



Information for Student Employees

Welcome back to SUNY Morrisville! Congratulations on your upcoming employment to the student payroll. Please complete as much of the packet as possible and we will assist you with any questions you might have when you return your packet to the Payroll Office.

WE CANNOT PROCESS PAYMENT AND STUDENTS CANNOT BEGIN WORKING UNTIL THIS PACKET OF PAPERWORK IS COMPLETED AND RETURNED TO THE PAYROLL OFFICE.

Confirmation of Personal Information & Direct Deposit for Rehire Employees: This is to verify your information provided during your previous employment so we can make changes accordingly.

- When returning employees are off the payroll for more than 3 pay periods (over semester breaks), direct deposit information is inactivated by the Office of the State Comptroller in Albany. If your banking information has changed, or if you did not sign up for direct deposit previously and wish to do so, please request the Direct Deposit form. If you wish to reactivate your direct deposit, please list so on your Confirmation of Demographics and Direct Deposit form.

I-9 List of Acceptable Documents: As a rehire employee, if your documents provided to complete your I-9 during your previous employment have expired, you must provide one or more of the documents highlighted on this form and bring to the HR office at your time of scheduled appointment to recertify your I-9 form. Most commonly, students will bring in a valid US Passport **or** a Driver's License and Social Security card **or** Driver's License and Birth Certificate. ***All must be original, unexpired documents. We cannot accept copies, no exceptions.**

Tax Form Memo: Important information for residents of New York City.

Tax Form W-4: Federal Tax Form – Please complete all areas on page 1 of the W-4 form. (If you have any questions regarding how to complete your W-4, please consult with your tax advisor. We cannot provide any tax recommendations.)

Tax Form IT-2104: New York State Tax Form – Please complete all areas on page 1 of the IT-2104 form. (If you have any questions regarding how to complete your IT-2104, please consult with your tax advisor. We cannot provide any tax recommendations.)

Employee's Retirement Selection Form – Employee's Retirement is optional; however, we must have you check if you would like to sign up for Retirement System or not. You must only complete the Employees Retirement System Membership Registration form (RS 5420) if you choose to sign up for New York State Local Retirement System.

Student Payroll Schedule

Rehire Review Checklist – Please use this form to review all onboarding materials to confirm completion. When turning in your paperwork to payroll, someone in HR will check off all the required documents as they review your completed forms to make sure you have provided all required documents.

If you are preparing this information prior to your HR Orientation, all forms must be brought with you to your session, along with your completed agreement form and proper identification documents listed below to complete the required I-9 form.

Confirmation of Personal Information & Direct Deposit for Rehire Employees



Please Verify Information Below:

Employee Name: _____

Social Security #: _____

Legal Address: _____

City/State/Zip: _____

Phone Number: _____

Email: _____

Please note when employees are off the payroll for more than 3 pay periods (over semester breaks), direct deposit information is inactivated by the Office of the State Comptroller in Albany.

If your banking information has changed, or you wish to start direct deposit at this time, you will need to complete a new direct deposit form. The form is available online on the HR website or by contacting the Payroll Department at payroll@morrisville.edu

Please select one of the options below:

I have NOT previously had direct deposit and do NOT wish to sign up at this time.

I have NOT previously had direct deposit and wish to sign up at this time (Please attach completed direct deposit form)

I have NOT had any changes to my banking information and would like to reactivate my direct deposit. (Please list your current direct deposit information below)

Bank	Account # (Last 4 Digits)	Savings or Checking	\$/ % / Excess

I have had changes to my banking information and need to complete a new direct deposit form.

*Please note: We do not handle any paychecks. All direct deposit stubs and physical checks will be mailed to your legal address on file. Please feel free to go paperless and opt out of receiving your direct deposit stub. You can do this by visiting www.suny.edu/hrportal and clicking on the NYS Payroll Online icon.

Signature: _____

Date: _____

MEMORANDUM

TO: All Employees
FROM: Payroll Office
RE: Additional Tax Form Information
DATE: March 2021

When filling out your tax forms, please note the following:

Federal Tax form W-4

Effective in 2020 a new W-4 was put in place and less taxes are being taken as a result of the Tax Cuts and Jobs Act. Please be sure to read through all steps and complete the worksheet if needed. Employees should seek financial advice from their tax preparer or other financial advisor to determine what steps need to be taken to ensure enough taxes are being withheld.

New York State IT-2104

Please read through the form carefully and complete attached worksheet if needed.

For the question: Are you a resident of New York City –

The 5 counties designated to be within the City of New York are:

- Bronx County (Bronx)
- Kings County (Brooklyn)
- New York County (Manhattan)
- Queens County (Queens)
- Richmond County (Staten Island)

If your permanent address is within one of these counties, you must answer yes to this question.

