



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: _____ 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, a Direct Deposit Form for NYS Employees is required to be submitted to Payroll - www.osc.state.ny.us/payroll/files/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 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. 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 intercession 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: _____

For Payroll Use Only: I-9 _____ Citizenship Status: _____ W-4 _____ IT-2104 _____

SUNY ID# _____ Line # _____ Emp Action Code: _____ Empl Rec # _____

☐ Appt. transaction done ☐ TAS done ☐ Taxes done

*** 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.**