card-Unrestricted	1.25	Deducted from post-tax pay
Transit Pass	2.05	Deducted from post-tax pay

I grant authorization for The City University of New York to provide my enrollment information, including mailing address, phone number and e-mail address to Edenred Commuter Benefit Solutions for uses exclusively related to the administration of the program. I understand that this authorization will remain in effect until I submit a new request for a change or cancellation.

I understand that my Commuter Benefits transit account balance and information will be maintained by ECBS and are accessible online at www.commuterbenefitsnyc.com or by calling ECBS Customer Service at (833) 584-8109.

Employee Signature _____	DATE	<div>MONTH</div> <div>DAY</div> <div>YEAR</div>
---------------------------------	-------------	---

AGENCY PAYROLL SECTION

Payroll #	Personal information updated in NYCAPS (check all that apply):			PI ENTRY DATE	<div>MONTH</div> <div>DAY</div> <div>YEAR</div>
	<input type="checkbox"/> Mailing Address	<input type="checkbox"/> Email Address	<input type="checkbox"/> Phone Number		

I certify that the above data was entered into PI:

Prepared By (Please Print)	Signature	Date
-----------------------------------	------------------	-------------

THE CITY OF NEW YORK COMMUTER BENEFITS PROGRAM

PARK-N-RIDE PLANS

Submit completed form to: Your Agency TransitBenefit Coordinator.

www.NYC.gov/payroll

www.commuterbenefitsnyc.com

IMPORTANT INFORMATION FOR EMPLOYEE

> To enroll in the Commuter Benefits Program Park-n-Ride Plan, you must be jointly enrolled in one of the following Commuter Benefits Plans: Annual Transit Card Plan, Transit Pass Plan or Commuter Card Plan.

> Only Parking expenses at or near a public transportation stop or station that you use to commute to work are eligible under this plan. With the Park-n-Ride Plan, you pay an administrative fee of \$2.05 per month through payroll deductions.

> In this plan, you fund a parking account with ECBS with your pre-tax and post-tax payroll deductions and you select your Park-n-Ride payment option on the ECBS website. ECBS offers three parking payment options: • Commuter Card • Direct Pay • Cash Reimbursement.

> Three business days after you enroll in the Park-n-Ride Plan, go to www.commuterbenefitsnyc.com or call ECBS Customer Service at (833) 584-8109 Monday through Friday, from 8 a.m. to 8 p.m. Eastern Time, to select your preferred ECBS parking payment option.

TRANSITBENEFIT PLAN IDENTIFICATION (Please identify the Commuter Benefits Plan in which you are enrolled by writing your initials in the column next to the plan.)

Annual Transit Card	Employee Initials	Commuter Card No Admin Fee	Employee Initials	Commuter Card Unrestricted	Employee Initials	Transit Pass	Employee Initials
---------------------	-------------------	-------------------------------	-------------------	-------------------------------	-------------------	--------------	-------------------

EMPLOYEE ACTION

<input type="checkbox"/> NEW (Enroll)	<input type="checkbox"/> CHANGE PERSONAL INFORMATION (Change Mailing Address, Email or Telephone)	<input type="checkbox"/> CHANGE DEDUCTION (Change Amount Deducted from Pay each Month)	<input type="checkbox"/> SUSPEND DEDUCTION (Temporarily Stop Deduction from Pay)	<input type="checkbox"/> CANCELLATION (Terminate Payroll Deduction)
---	--	---	---	--

EMPLOYEE IDENTIFICATION (All fields in this section are required and must be filled out completely. Please Print.)

Employee Reference #*			
Name (First/Middle/Last)			
Address Line 1	Address Line 2**		
City/State/Zip	Telephone		
Email Address			

* Located on your pay statement or check stub.

** Apt.#, Fl.# or Box# if applicable.

PARK-N-RIDE DEDUCTION AUTHORIZATION

Please enter the total amount, in dollars and cents, you want deducted from your pay each month.

Monthly Deduction Amount

\$

SUSPEND OR RESUME PARK-N-RIDE DEDUCTION

Submit at least 2 weeks before you want to suspend your deduction from pay. Remember, administrative deductions will continue when applicable. Please note this will only suspend or resume your payroll deduction. To also suspend your Park-n-Ride payment options you must do so directly with ECBS at www.commuterbenefitsnyc.com or call (833) 584-8109.

PAY DATE TO SUSPEND DEDUCTION

MONTH	DAY	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

PAY DATE TO RESUME DEDUCTION

MONTH	DAY	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

EMPLOYEE CERTIFICATION

I hereby authorize the City of New York to deposit my payroll deduction as indicated above into my Edenred Commuter Benefits Parking Account.

