

Payroll Department | Haggerty Administration Building, Room 301 | New Paltz, NY 12561 | 845- 257-3145 | 845-257-6907 (fax)

*Please print using blue or black ink pen or type.*

<b>STUDENT INFORMATION:</b>			
<input type="checkbox"/> New employee	<input type="checkbox"/> Returning employee	<input type="checkbox"/> Additional position	<input type="checkbox"/> Pay rate change*
Name:		Social Security Number: (mandatory for employment)	
Local Address:			
Permanent Address:			
Telephone Number:		Email Address:	
<b>Students: Please read and complete the following, then sign and date below.</b>			
<p>I understand that the College 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 <b>20 TOTAL hours per week (Thursday – Wednesday) for ALL STUDENT EMPLOYMENT</b> while I am attending classes, and 40 hours per week during vacation periods.</p>			
<p>I <input type="checkbox"/> will / <input type="checkbox"/> will not also be employed on College Work/Study during the period of this appointment.</p>			
<p>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 five-year, full-time vesting requirement in order to commence retirement benefits. More information is available at <a href="http://www.osc.state.ny.us/retire/publications/vo1522.htm">http://www.osc.state.ny.us/retire/publications/vo1522.htm</a>. <u>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.</u></p>			
Student Signature:		Date:	
<b>Note:</b> International students must meet with Payroll prior to employment.			
<b>SUPERVISOR/DEPARTMENT INFORMATION:</b>			
Department:		Type of Work:	
Hourly Rate*:	<input type="checkbox"/> Academic Year _____ <input type="checkbox"/> Summer _____ <input type="checkbox"/> Semester _____ <i>please check appropriate box and indicate year/semester of employment</i>		
<b>Please read and complete the following, then sign and date below.</b>			
<p>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.</p>			
Authorized Account Signature (or designee):		Date:	
Printed Name of Above Signatory:		Account Number to be Charged: _____	
Name of Student's Supervisor:			
<i>For Payroll Use Only: I-9 _____ W-4 _____ IT-2104 _____ Citizenship Status: _____ Line # _____</i>			

\* 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.