

HUNTER COLLEGE

AUXILIARY ENTERPRISES CORPORATION



Appointment/Reappointment Letter

Position Title: _____

Appointment Date: _____

Name: _____

Address: _____

Fund Name: _____

Fund Number: _____

Dear _____:

I am pleased to appoint you for Appointment / Reappointment / Revision of Appointment to the Hunter College Auxiliary Enterprises Corporation ("AEC") beginning _____ and ending not later than _____. This appointment is subject to the financial ability of the funding source and the employment needs of the AEC.

The salary rate is \$_____ Per Hour / \$_____ Annually / _____ Bi-Weekly Payments of \$_____ each (the sum of which, although paid over a shorter period, shall be compensation for your services during the entire appointment period); The total number of units you may work is _____ provided that if your employment terminates before the appointment period expires, then as of the termination date, the AEC (a) shall not be obligated to make any such Bi-Weekly Payments not yet paid and (b) shall have the right to recover from you, if and to the maximum extent permitted by law, any unearned portion of the Bi-Weekly Payments already made. Salary payments will be made bi-weekly. For employees paid on an hourly basis, the amount paid will be determined based on the number of hours worked, as recorded on attendance reports and time sheets. Under the U.S. Fair Labor Standards Act, in this position, you are considered to be a Non-Exempt Employee (meaning, among other things, that you are entitled to overtime pay at the hourly rate equal to 1.5x your regular hourly rate for any hours you work in excess of 40 hours per week) / an Exempt Employee (meaning you are not covered by certain FLSA provisions, including the overtime pay rules). If you are a Non-Exempt Employee, you will not be permitted to work in excess of 40 hours per week without obtaining advance approval.

Every AEC employee is an employee-at-will. Such employees may be terminated by the AEC, and may resign from the AEC, at any time and for any reason. No supervisor or other representative of the AEC has the authority to enter into any employment agreement that would be contrary to the policy described in the preceding sentence. Employment by the AEC does not bring with it an employment relationship with Hunter College (either express or implied) or associated privileges or benefits. Signatures on behalf of the College below are acknowledgements only, and should not be interpreted as reflecting an employment relationship with Hunter College (either express or implied).

Please submit the following items: (1) a copy of your Social Security Card (or present the original for verification), and (2) unless this is a reappointment, the following forms: (a) Form 1-9 (U.S. Department of Justice (INS) Employment Eligibility Verification) and appropriate employment eligibility documents as required by that form, (b) Form W-4 (IRS Employee's Withholding Allowance Certificate), and (c) Form IT-2104 (New York State Employee's Withholding Allowance Certificate). You may also submit a direct deposit authorization form if you wish to enroll in direct deposit. In addition, if you are in the U.S. on a visa, please submit a copy of your visa and, if applicable, an up-to-date work authorization.

This appointment will become effective only upon signature by an Authorized AEC Officer, and by you, below, and is contingent on valid US work authorization.

Employee Signature

Date

Social Security #

Authorized AEC Officer

Acknowledged by:

Authorized Signatory of Account

Director of Athletics, Hunter College

AUXILIARY ENTERPRISE CORPORATION

NON-TAX LEVY PAYROLL

APPLICANT INFORMATION

Name:

_____ Last _____ First _____ Middle

Home Address:

_____ Street

City _____ State _____ Zip code _____

Telephone Number:

() - -

Social Security Number:

_____ - -

E-Mail Address:

The following forms; I-9, W-4, and IT-2104 are to be completed and submitted with a copy of your Social Security Card to Human Resources.

FOR COLLEGE USE ONLY

Position Title: _____

Account Name: _____

Account Number: _____

Appointment Dates: _____ To _____

Appointment Rate: _____

Account Signatory: _____



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS

Form I-9

OMB No.1615-0047

Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)		Apt. Number (if any)	City or Town State ZIP Code	
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address		Employee's Telephone Number
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.): <input type="checkbox"/> 1. A citizen of the United States <input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.) <input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.) <input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any) _____		
Signature of Employee		Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)			Additional Information		
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Check here if you used an alternative procedure authorized by DHS to examine documents.					

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code	

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card	OR	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph	3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record	5. U.S. Citizen ID Card (Form I-197)
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		6. Military dependent's ID card	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card	7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document	For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central .
		9. Driver's license issued by a Canadian government authority	The Form I-766, Employment Authorization Document, is a List A, Item Number 4 , document, not a List C document.
		For persons under age 18 who are unable to present a document listed above:	
		10. School record or report card	
		11. Clinic, doctor, or hospital record	
		12. Day-care or nursery school record	

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.

For receipt validity dates, see the M-274.

• Receipt for a replacement of a lost, stolen, or damaged List A document.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.
• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.			
• Form I-94 with "RE" notation or refugee stamp issued to a refugee.			