If you are not a resident of the State of New York, please see the Payroll Officer.

Employee's Withholding Certificate

Department of the Treasury
Internal Revenue Service

**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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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
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
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Scan here



<https://www.tax.ny.gov/r/it2104i-2024>

(It is optional to join the ERS, but we need an acceptance or declination on this form)

Student Employment Retirement Election
INFORMATION ON THE EMPLOYEE'S RETIREMENT SYSTEM

Please check one:

_____ I would like to join the Employees' Retirement System. Please send a membership application.

_____ I understand that I am eligible to join the Employees' Retirement System. However, I chose NOT to join at this time. I also understand that if my employment status changes to full-time and permanent, I must join the Retirement System at that time. I certify that I have not been a member of the New York State Employees' Retirement System (ERS) in the last seven years, or, if a member, that I withdrew my contributions upon separation from service and no longer have an active membership with the system.

Print Name

Signature

Department

Date

Employees who are either part time or temporary may elect to join the Employees Retirement System; they are not, however, required to join. Employees who are both full time and permanent must join the Retirement System.

You must complete a membership application to join. You are required to contribute 3% of your salary to the Retirement System. You will need the equivalent of five years of full-time State service to become eligible for pension benefits.

If you join the System, your beneficiary will be protected by a death benefit after you have been credited by the System with one year of service. Upon meeting eligibility requirements, you will be entitled to lifetime pension at age 55 or a disability pension at an earlier age if you become permanently and totally disabled from gainful employment.

PLEASE RETURN TO:
Payroll Department
SUNY Morrisville
Brooks Hall, 3rd Floor

SUNY Morrisville

Confidentiality and Security Compliance Agreement

I understand that I may be granted access to information and data that may contain records subject to federal or state regulations (“regulated data”) regarding privacy and confidentiality, and that I may handle other information considered Personal, Private, and Sensitive. My continued access to this information is based on my agreement to comply with the following terms and conditions regardless of my SUNY Morrisville employment, internship or volunteer status:

- I will comply with all state and federal laws and college policies that govern access to and use of information about employees, interns, volunteers, applicants, students, donors and vendors.
- My right to access this is strictly limited to the specific information and data that is relevant and necessary for me to perform my job-related duties.
- I am prohibited from accessing, using, copying or otherwise disseminating regulated data that is not relevant and necessary for me to perform my job-related duties.
- I will not share regulated data unless explicitly authorized to do so, and in no instance will I share regulated data with third parties without appropriate authorization.
- I will sign-out of electronic records systems when I am not actively using them.
- I will keep my account credentials (e.g., UserID, password) confidential, and will not disclose or share them with anyone. A request for someone else to use your Morrisville password(s) is considered fraudulent activity.
- If issued keys or other means of entry, I will not copy or share them with anyone and I will report lost or stolen keys immediately to my supervisor.

New York State Cyber Security Policy P03-002: Information Security Policy (Rev. Date: November 23, 2021)

Personal, Private, and Sensitive Information (PPSI):

Any information where unauthorized access, disclosure, modification, destruction or disruption of access to or use of such information could severely impact the College, its critical functions, its employees, its customers, third parties, or citizens of New York. This term shall be deemed to include, but is not limited to, the information encompassed in existing statutory definitions, e.g. General Business Law §§399-dd; 399-h(1)(c),(d),(e); 899-aa(1)(a)(b); Public Officers Law, §§86(5); 92(7), (9); State Technology Law §§202(5); 208(1)(a).

PPSI includes, but is not limited to:

- Information concerning a person which, because of name, number, personal mark or other identifier, can be used to identify that person, in combination with:
- Social Security Number or any number derived from the Social Security Number;
- Driver’s license number or non-driver identification card number; or
- Mother’s maiden name; financial services account number or code; savings account number or code; checking account number or code; debit card number or code; automated teller machine number or code; electronic serial number.
- Other information which could be used to assume a person’s identity or gain access to a person’s financial resources or credit.

- Information used to authenticate the identity of a person or process (e.g., PIN, password, passphrase, and biometric data). This does not include distribution of one-time-use PINs, passwords, or passphrases.
- Information that identifies specific structural, operational, or technical information, such as maps, mechanical or architectural drawings, floor plans, operational plans or procedures, or other detailed information relating to electric, natural gas, steam, water supplies, nuclear or telecommunications systems or infrastructure, including associated facilities, including, but not limited to:
 - Training and security procedures at sensitive facilities and locations as determined by the Office of Homeland Security (OHS);
 - Descriptions of technical processes and technical architecture;
 - Plans for disaster recovery and business continuity; and
 - Reports, logs, surveys, or audits that contain sensitive information.
- Security related information (e.g., vulnerability reports, risk assessments, security logs).
- Other information that is protected from disclosure by law or relates to subjects and areas of concern as determined by the College's executive management.