I also grant authorization for the reversal of a credit to my account in the event the credit was made in error. I understand that, under the "National Automated Clearing House Association" operating guidelines and rules, the City of New York can only reverse the amount of the incorrect direct deposit.

I understand, according to the Internal Revenue Code, that the average monthly amount of my transportation deductions should not exceed my average monthly cost of public transportation to and from work. If my average monthly cost of public transportation to and from work should change, I will change my deduction plan to accommodate my new circumstance. Furthermore, no reimbursement will be provided for pre-tax transportation fringe deductions. Upon termination, voluntary or otherwise, any funds remaining in my Parking account will be available for use within the commuter account for a period of 90 days from the effective date of termination. Residual funds remaining in the account beyond a period of 90 days will be forfeited.

I understand that \$2.05 per month, to cover administrative costs of the program, will be deducted from my post-tax pay each month my account is debited for purchases and/or charges. The administrative charge is non-refundable.

I grant authorization for the City of New York to provide my enrollment information, including mailing address, phone number and e-mail address to ECBS for use exclusively related to the administration of the program.

I understand that this authorization will remain in effect until I submit a new request for a change or cancellation.

I understand that my Commuter Benefits Parking Account balance and information will be maintained by ECBS. Parking Account orders must be placed directly through Customer Service at (833) 584-8109. Parking Account order processing and balance information is accessible online at www.commuterbenefitsnyc.com or by calling ECBS Customer Service at (833) 584-8109.

Employee Signature _____

DATE

MONTH	DAY	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

AGENCY PAYROLL SECTION

Payroll #

Personal information updated in NYCAPS (check all that apply):

<input type="checkbox"/> Mailing Address	<input type="checkbox"/> Email Address	<input type="checkbox"/> Phone Number
---	---	--

NYCAPS ENTRY DATE

MONTH	DAY	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

I certify that the above data was entered in NYCAPS via PI:

Prepared By (Please Print)

Signature

Date



HelpDesk

helpdesk@bmcc.cuny.edu

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

199 Chambers Street
New York, NY 10007-1097
tel: 212-220-8379
fax: 212-220-2363

New Hire Account Request Form

Your **OFFICIAL NAME** must be used on this form. Please **PRINT** or **TYPE** all information.

Personal Information

Full Name: _____
Last First M.I.

DOB: _____ Last 4 SSN: _____

Job Information

Job Title: _____ Department: _____

Department's Ext.: _____ Employee ID: _____

New/ Old Ext. Line: _____ Room #: _____

Hired By BMCC.....[] Research Found....[]

Position/Function Full Time.....[] Part Time.....[]

Faculty.....[] Staff.....[] Student-Staff.....[]

New Account (s) Computer.....[] Email.....[] Phone/Voicemail...[] Copy/Print.....[]

Room Acs/Keys _____

Comments: _____

Approval

Please provide ONE signature of approval before returning This Form to the Help Desk, Room S-141

Vice-president: _____
Last First Date Signature

Director/Manager: _____
Last First Date Signature

Chairperson: _____
Last First Date Signature

Any missing or unclear information will result in a delay in the process.

OFFICE USE ONLY

Date Received: _____

Received By: _____

Date Completed: _____

Completed By: _____

AD/Email	Copy/Print	Access/Keys
Telephony	Web Directory	Others

Information on Union Membership

If you wish to become a union member, you must submit an application. Dues will be deducted automatically from your biweekly pay, and remitted directly to the Union. An online application is available on either the DC37 or the International Brotherhood of Teamsters, Local 237, websites.

Dues paying members have the right to full participation in the union, including voting on proposed contracts and in union elections, as well as running for union office. If you wish to learn more about the rights and benefits that accrue with Union membership and the issues that the Union addresses, please visit either the DC37 or the International Brotherhood of Teamsters, Local 237, websites.

DC37: Click on the following link to access the DC37 membership application: http://www.dc37.net/about/local_enroll?submit.x=291&submit.y=27. To register for DC37 membership, you will need to know your Local number.

Local 1597

Exterminator
CUNY Custodial Assistant
Custodial Assistant

Local 1797

CUNY Custodial Supervisor
Senior Custodial Supervisor
Assistant Principal Custodial Supervisor
Principal Custodial Supervisor
Supervisor

International Brotherhood of Teamsters, Local 237: Click on the following link to access the IBT, Local 237 membership application <https://www.local237.org/home/new-members>. Membership titles include:

Campus Security Assistant
Campus Security Officer
Campus Peace Officer
College Security Specialist
Campus Public Safety Sergeant
Stock Worker
Supervisor of Stok Workers.

