



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



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Employee Check off List

EMPLOYEE NAME: _____ CUNYFirst ID #: _____

Department _____ EMPLOYEE TITLE: College Assistant

Following for Office Use ONLY:

	<u>INITIAL & DATE</u>	<u>End Date/Length of appointment</u>	<u>Pay Rate</u>
TruView Background Verification	_____	_____	_____
START DATE	_____	_____	_____
I-9 Complete	_____	_____	_____
P.A.F. Received	_____	_____	_____
Packet Received	_____	_____	_____
CF Enter date	_____	_____	_____
CUNYFirst	P.O.# _____	_____	_____
Schedule of Classes	_____	_____	_____
Processing Fee	_____	_____	_____
Finger Printing	_____	_____	_____
KRONOS (Classified Staff)	_____	_____	_____
Time Keeper	_____	_____	_____
SprinTax	_____	_____	_____
Benefits	_____	_____	_____

FINAL STAGE:

IMAGE NOW _____

COMMENTS: _____



College Assistant/Tutor Packet Checklist

The following should be used as a guide to ensure you provide Human Resources with all necessary paperwork and information upon accepting the offered position.

Please take time to familiarize yourself with the following:

- Appointment Processing and Fees (located in the New Hire Packet)
- [Time and Leave](#)
- [Voluntary Benefits](#)
- [College Assistant Handbook](#)

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

- New Hire Packet
- Proof of Identity and Employment Eligibility
Under federal law, you are required to complete and sign an Employment Eligibility Verification form (Form I-9) in the presence of a designated representative in the Human Resources Office, Room S717. You must complete the College Assistant Employment Packet and submit the required employment authorization documents to Human Resources within three (3) days of receiving your appointment letter, or, if your start date is within three days of being hired, you must submit the documents immediately. If the I-9 is not completed by the above time frame, you must stop work immediately until you comply.
- Social Security Card-for Payroll Purposes
- Tutors **must provide** an official transcript with the highest degree earned. Until the official transcript is received, there may be a delay in processing your paperwork and the appropriate pay rate. *No retroactive payments will be made.*
- Policies/Procedures agreement page

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

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

Print Name

Date

Signature

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](#)
- Office of Compliance and Diversity [Informational Packet](#)
- Annual Security [Report](#)
- [CUNY Policy on Drug and Alcohol](#)
- [Acceptable use of computer resources](#)
- [Students Bill of Rights](#)

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

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

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

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

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

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

Signature

Date

Print Name



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To: Candidates for College Assistant/Tutor positions

From: Human Resources

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 \$88.50 will be required from all applicants who are **part-time** BMCC students **and** full or part time students studying at another CUNY University (please see the Procedures for Candidates Fingerprinting Using Morphotrust).
- Full time BMCC students **will not** have to pay this fingerprinting fee. However, you will need to provide proof of student status **Each Semester** in order to waive the fingerprinting fee. (ex. Tuition Bill or a letter from the Registrar's Office)
- All applicants who are appointed for 239 hours or more must pay a CUNY Application Processing Fee. The processing fee, is payable by cash or a money order made out to BMCC. You must bring the processing fee **and** the HR form to the Bursars Office (\$330). After paying the processing fee, you **must** return the receipt signed by the Bursars Officer to HR to place in your Personnel file. Your HR Representative will advise you on the amount due.
- 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.
- **All Tutors must submit official proof of highest degree earned.**

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



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To: Bursar's Office

From: Human Resources

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

Date: _____

Name: _____ Last 4 of SS# _____

Title: _____

Fee: _____

.....

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

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

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

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

CUNY Service Code #: 156J7Y

Name of College you are applying to: BMCC

College ID Code you are applying to: 466

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

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

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

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

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

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 Fl) [Map (opens new browser)]	Mon - Fri 9:00 - 5:00
Queens - Jamaica	Jamaica, NY. (9024 161st St) [Map (opens new browser)]	Mon - Fri 7:00 - 8:00; Sat 8:30 - 3:00
Queens - Jamaica - 2nd System	Jamaica, NY. (9024 161st St) [Map (opens new browser)]	Mon - Fri 7:00 - 8:00; Sat 8:30 - 3:00
Staten Island	Staten Island, NY. (159 New Dorp Plz, Ste 201) [Map (opens new browser)]	Mon & Wed 11:00 - 5:00; Tue & Thu 9:00 - 3:00; Fri 9:00 - 3:00; E/O Sat 10:00 - 3:00
Yonkers	Yonkers, NY. (5 Seminary Ave, Ste 4) [Map (opens new browser)]	Mon, Tue, Wed & Fri 10:00 - 2:30 & 3:30 - 5:00; Thu 10:00 - 2:30 & 3:30 - 7:00; Sat 10:00 - 2:00

LISTS OF ACCEPTABLE DOCUMENTS

All documents 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 	OR	<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 <li style="text-align: center;">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 	AND	<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>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<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>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



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		Employee's Email Address		Employee's Telephone Number	
<p>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.</p>		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)	<p>Additional Information</p> <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

<p>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.</p>		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

Borough of Manhattan Community College
Office of Human Resources Personnel
Information Form