Family Educational Rights and Privacy Act (FERPA)

The Family Educational Rights and Privacy Act (FERPA) is a federal law enacted in 1974 that protects the confidentiality of a student's records. As an employee of SUNY Morrisville, you must become familiar with the basic provisions of FERPA to comply with this federal law. All employees, including full-time, part-time, hourly, and student employees, have the same responsibilities under FERPA. Student educational records must only be accessed if there is a legitimate educational reason to do so.

All student information gained from student records (whether the files are paper or computer generated) or from conversations heard in the course of your work are strictly confidential. As such, you may not share this information with anyone. In addition, no files or copies of records are ever allowed to leave the office or department. Files or copies of records are not to be left unattended in public areas for others to view.

You must avoid acquiring student information that you do not need to do your job, nor should you exchange information about students that you may have learned while performing your job unless there is legitimate educational reason to do so. Disclosure of information (for example, telling another person of a student's class schedule) is considered a violation.

I understand that violations of this agreement may result in the revocation of my access privileges to college information systems, appropriate administrative action, including but not limited to disciplinary action and termination, and may also subject me to prosecution by federal or state authorities. I certify that I have read all of the above information pertaining to Personal, Private, and Sensitive Information (PPSI) and I agree to comply with the above terms and conditions.

Print Name

Signature

Date

Student Payroll Schedule 2024

Pay Period	Payroll Period Dates		Submit To Supervisor	Pay Date
20	12/21/2023	01/03/2024	01/03/2024	01/25/2024
21	01/04/2024	01/17/2024	01/17/2024	02/08/2024
22	01/18/2024	01/31/2024	01/31/2024	02/22/2024
23	02/01/2024	02/14/2024	02/14/2024	03/07/2024
24	02/15/2024	02/28/2024	02/28/2024	03/21/2024
25	02/29/2024	03/13/2024	03/13/2024	04/04/2024
26	03/14/2024	03/27/2024	03/27/2024	04/18/2024
01	03/28/2024	04/10/2024	04/10/2024	05/02/2024
02	04/11/2024	04/24/2024	04/24/2024	05/16/2024
03	04/25/2024	05/08/2024	05/08/2024	05/30/2024
04	05/09/2024	05/22/2024	05/22/2024	06/13/2024
05	05/23/2024	06/05/2024	06/05/2024	06/27/2024
06	06/06/2024	06/19/2024	06/19/2024	07/11/2024
07	06/20/2024	07/03/2024	07/03/2024	07/25/2024
08	07/04/2024	07/17/2024	07/17/2024	08/08/2024
09	07/18/2024	07/31/2024	07/31/2024	08/22/2024
10	08/01/2024	08/14/2024	08/14/2024	09/05/2024
11	08/15/2024	08/28/2024	08/28/2024	09/19/2024
12	08/29/2024	09/11/2024	09/11/2024	10/03/2024
13	09/12/2024	09/25/2024	09/25/2024	10/17/2024
14	09/26/2024	10/09/2024	10/09/2024	10/31/2024
15	10/10/2024	10/23/2024	10/23/2024	11/14/2024
16	10/24/2024	11/06/2024	11/06/2024	11/28/2024
17	11/07/2024	11/20/2024	11/20/2024	12/12/2024
18	11/21/2024	12/04/2024	12/04/2024	12/26/2024
19	12/05/2024	12/18/2024	12/18/2024	1/9/2025
20	12/19/2024	01/01/2025	01/01/2025	1/23/2025

Timesheets are due on the last day of each payroll.

Please adhere to the deadlines in order to avoid payment delays.

Time and Attendance website: www.suny.edu/time



SUNY Morrisville Rehire Student Checklist

Congratulations on completing your onboarding paperwork, and welcome back!

Please use this as a checklist to confirm all documents are complete/present. Afterwards, please inform HR for final review and approval to begin working.

Onboarding Checklist:

- Agreement Form
- Information for Student Employees
- Confirmation of Personal Information & Direct Deposit
- Additional Tax Form Memorandum
- Federal Tax Form (W-4)
- New York State Tax Form (IT-2104)
- Employee's Retirement System Form (if opting in, additional application form must be completed)
- Confidentiality and Security Compliance Agreement
- Student Payroll Schedule

Student Print Name: _____

Student Signature: _____ Date: _____

For Human Resources Only:

Prior I9 Review Completed, document(s) expiring: _____

Approval Slip Granted by: _____ Date: _____