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

Supplement A
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (mm/dd/yyyy)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial (if any)	
Address (<i>Street Number and Name</i>)		City or Town	State
		ZIP Code	

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (mm/dd/yyyy)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial (if any)	
Address (<i>Street Number and Name</i>)		City or Town	State
		ZIP Code	

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (mm/dd/yyyy)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial (if any)	
Address (<i>Street Number and Name</i>)		City or Town	State
		ZIP Code	

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (mm/dd/yyyy)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial (if any)	
Address (<i>Street Number and Name</i>)		City or Town	State
		ZIP Code	



**Supplement B,
Reverification and Rehire (formerly Section 3)**

**Department of Homeland Security
U.S. Citizenship and Immigration Services**

**USCIS
Form I-9
Supplement B**
OMB No. 1615-0047
Expires 07/31/2026

Last Name (Family Name) from Section 1 .	First Name (Given Name) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire (if applicable)	New Name (if applicable)		
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
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Additional Information (Initial and date each notation.) Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (if applicable)	New Name (if applicable)		
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)
----------------	--------------------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
---	--	---------------------------

Additional Information (Initial and date each notation.) Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (if applicable)	New Name (if applicable)		
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)
----------------	--------------------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
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Additional Information (Initial and date each notation.) Check here if you used an alternative procedure authorized by DHS to examine documents.

Employee's Withholding Certificate

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.

2026**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.)		
Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.		

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

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 the 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 Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(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):

3(a)	\$
3(b)	\$

(a) Multiply the number of qualifying children under age 17 by \$2,200

(b) Multiply the number of other dependents by \$500

Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here

3 \$

**Step 4:
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
- (b) **Deductions.** Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here
- (c) **Extra withholding.** Enter any additional tax you want withheld each **pay period**

4(a) \$

4(b) \$

4(c) \$

**Exempt from
withholding**

I claim exemption from withholding for 2026, and I certify that I meet **both** of the conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027 . . .

**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)

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2026 if you meet both of the following conditions: you had no federal income tax liability in 2025 **and** you expect to have no federal income tax liability in 2026. You had no federal income tax liability in 2025 if (1) your total tax on line 24 on your 2025 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2026 tax return. To claim exemption from withholding, certify that you meet both of the conditions by checking the box in the *Exempt from withholding* section. Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2027.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount of tax withheld will be larger the greater the difference in pay is between the two jobs.

 **Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4.

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 15, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain deductions. For additional eligibility requirements, see Pub. 501.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe when you file your tax return.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 5. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3

1 \$ _____

2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

a Find the amount from the appropriate table on page 5 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a

2a \$ _____

b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 5 and enter this amount on line 2b

2b \$ _____

c Add the amounts from lines 2a and 2b and enter the result on line 2c

2c \$ _____

3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.

3 _____

4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (plus any other additional amount you want withheld)

4 \$ _____

Step 4(b)—Deductions Worksheet (Keep for your records.)



