



# STUDENT ASSISTANT APPOINTMENT FORM

Payroll ▪ Haggerty 301 ▪ New Paltz, NY 12561-2443 ▪ 845- 257-3145  
845-257-6907 (fax) ▪ www.newpaltz.edu/payroll

Please print using blue or black ink pen or type.

## STUDENT INFORMATION:

New employee    Returning employee    Additional position    Pay rate change\*

Required employment forms must be on-file with Payroll before employment can start:

▪ Federal Tax form (W-4)   ▪ State Tax form (IT-2104 or IT-2104E)   ▪ I-9 Form

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(mandatory for employment)

Gender:  M    F

Ethnicity: (Please complete both A and B) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

A. Hispanic?  Yes    No

B.  Asian    Native Hawaiian & Other Pacific Islanders    Black or African American

White    American Indian or Alaska Native

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

Permanent Address (Home): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**NOTE:** International students must meet with Payroll prior to employment.

## STUDENTS: Please read and complete the following, then sign and date below.

I understand that the State University of New York at New Paltz is hiring me as a Student Assistant and that this position is terminable at will by either the College or myself. I will be paid on an hourly basis and will complete timesheets to process my payments. I understand that I may not work in excess of **20 TOTAL hours per week (Thursday – Wednesday) for ALL STUDENT EMPLOYMENT** while I am attending classes, and 40 hours per week during vacation periods.

I understand that as a part-time New York State employee, I may enroll in the New York State Employees' Retirement System (ERS). Enrollment in ERS is optional and requires the enrollee to contribute 3% of their salary towards the retirement system. Enrollees must satisfy the equivalent of a ten-year, full-time vesting requirement in order to commence retirement benefits. More information is available at <http://www.osc.state.ny.us/retire/employers/tier-5/index.htm>. **I understand that if I would like more information or to enroll in ERS, I need to contact the Benefits Office in HAB 203 at x3169, and that failure to enroll within 30 days of signing this statement will indicate a default to decline enrolling in a retirement system at this time.**

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

## SUPERVISOR/DEPARTMENT INFORMATION:

Department: \_\_\_\_\_ Type of Work: \_\_\_\_\_

Hourly Rate\*: \_\_\_\_\_  Academic Year \_\_\_\_\_  Summer \_\_\_\_\_  Semester \_\_\_\_\_

*please check appropriate box and indicate year/semester of employment*

I have verified by examining the appointee's validated student ID or paid Student Accounts receipt that this student is enrolled at least half-time for classes and is in a matriculated status during the semester he or she is to be employed or the semester following if employed during intersession or the summer. I understand an I-9 form for a new employee must be completed within 3 days of employment start date.

Authorized Account Signature (or designee): \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Above Signatory: \_\_\_\_\_ Account Number to be Charged: \_\_\_\_\_ - \_\_\_\_\_

Name of Student's Supervisor: \_\_\_\_\_

For Payroll Use Only: I-9 \_\_\_\_\_ W-4 \_\_\_\_\_ IT-2104 \_\_\_\_\_ Citizenship Status: \_\_\_\_\_ Line # \_\_\_\_\_

\* If rate exceeds \$10 per hour, please attach a justification letter that has been approved by the Dean, Assistant to the Dean, Department Director, or Department Chair.