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: _____



Health Benefits Program Application/Change Form

www.nyc.gov/olr

Employees Return Form to:	Retirees (212) 513-0470 Return Form to:	For Domestic Partner Changes - Return Form to:
Your Agency's Payroll or Personnel Office	Health Benefits Program 40 Rector Street - 3rd Fl. New York, NY 10006 FAX: (212) 306-7756	Health Benefits Program 40 Rector Street - 3rd Fl. New York, NY 10006 Attn: Domestic Partner Unit

Please print all information clearly using a black or blue ballpoint pen.

Applicant MUST check one:	<input type="checkbox"/> EMPLOYEE	<input type="checkbox"/> RETURN TO RETIREMENT (Check this box if you were previously retired)
	<input type="checkbox"/> RETIREE	<input type="checkbox"/> LINE OF DUTY SURVIVOR

REASON(S) FOR SUBMISSION (Check one or more boxes. Enter change date, if appropriate)

A.	<input type="checkbox"/> New Enrollment <input type="checkbox"/> Reinstatement* <input type="checkbox"/> Retirement <input type="checkbox"/> Disability Retirement* <input type="checkbox"/> Accident Disability Retirement <input type="checkbox"/> Drop Optional Benefits* *Please indicate Effective Date: ____/____/____	<input type="checkbox"/> Add Optional Benefits* <input type="checkbox"/> Waive Benefits* EMPLOYEES ONLY: <input type="checkbox"/> Buy-Out Waiver Program <small>COMPLETE SECTIONS D, E, F & H</small>	B. Change of: <input type="checkbox"/> Spouse/Domestic Partner: <input type="checkbox"/> Add <input type="checkbox"/> Drop Effective Date: ____/____/____ <input type="checkbox"/> Dependent Child(ren): <input type="checkbox"/> Add <input type="checkbox"/> Drop Effective Date: ____/____/____ <input type="checkbox"/> Change of Name - Former Name: _____	C. Transfer of Health Plan and/or Optional/Benefit Based on: <input type="checkbox"/> Transfer Period <input type="checkbox"/> Move Into/Out of Health Plan Area Effective Date: ____/____/____ <input type="checkbox"/> Retiree Once-in-A-Lifetime Effective Date: ____/____/____
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D. EMPLOYEE/RETIREE INFORMATION

Last Name:		First Name:		M.I.:	Social Security Number:	
					- -	
Home Address:						
Apt.:						
City:		State:	Zip Code:	Country (if outside the U.S.):		
Date of Birth: ____/____/____		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Work - Telephone Number: () -	Mobile/Home - Telephone Number: () -	E-mail Address:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partnership		Date of Event (mm/dd/yy): ____/____/____	Agency in which employed or retired from:		Union or Welfare Fund:	
Name of current City Health Plan:				Are you Medicare eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No		ATTACH COPY OF CARD
				If YES, please attach a copy of your Medicare card to this application.		

E. SPOUSE/DOMESTIC PARTNER - ONLY COMPLETE IF YOUR SPOUSE/DOMESTIC PARTNER IS TO BE COVERED. IF NOT, LEAVE BLANK.

Last Name:		First Name:		M.I.:	Social Security Number:		Date of Birth: ____/____/____		
					- -		/ /		
Is spouse/domestic partner: <input type="checkbox"/> Employed (Double City coverage is not permitted) <input type="checkbox"/> Retired (Double City coverage is not permitted) <input type="checkbox"/> Not Employed									
<input type="checkbox"/> City Agency Name: _____ <input type="checkbox"/> Non-City Related									
Does spouse/domestic partner have Non-City group health plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				Is your spouse/domestic partner Medicare eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No					ATTACH COPY OF CARD
				If YES, please attach a copy of his/her Medicare card to this application.					

F. FAMILY INFORMATION (Attach a second form if necessary; dependent may not be covered under two NYC Health Plans.)

List all eligible dependent children. Indicate if you are adding or dropping coverage by checking the appropriate box below.
(CUNY ADJUNCT EMPLOYEES: CITY RATES APPLY FOR INDIVIDUAL COVERAGE ONLY. CONTACT YOUR BENEFITS OFFICE FOR INFORMATION ABOUT ADDITIONAL COST FOR FAMILY COVERAGE.)