See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

1	Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.	
a	Qualified tips. If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified tips up to \$25,000	1a \$ _____
b	Qualified overtime compensation. If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to \$12,500 (\$25,000 if married filing jointly) of the "and-a-half" portion of time-and-a-half compensation	1b \$ _____
c	Qualified passenger vehicle loan interest. If your total income is less than \$100,000 (\$200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to \$10,000	1c \$ _____
2	Add lines 1a, 1b, and 1c. Enter the result here	2 \$ _____
3	Seniors age 65 or older. If your total income is less than \$75,000 (\$150,000 if married filing jointly):	
a	Enter \$6,000 if you are age 65 or older before the end of the year	3a \$ _____
b	Enter \$6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment	3b \$ _____
4	Add lines 3a and 3b. Enter the result here	4 \$ _____
5	Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information	5 \$ _____
6	Itemized deductions. Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:	
a	Medical and dental expenses. Enter expenses in excess of 7.5% (0.075) of your total income	6a \$ _____
b	State and local taxes. If your total income is less than \$505,000 (\$252,500 if married filing separately), enter state and local taxes paid up to \$40,400 (\$20,200 if married filing separately)	6b \$ _____
c	Home mortgage interest. If your home acquisition debt is less than \$750,000 (\$375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums)	6c \$ _____
d	Gifts to charities. Enter contributions in excess of 0.5% (0.005) of your total income	6d \$ _____
e	Other itemized deductions. Enter the amount for other itemized deductions	6e \$ _____
7	Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here	7 \$ _____
8	Limitation on itemized deductions.	
a	Enter your total income	8a \$ _____
b	Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9	8b \$ _____
9	Enter: { • \$768,700 if you're married filing jointly or a qualifying surviving spouse • \$640,600 if you're single or head of household • \$384,350 if you're married filing separately }	9 \$ _____
10	If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here	10 \$ _____
11	Standard deduction.	
Enter:	{ • \$32,200 if you're married filing jointly or a qualifying surviving spouse • \$24,150 if you're head of household • \$16,100 if you're single or married filing separately }	11 \$ _____
12	Cash gifts to charities. If you take the standard deduction, enter cash contributions up to \$1,000 (\$2,000 if married filing jointly)	12 \$ _____
13	Add lines 11 and 12. Enter the result here	13 \$ _____
14	If line 10 is greater than line 13, subtract line 11 from line 10 and enter the result here. If line 13 is greater than line 10, enter the amount from line 12	14 \$ _____
15	Add lines 2, 4, 5, and 14. Enter the result here and in Step 4(b) of Form W-4	15 \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$480	\$850	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	480	1,480	1,850	2,050	2,220	2,220	2,220	2,220	2,220	2,220	2,620
\$20,000 - 29,999	480	1,480	2,480	3,050	3,250	3,420	3,420	3,420	3,420	3,420	3,820	4,820
\$30,000 - 39,999	850	1,850	3,050	3,620	3,820	3,990	3,990	3,990	3,990	4,390	5,390	6,390
\$40,000 - 49,999	850	2,050	3,250	3,820	4,020	4,190	4,190	4,190	4,590	5,590	6,590	7,590
\$50,000 - 59,999	1,020	2,220	3,420	3,990	4,190	4,360	4,360	4,760	5,760	6,760	7,760	8,760
\$60,000 - 69,999	1,020	2,220	3,420	3,990	4,190	4,360	4,760	5,760	6,760	7,760	8,760	9,760
\$70,000 - 79,999	1,020	2,220	3,420	3,990	4,190	4,760	5,760	6,760	7,760	8,760	9,760	10,760
\$80,000 - 99,999	1,020	2,220	3,420	4,240	5,440	6,610	7,610	8,610	9,610	10,610	11,610	12,610
\$100,000 - 149,999	1,870	4,070	6,270	7,840	9,040	10,210	11,210	12,210	13,210	14,210	15,360	16,560
\$150,000 - 239,999	1,870	4,100	6,500	8,270	9,670	11,040	12,240	13,440	14,640	15,840	17,040	18,240
\$240,000 - 319,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,780	14,980	16,180	17,380	18,580
\$320,000 - 364,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,860	15,860	17,860	19,860	21,860
\$365,000 - 524,999	2,720	5,920	9,390	12,260	14,760	17,230	19,530	21,830	24,130	26,430	28,730	31,030
\$525,000 and over	3,140	6,840	10,540	13,610	16,310	18,980	21,480	23,980	26,480	28,980	31,480	33,990

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$90	\$850	\$1,020	\$1,020	\$1,020	\$1,070	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970
\$10,000 - 19,999	850	1,780	1,980	1,980	2,030	3,030	3,830	3,830	3,830	3,830	3,930	4,130
\$20,000 - 29,999	1,020	1,980	2,180	2,230	3,230	4,230	5,030	5,030	5,030	5,130	5,330	5,530
\$30,000 - 39,999	1,020	1,980	2,230	3,230	4,230	5,230	6,030	6,030	6,130	6,330	6,530	6,730
\$40,000 - 59,999	1,020	2,880	4,080	5,080	6,080	7,080	7,950	8,150	8,350	8,550	8,750	8,950
\$60,000 - 79,999	1,870	3,830	5,030	6,030	7,100	8,300	9,300	9,500	9,700	9,900	10,100	10,300
\$80,000 - 99,999	1,870	3,830	5,100	6,300	7,500	8,700	9,700	9,900	10,100	10,300	10,500	10,700
\$100,000 - 124,999	2,030	4,190	5,590	6,790	7,990	9,190	10,190	10,390	10,590	10,940	11,940	12,940
\$125,000 - 149,999	2,040	4,200	5,600	6,800	8,000	9,200	10,200	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,200	5,600	6,800	8,150	10,150	11,950	12,950	13,950	14,950	16,170	17,470
\$175,000 - 199,999	2,040	4,200	6,150	8,150	10,150	12,150	13,950	15,020	16,320	17,620	18,920	20,220
\$200,000 - 249,999	2,720	5,680	7,880	10,140	12,440	14,740	16,840	18,140	19,440	20,740	22,040	23,340
\$250,000 - 449,999	2,970	6,230	8,730	11,030	13,330	15,630	17,730	19,030	20,330	21,630	22,930	24,240
\$450,000 and over	3,140	6,600	9,300	11,800	14,300	16,800	19,100	20,600	22,100	23,600	25,100	26,610

