



# STUDENT ASSISTANT APPOINTMENT

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: \_\_\_\_\_

Gender:  M  F (mandatory for employment)

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

A. Hispanic?  Yes  No

B.  Asian    Native Hawaiian/Other Pacific Islanders    Black/African American

White    American Indian/Alaska Native

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

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

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

Has your local address changed?  Yes  No   Has your permanent address (home) changed?  Yes  No

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

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 time records 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 29 hours per week during winter and summer breaks per the SUNY New Paltz Policy on Student Work Hours - www.newpaltz.edu/payroll/student\_work\_hours.pdf.

**Direct Deposit** - to enroll please complete this form and submit to Payroll - <https://www.osc.state.ny.us/files/state-agencies/payroll/pdf/ac2772.pdf>

I understand that if I would like more information or to enroll in The New York State Employees' Retirement System, I need to contact the Benefits Office in HAB 603 at x3171, 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. I understand that this is not a stipend that this is an hourly student assistant position and will only be paid for hours worked and will have no effect on my tuition.

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. This is not a stipend but an hourly student assistant job.*

*I have verified by examining the appointee's validated student ID or paid Student Accounts receipt that this student is enrolled at least halftime 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 # to be charged: \_\_\_\_\_

Time Record Supervisor: \_\_\_\_\_

Payroll Use Only: I-9: _____	Citizenship Status: _____	W-4: _____	IT-2104: _____
SUNY ID: _____	Line: _____	Action Code: _____	Empl Rec: _____
<input type="checkbox"/> Transaction <u>done</u>	<input type="checkbox"/> TAS <u>done</u>	<input type="checkbox"/> Taxes <u>done</u>	

\*If rate exceeds minimum wage by more than \$3 per hour, please attach a justification letter that has been approved by the Dean, Assistant to the Dean, Department Director, or Department Chair.