Last Name:	First Name:	Date of Birth:	Social Security Number:	Sex:	ADD COVERAGE	DROP COVERAGE	PERMANENTLY DISABLED*
Dependent		/ /	- -		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent		/ /	- -		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent		/ /	- -		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent		/ /	- -		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent		/ /	- -		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. HEALTH PLAN REQUESTED (Please print clearly)

FULL NAME OF HEALTH PLAN SELECTED: _____

Optional Benefits? (Check "Yes" or "No" for optional benefits rider. If no box is checked, it will be presumed that you do not want optional benefits.) ☐ Yes ☐ No

H. EMPLOYEES ONLY (RETIRES ARE INELIGIBLE FOR THE HEALTH BENEFITS BUY-OUT WAIVER PROGRAM)

I wish to participate in the Health Benefits Buy-Out Waiver Program. I have read the Medical Spending Conversion Health Benefits Buy-Out Waiver Program brochure and completed a Medical Spending Conversion Form and I attest that I meet the qualifications for this program. (Retirees, Line of Duty Survivors and CUNY Adjunct employees are not eligible.)

Employee Signature: _____ Date: _____

I. TO PARTICIPATE IN THE HEALTH BENEFITS PROGRAM OR REQUEST CHANGES TO HEALTH COVERAGE

I certify that the above information is correct and I authorize the City to deduct from my salary/pension the amount required, if any, through the City Health Benefits Program. I understand that the City Program's benefits will be coordinated with those available through Medicare or any other source. Furthermore, I agree that my periodic health plan deductions, if any, will be made on a pre-tax basis pursuant to the Internal Revenue Code 125. I understand that I have an option to decline this benefit, by obtaining a Medical Spending Conversion Form, both of which are obtainable at my payroll office. (Section 125 does not apply to retirees.) If I have checked the Waive Benefits Box in Section A, I am choosing not to participate in the City Health Benefits Program at this time.

Employee/Retiree Signature: _____ Date: _____

J. FOR COMPLETION BY PAYROLL OR PERSONNEL OFFICE ONLY

I certify that the above employee/retiree is eligible for the New York City Health Benefits Program (HBP) and that dependent documentation has been verified in accordance with HBP procedures. I certify that the above employee is eligible for the Health Benefits Buy-Out Waiver Program and I have reviewed and processed the Medical Spending Conversion Buy-Out Spending Form and I attest that the employee meets the qualifications for this Program.

Agency Code:	Title Code No.:	Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Permanent <input type="checkbox"/> Part-Time <input type="checkbox"/> Provisional	Appointment/Retirement Date: ____/____/____	Pay Period: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly	Effective Date of Coverage: ____/____/____
Retirement System (For Retiring Employees):		Years of Credited Service: ____	City Start Date: ____/____/____	Retirement Date: ____/____/____	Pension Number: _____
Certifying Signature: _____			Date: ____/____/____	Telephone Number: () - ____-____	



**New York City
Health Benefits Program
Dependent Eligibility Required Documentation**



Below is a list of all dependent eligibility documentation requirements for health benefits coverage for dependents.

For a Spouse

- married one year or less – Government Issued Marriage Certificate
- married more than one year – Government Issued Marriage Certificate and one of the following:
 - Federal tax return filed within last two years and listing spouse as joint or individual
 - Proof of joint ownership (bank account, auto, home, etc.) issued within last six months
 - Proof of cohabitation (two separate documents – one in your name and one in your spouse's name – at the same address, such as utility bills, bank statements or credit card statements)

For a Domestic Partner

- partnership of one year or less – Domestic Partnership Certificate of Registration
- partnership of more than one year – Domestic Partnership Certificate of Registration and one of the following:
 - Proof of joint ownership (bank account, auto, home, etc.) issued within last six months
 - Proof of cohabitation (two separate documents – one in your name and one in your domestic partner's name – at the same address, such as utility bills, bank statements or credit card statements)

For a Child

NOTE: Disabled status for any child still requires current medical certification from the health plan in addition to the documents listed below.

- Biological Child
 - Government Issued Birth Certificate (including parent's names)
- Step Child – Must be spouse's child. One of the following combinations of documents is required:
 - Government Issued Birth Certificate (including parent's names) and Government Issued Marriage Certificate if married one year or less
 - Government Issued Birth Certificate (including parent's names) and Government Issued Marriage Certificate and Federal tax return filed within last two years listing spouse as joint or individual
 - Government Issued Birth Certificate (including parent's names) and Government Issued Marriage Certificate and proof of joint ownership (bank account, auto, home, etc.) issued within last six months
- Domestic Partner's child – Must be registered domestic partner's child. One of the following combinations of documents is required:
 - Government Issued Birth Certificate (including parent's names) and Domestic Partnership Certificate of Registration if partnership of one year or less
 - Government Issued Birth Certificate (including parent's names) and Domestic Partnership Certificate of Registration and proof of joint ownership (bank account, auto, home, etc.) issued within last six months
- Legal Ward
 - Government Issued Birth Certificate and the court ordered document of legal custody
- Tax Dependent Child
 - Government Issued Birth Certificate and the federal tax return filed in the previous year listing child as dependent