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$280	\$850	\$950	\$1,020	\$1,020	\$1,020	\$1,020	\$1,560	\$1,870	\$1,870	\$1,870
\$10,000 - 19,999	280	1,280	1,950	2,150	2,220	2,220	2,760	3,760	4,070	4,070	4,210	
\$20,000 - 29,999	850	1,950	2,720	2,920	2,980	3,520	4,520	5,520	5,830	5,980	6,180	
\$30,000 - 39,999	950	2,150	2,920	3,120	3,180	3,720	4,720	5,720	6,720	7,180	7,380	7,580
\$40,000 - 59,999	1,020	2,220	2,980	3,570	4,640	5,640	6,640	7,750	8,950	9,460	9,660	9,860
\$60,000 - 79,999	1,020	2,610	4,370	5,570	6,640	7,750	8,950	10,150	11,350	11,860	12,060	12,260
\$80,000 - 99,999	1,870	4,070	5,830	7,150	8,410	9,610	10,810	12,010	13,210	13,720	13,920	14,120
\$100,000 - 124,999	1,870	4,270	6,230	7,630	8,900	10,100	11,300	12,500	13,700	14,210	14,720	15,720
\$125,000 - 149,999	2,040	4,440	6,400	7,800	9,070	10,270	11,470	12,670	14,580	15,890	16,890	17,890
\$150,000 - 174,999	2,040	4,440	6,400	7,800	9,070	10,580	12,580	14,580	16,580	17,890	18,890	20,170
\$175,000 - 199,999	2,040	4,440	6,400	8,510	10,580	12,580	14,580	16,580	18,710	20,320	21,620	22,920
\$200,000 - 249,999	2,720	5,920	8,680	10,900	13,270	15,570	17,870	20,170	22,470	24,080	25,380	26,680
\$250,000 - 449,999	2,970	6,470	9,540	12,040	14,410	16,710	19,010	21,310	23,610	25,220	26,520	27,820
\$450,000 and over	3,140	6,840	10,110	12,810	15,380	17,880	20,380	22,880	25,380	27,190	28,690	30,190



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	Single or Head of household <input type="checkbox"/> Married <input type="checkbox"/>
City, village, or post office	State	ZIP code
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 Note, 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 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
----------------------	------

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 **0** 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 our website at www.tax.ny.gov (search: *it-2104-i*) or scan the QR code.

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 our website at www.tax.ny.gov (search: *it-2104-i*) or scan the QR code.

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 (mmddyyyy) (see Box B instructions):

You may report new hire information online instead of mailing the form to New York State. Visit www.nynewhire.com/#/login.

Note: Employers **must** report individuals under an **independent contractor arrangement** with contracts in excess of \$2,500 using the online reporting website www.nynewhire.com/#/login, **not** Form IT-2104.

Are dependent health insurance benefits available for this employee? Yes No

If Yes, enter the date the employee qualifies (mmddyyyy):

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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HUNTER COLLEGE - NON TAX LEVY PAYROLL
DIRECT DEPOSIT REQUEST/AUTHORIZATION

SECTION "A" AND "B" TO BE COMPLETED BY THE EMPLOYEE

SECTION A: EMPLOYEE INFORMATION

FIRST NAME _____ MI _____ LAST NAME _____

SOCIAL SECURITY NUMBER # (LAST 4 DIGITS) _____

PERMANENT ADDRESS _____ APT# _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER (_____) _____

NAME OF FINANCIAL INSTITUTION _____

ACCOUNT TYPE (PLEASE CHECK ONE)

CHECKING (attach voided check to section C, or have section C completed by your financial institution)
 SAVINGS (Section C must be completed by financial institution)

SECTION B: AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize Hunter College to deposit my net pay directly into my checking or savings account as requested. I also grant authorization for the reversal of a credit to my account in the event the credit was made in error. I understand that, under the "National Automated Clearing House Association" operating guidelines and rules, Hunter College can only reverse the amount of the incorrect direct deposit. I agree that this authorization will remain in effect until I provide to my agency a written cancellation to terminate the service.

Employee
Signature _____ Date _____

SECTION C: TO BE COMPLETED BY YOUR FINANCIAL INSTITUTION

Account Type Savings Checking

Depositor's Account Number _____ ABA Number _____

As representative of the above named financial institution, I certify that this financial institution is ACH capable and agrees to receive and deposit funds to the account shown above.

Print or type Representative's Name _____ Signature of Representative _____ Telephone Number _____ Date _____

CANCELLATION

I hereby authorize Hunter College to cancel my direct deposit agreement.

Employee Signature _____ Date _____

AGENCY PAYROLL SECTION

Agency Representative: Name _____ Signature _____ Date _____



Payroll Department
Telephone (212) 650-3799

To: **AEC - Non-Tax Levy Payroll Direct Deposit Participants**
From: Helber Bolanos
Re: PAYCOR – Direct Deposit Pay Stubs

We are happy to announce PAYCOR as the company handling the Non-tax levy payroll. Using PAYCOR will give employees access to their pay stubs and W2's (wage and tax statement) online.