Name (print) Social Security Number Date of Birth

Title Department Date of Appointment

Select one of the following Male Female Transgender Gender Nonconforming Non-Binary
 A gender not listed X Not Specified (removing gender information)

Ethnicity:
 African American Alaskan Native American Indian Asian
 Black Hispanic Italian American
 Pacific Islander Puerto Rican White Other _____

U.S. Citizen: Yes No If you are not a U.S. Citizen,

Of what country are you a citizen? _____

What type of VISA are you holding: _____ Expiration Date: _____

Are you a Veteran? Yes No If you are a veteran, please specify:
 Active Reserve Disabled Disabled Vietnam Era
 Inactive Reserve Retired Vietnam Era

Home Address: _____
(print) _____

Telephone Number: _____ E-Mail Address _____

Emergency Contact: _____ Relationship: _____

Address: _____

Telephone Number: _____ Alternate Phone Number: _____

Education:	Degree	Major	Date Earned	Institution

To be completed by the Office of Human Resources

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



Borough of Manhattan Community College 199 Chambers Street
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10007-1097 www.bmcc.cuny.edu tel 212-220-8300
fax 212-220.2364

Primary:

Name of Emergency Contact: _____

Relationship: _____

Address: _____

Home Phone Number: _____

Business Number: _____

Cell Phone Number: _____

Secondary:

Name of Emergency Contact _____

Relationship: _____

Address: _____

Home Phone Number: _____

Business Number: _____

Cell Phone Number: _____

Name (Print)

Department

Signature

Date

**BOROUGH OF MANHATTAN COMMUNITY COLLEGE
THE CITY UNIVERSITY OF NEW YORK**

TO: The Director of Human Resources

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

Name _____

Signature _____

Date _____

TO: The College Assistant Applicant

A College Assistant working more than 5 hours but less than 6 hours per day **must** take a break of ½ hour.

A College Assistant working more than 6 hours a day **must** take a break of at least 1 hour.



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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: _____

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.

2024

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, and when to use the estimator at www.irs.gov/W4App.

Step 2: Multiple Jobs or Spouse Works

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

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(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

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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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
City, village, or post office	State	ZIP code

Single or Head of household Married
Married, but withhold at higher single rate
Note: If married but legally separated, mark an **X** in the *Single or Head of household* box.

Are you a resident of New York City (this includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island)? Yes No
Are you a resident of Yonkers? Yes No

Before making any entries, see the Note below, and if applicable, complete the worksheet in the instructions.

1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 19, if using worksheet)	1	
2 Total number of allowances for New York City (from line 31, if using worksheet)	2	

Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.

3 New York State amount	3	
4 New York City amount	4	
5 Yonkers amount	5	

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

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

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

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

Employer: Keep this certificate with your records.

If any of the following apply, mark an **X** in each corresponding box, complete the additional information requested, and send an additional copy of this form to New York State. See **Employer** in the instructions. Visit www.tax.ny.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



New Employee Tax Compliance Notification Sheet

The U.S. government tax authority, the Internal Revenue Service ("IRS"), has implemented strict regulations on taxation and reporting of payments made to non-U.S. citizens. The City University of New York ("CUNY") may be required to withhold U.S. income tax and report to the IRS in connection with CUNY's payments to employees (e.g. Student Employees, Faculty, Staff) who are not U.S. citizens or permanent residents and who receive payment for services.

The SPRINTAX TDS Online Tax Compliance System individual record must be completed by all individuals who are not citizens or permanent residents of the United States. **If you are a new employee, you will receive an email from noreply@sprintax.com with a password and instructions on how to access SPRINTAX TDS Online Tax Compliance system.** Please contact the Nonresident Alien Tax Specialist if you do not receive the password. If your Individual Record in SPRINTAX TDS has already been completed, additional or updated information may be required. Please complete the information in SPRINTAX TDS promptly upon receipt of your access information. If you have an existing SPRINTAX TDS record, please review and update the current record to reflect all relationships with CUNY.

After completion of the information in SPRINTAX TDS, schedule a meeting with the Nonresident Alien Tax Specialist and bring with you all completed forms / original documents.

Please note: the entire process must be completed within 7 business days of the filing of this notification sheet. If you do not complete the entire process within 7 business days, the maximum U.S. federal income tax rate and all other applicable taxes, including FICA, will be withheld from all payments. CUNY will not refund any tax withheld if the required tax information has not been provided.

The Nonresident Alien Tax Specialist is located at:

COLLEGE	
NAME OF THE NONRESIDENT ALIEN TAX SPECIALIST	
ADDRESS	
CITY, STATE, ZIP CODE	
PHONE	EMAIL

I have been notified of my requirement to complete certain information in SPRINTAX TDS. I understand that a password and instructions for access to SPRINTAX TDS will be sent to me via email. I have included my email address and phone number below:

<input type="text"/>	<input type="text"/>		
Employee Name (print)	Email Address (CUNY email recommended)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone number	CUNYfirst ID	Date	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CUNY admin Name (print)	Date	Signature	



Original to CUNY administrator
Copy to Employee

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 _____ SIGNATURE _____ DATE _____
(PLEASE PRINT)

**DATA ENTRY
OPERATOR**

NAME _____ SIGNATURE _____ DATE _____
(PLEASE PRINT)

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	
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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