Please use the below instructions to gain access. If you have any questions, please feel free to contact Helber Bolanos hbolanos@hunter.cuny.edu.

Best regards,

Helber



How to Register for Paycor

Sign up for Paycor to access your personal information, tax documents, and pay stubs. Follow the steps below to securely register at [paycor.com](https://www.paycor.com).

Here's what you'll need:

1. A valid email address (we'll send you a verification code to complete registration)
2. Access to a smartphone or a web browser on another device (go to [paycor.com/system-requirements](https://www.paycor.com/system-requirements) for more details)

Let's get started:

1. Go to <https://secure.paycor.com/accounts/userregistration/register>.
2. Enter your personal information and access code to verify your identity (you may be asked to provide your social security number and birth date).

Your access code is: 137139

3. Create a new username and password for signing in. You'll also be able to merge this account's access code with an existing account (do this when prompted or go to My Settings later).
4. Next, you'll receive an email with a verification code to verify your email and finish the process. Enter the verification code to continue setup.
5. Select and setup your authentication preferences to help us keep your account secure.
6. Select and answer a few security questions, in case you forget your username or password.
7. Start using Paycor! If you have trouble registering, please contact your company's HR team.

New Employee On-Boarding & Existing Employee Orientation for IT Security

Why is IT Security important at CUNY?

- We must ensure our academic and administrative systems continue to be available to run the business of the University and to serve our faculty, students, and staff.
- We must maintain accurate University data and prevent unauthorized changes (e.g., grades, financial aid information).
- We must be reputable custodians and are required by law to protect the privacy of personal data belonging to our faculty, students, and staff.

What are the IT Security risks to CUNY?

- Don't be phished. Phishing is a scam in which an email message directs you to click on a link that takes you to a web site where you are prompted for personal information such as passwords, social security number, bank account number or credit card number. Both the link and web site may closely resemble an authentic web site, but they are not legitimate.
- Don't disclose personal information to someone you don't know. Social engineering is an approach to gain access to information through misrepresentation. It is the conscious manipulation of people to obtain information without their realizing that a security breach is occurring. It may take the form of impersonation via telephone or in person, and through e-mail.
- Don't disclose personal information within CUNY unless it is absolutely necessary. The need for disclosing your social security number outside of the Human Resource (HR) department would be unusual. When in doubt, contact the HR department directly to verify the legitimacy of the request.
- Protect your user ID and password and never share them. Your user ID is your identification, and it is what links you to your actions on CUNY's computer systems. Your password authenticates your user ID. Use passwords that are difficult to guess and change them regularly.
- You are responsible for actions taken with your ID and password. Log off or lock your computer when you are away from your workstation. In most cases, hitting the "Control-Alt-Delete" keys and then selecting "Lock Computer" will keep others out. You will need your password to sign back in, but doing this several times a day will help you to remember your password.
- E-mail and portable devices are not secure. Do not ship personal information belonging to you or CUNY faculty, students, and staff to portable devices (e.g., portable hard drives, memory) or send or request to be sent such personal information in an e-mail text or as an email attachment without encryption.
- Be careful when using the Internet. Malicious code can take forms such as a virus, worm or Trojan and can be hidden behind an infected web page or a downloaded program. Keep anti-virus and anti-malware programs and the software on your workstation up-to-date at all times. Only install software authorized by your department, and never disable or change security programs and their configuration.

Where are the CUNY IT Security information resources?

- Security.cuny.edu is available 24 hours a day from any Internet accessible location without a user ID and password. All relevant policies, procedures, and advisories, the IT Security awareness program and materials, and links to external IT Security information resources are located here.
- Find the Policy on Acceptable Use of Computer Resources under Info Security Policies.

- Find the IT Security Procedures – General under Info Security Policies.
- To take the IT Security Awareness tutorial, approximately 30 minutes, click on the padlock on the home page of security.cuny.edu.

Who to contact for help with IT Security at CUNY?

- Your supervisor.
- Your College web-site.
- security.cuny.edu
- The College IT Security Manager (click on Campus Security Managers Contact Information at security.cuny.edu under Contact Us).
- The College Chief Information Officer or equivalent in the Central Office department.
- The CUNY Central IT Security Office at security@mail.cuny.edu; or the Contact Us page at security.cuny.edu; or the Who to Contact for Help page at security.cuny.edu.

Where are some external resources for help with IT Security located?

- New York State Office of Cyber Security and Critical Infrastructure Coordination (CSCIC) at www.cscic.state.ny.us
- Federal Trade Commission at www.ftc.gov
- Privacy Rights Clearinghouse - Nonprofit Consumer Information and Advocacy Organization at www.privacyrights.org
- Anti-Phishing Working Group – Committed to wiping out Internet scams and fraud at www.antiphishing.org
- Microsoft Malware Protection Center, Threat Research and Response at www.microsoft.com/security/portal

What is required of me as an employee of CUNY?

- Acknowledge, by signature below, receipt of the Policy on Acceptable Use of Computer Resources.
- Acknowledge, by signature below, receipt of the IT Security Procedures – General.
- Complete the IT Security Awareness tutorial within the first 30 days of employment.
- Maintain compliance with the Policy on Acceptable Use of Computer Resources and the IT Security Procedures at all times.

If you discover or suspect a security breach, you should report the incident to your supervisor, the College IT Security Manager (click on Contact Us at security.cuny.edu) and the CUNY Central IT Security Office (security@mail.cuny.edu) immediately.

I hereby acknowledge receipt of the Policy on Acceptable Use of Computer Resources and the IT Security Procedures – General.

(printed name)

(signed)

(College/business area)

(date)

One copy for personnel file.

One copy to employee.

V02, July 2010



Non-Tax Levy Payroll

Effective: October 1, 2013

To: All Employees

Re: Patient Protection and Affordable Care Act

Section 1512 of the Patient Protection and Affordable Care Act creates a new Fair Labor Standards Act, section 18B, requiring employers to notify employees of coverage options available through the Health Insurance Marketplace. This requirement extends to all employees - without regard to eligibility for health insurance offered by The City University of New York.

Accordingly, here is your notice entitled, "New Health Insurance Marketplace Coverage Options and Your Health Coverage." If you have any questions about your health insurance coverage or your options, you should utilize the contact information provided in this notice.



Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings on your premium that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit, that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%¹ of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.¹²

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

¹ Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

² An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is **offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

How Can I Get More Information?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Hunter College Auxiliary Enterprises Corporation	4. Employer Identification Number (EIN) 26-4500228	
5. Employer address 695 Park Avenue	6. Employer phone number 212-772-4518	
7. City New York	8. State NY	9. ZIP code 10065
10. Who can we contact at this job? Human Resources		
11. Phone number (if different from above)	12. Email address marketplacecoverage@hunter.cuny.edu	

You are not eligible for health insurance coverage through this employer. You and your family may be able to obtain health coverage through the Marketplace, with a new kind of tax credit that lowers your monthly premiums and with assistance for out-of-pocket costs.

HUNTER COLLEGE AUXILIARY ENTERPRISES CORPORATION



IMPORTANT NOTIFICATION ON RECENTLY ENACTED LEGISLATION EARNED SICK LEAVE ACT (ESLA)

January 1, 2021

Dear AEC Employee,

Recently, the City of New York passed the Earned Sick Leave Act (ESLA), which requires certain employers to give their employees sick leave. The law became effective on April 1, 2014 and you may be entitled to sick leave, which you can use for the care and treatment of yourself or a family member.

You may also be entitled to Safe leave, drawn from the same leave bank, safe leave can be used to seek assistance or to take other safety measures if you or your family member is the victim of any act or threat of domestic violence, unwanted sexual contact, stalking, or human trafficking.

The law requires employers to provide written notice of an employee's right to sick leave. The attached "Notice of Employee Rights", provides you with pertinent information on your rights under the Earned Sick Leave Act.

For more information on the ESLA, including Frequently Asked Questions, go to nyc.gov/PaidSickLeave

Hunter College
Auxiliary Enterprises Corporation

Notice of Employee Rights: Safe and Sick Leave

You have the right to safe and sick leave and paid prenatal leave. You have this right regardless of your immigration status. Your employer must give you this notice explaining your rights.

Amount of Leave:

Safe and Sick Leave (care for yourself or anyone you consider family)	Paid Prenatal Leave (healthcare for yourself during pregnancy)
<ul style="list-style-type: none">All employers must provide up to 40 hours of safe and sick leave each calendar year.Employers with 100 or more employees must provide up to 56 hours of safe and sick leave each calendar year. <p><i>Full-time and part-time workers earn safe and sick leave at a rate of 1 hour for every 30 hours worked.</i></p>	<ul style="list-style-type: none">All employers must provide a separate bank of 20 hours of paid prenatal leave.

Your employer's calendar year is: _____ to _____
First month Last month

You have a right to **PAID** safe and sick leave if:

- Your employer has 5 or more employees.
- Your employer has fewer than 5 employees but a net income of \$1 million or more.

- You work in someone's home as a domestic worker; for example, babysitter, housekeeper, or companionship worker.

Note: The law covers 1 or more domestic workers working in a household.

You have a right to **UNPAID** safe and sick leave if:

- Your employer has fewer than 5 employees and a net income of less than \$1 million.

You can carry over unused safe and sick leave to the next calendar year.

Use of Safe and Sick Leave:

- Use it for your health, including to get medical care or to recover from illness or injury.
- Use it to care for a family member who is sick or has a medical appointment.

- Use it when your job or your child's school closes due to a public health emergency.
- Use it for your safety or for a family member's safety because of domestic violence, unwanted sexual contact, stalking, or human trafficking.

Your employer can require you to give advance notice of a planned use of leave; for example, to attend a scheduled doctor's appointment or court hearing. You do not have to give advance notice of an unexpected use of leave; for example, illness or a medical emergency.

You have a right to privacy. You do not have to give your employer details about why you used leave.

If you use more than three workdays in a row of leave, your employer can require documentation.

Required Written Disclosures:

Your employer must:

- Give you a written policy that explains how to use your benefits.
- Tell you how much leave you have used and have left each pay period.

No Retaliation:

It is illegal to punish or fire employees for requesting or using leave or for reporting violations.



Contact Consumer and Worker Protection to learn more or to file a complaint.

Visit nyc.gov/workers | Call 311 and ask for "Paid Safe and Sick Leave"

You can also make an ANONYMOUS tip.

Paid Family Leave STATEMENT OF RIGHTS



Paid Family Leave

If you need to take time off from work to care for a family member, you may be entitled to Paid Family Leave benefits.

Paid Family Leave is employee-funded insurance that provides eligible employees job-protected, paid time off to:

- **BOND** with a newly born, adopted, or fostered child;
- **CARE** for a family member with a serious health condition (see paidfamilyleave.ny.gov for eligible family members); or
- **ASSIST** loved ones when a spouse, domestic partner, child or parent is deployed abroad on active military service.

Eligibility:

- If you have a regular work schedule of 20 or more hours per week, you are eligible after 26 consecutive weeks of employment with your employer.
- If you have a regular work schedule of less than 20 hours per week, you are eligible after working for your employer for 175 days, which do not need to be consecutive.

Citizenship or immigration status is not a factor in your eligibility.

Benefits:

You can take up to 12 weeks of Paid Family Leave and receive 67% of your average weekly wage, capped at 67% of the New York State Average Weekly Wage. Generally, your average weekly wage is the average of your last eight weeks of pay prior to starting Paid Family Leave. Leave can be taken all at once or intermittently, but must be in full-day increments.

Rights and Protections:

- **Job protection:** Return to the same or comparable job after you take leave.
- You keep your **health insurance** while on leave (you may have to continue paying your portion of the premium costs, if any).
- Your employer is **prohibited from discriminating or retaliating** against you for requesting or taking Paid Family Leave.

Disputes:

If your Paid Family Leave claim is denied, you may request to have the denial reviewed by a neutral arbitrator. The insurance carrier listed below will provide you with information about requesting arbitration.

Discrimination Complaints:

If your employer terminates your employment, reduces your pay and/or benefits, or disciplines you in any way as a result of you requesting or taking Paid Family Leave, you may request to be reinstated by taking these steps:

1. Complete the *Formal Request for Reinstatement Regarding Paid Family Leave (Form PFL-DC-119)*.
2. Send your completed form to your employer and a copy of the completed form to:
Paid Family Leave, P.O. Box 9030, Endicott, NY 13761-9030
3. If your employer does not reinstate you or take other corrective action within 30 days, you may file a discrimination complaint with the Workers' Compensation Board using the *Paid Family Leave Discrimination/Retaliation Complaint (Form PFL-DC-120)*. The Workers' Compensation Board will assemble your case and schedule a hearing.
4. There are other state and federal laws that protect employees from discrimination. Additional information is available at PaidFamilyLeave.ny.gov.

Paid Family Leave Request Process:

1. Notify your employer at least 30 days in advance, if foreseeable, or as soon as possible.
2. Complete and submit the *Request for Paid Family Leave (Form PFL-1)* to your employer.
3. You must submit your completed request package to your employer's insurance carrier within 30 days after the start of your leave to avoid losing benefits.
4. In most cases, the insurance carrier must pay or deny benefits within 18 calendar days of receiving your completed request or your first day of leave, whichever is later.

You may obtain all forms from your employer, their insurance carrier listed below, or online at PaidFamilyLeave.ny.gov/Forms.

For more information, forms and instructions, visit PaidFamilyLeave.ny.gov or call the PFL Helpline **(844)-337-6303**

This information is a simplified presentation of your rights as required by Section 229 of the Disability and Paid Family Leave Benefits Law. Your employer's Paid Family Leave benefits insurance carrier is:

PRESCRIBED BY THE CHAIR,
WORKERS' COMPENSATION BOARD
NYS Paid Family Leave
PO Box 9030, Endicott NY 13761



Paid Family Leave

EMPLOYEE OPT-OUT OF PAID FAMILY LEAVE BENEFITS

Information on the option to opt-out of paid family leave and directions for completing this form can be found on page 2.

Employer Information

1. EMPLOYER'S LEGAL NAME, INCLUDING (DBA/AKA/TA)

HUNTER COLLEGE AUXILIARY ENTERPRISES CORPORATION - HC AEC

2. ADDRESS

695 PARK AVENUE ROOM 1601E

4. EMPLOYER FEIN

26-4500228

3. CITY, STATE and ZIP CODE

NEW YORK, NY 10065

5. TELEPHONE NUMBER

(212) 772-4475

Employee Information

6. EMPLOYEE NAME

7. HOME ADDRESS

8. CITY, STATE and ZIP CODE

9. TELEPHONE NUMBER

Employment Information

10. AVERAGE NUMBER OF HOURS WORKED PER WEEK (BASED ON LAST 8 WEEKS)

12. IS THIS JOB TEMPORARY?

YES NO

11. AVERAGE NUMBER OF DAYS WORKED PER WEEK (BASED ON LAST 8 WEEKS)

IF YES, HOW LONG IS THE JOB EXPECTED TO LAST?

Employee Affirmation

1. I would like to waive paid family leave coverage at this time because (select one):

I regularly work 20 hours or more per week, but will not work 26 consecutive weeks (6 months) for this employer.
 I regularly work less than 20 hours per week, but will not work 175 days in 52 consecutive weeks (a year) for this employer.

2. I understand that this waiver is revoked if my work schedule changes and it is anticipated I will work more than 20 hours per week for 6 months, or will work less than 20 hours per week but at least 175 days in a 52 consecutive week period (1 year).

3. I understand that this waiver is **OPTIONAL AND REVOCABLE**.

(a) My employer may not force me to opt out of paid family leave benefits.
(b) I may decide later to revoke this waiver even if my schedule does not change.

4. I also understand if this waiver is revoked (either by me or by a change in my work schedule), my employer may take retroactive deductions for the period of time I was covered by this waiver, and this period of time counts towards my eligibility for paid family leave.

Certification

I certify to the best of my knowledge the foregoing statements are complete and true.

Employer's Signature: _____

Date Signed: _____

Employee's Signature: _____

Date Signed: _____

Please note: Employer must keep a copy of the fully executed waiver on file for as long as the employee remains in employment with the covered employer.

Opting Out of Paid Family Leave (12 NYCRR 380 2.6)

- (a) An employee of a covered employer shall be provided the option to file a waiver of family leave benefits:
 - (i) When his or her regular employment schedule is 20 hours or more per week but the employee will not work 26 consecutive weeks, or
 - (ii) When his or her regular employment schedule is less than 20 hours per week and the employee will not work 175 days in a 52 consecutive week period.
- (b) Within eight weeks of any change in the regular work schedule for an employee that requires the employee to continue working for 26 consecutive weeks or 175 days in a 52 consecutive week period, any waiver filed under this section shall be deemed revoked. An employee of a covered employer whose waiver has been revoked shall be obligated to begin making contributions to the cost of family leave benefits, including any retroactive amounts due from date of hire, pursuant to Section 209 of the Workers' Compensation Law, as soon as the employee is notified by the covered employer of such obligation.
- (c) The covered employer shall keep a copy of the fully executed waiver on file to be produced at the request of the Chair, for as long as the employee remains in employment with the covered employer.
- (d) An employee as described in Subsection (a) of this Section who elects not to enter into a waiver shall make regular family benefit contributions for the full duration of his or her employment with the covered employer, and the covered employer shall be obligated to provide family leave benefits for such employee when he or she is eligible pursuant to this Title.

Calculating Average Hours/Days Worked

To determine the average number of hours worked per week:

Add all hours worked for the past 8 weeks then divide the total by 8.

To determine the average number of days worked per week:

Add all days worked for the past 8 weeks then divide the total by 8.

Example:

Week Worked	Hours Worked	Days Worked
Week1	16	2
Week 2	24	3
Week 3	16	2
Week 4	16	2
Week 5	8	1
Week 6	24	3
Week 7	16	2
Week 8	8	1
Total	128	16
	Divide by 8	Divide by 8
Average Per Week	16	2

STOP SEXUAL HARASSMENT ACT FACTSHEET

All employers are required to provide written notice of employees' rights under the Human Rights Law both in the form of a displayed poster **and** as an information sheet distributed to individual employees at the time of hire. This document satisfies the information sheet requirement.

The NYC Human Rights Law

The NYC Human Rights Law, one of the strongest anti-discrimination laws in the nation, protects all individuals against discrimination based on gender, which includes sexual harassment in the workplace, in housing, and in public accommodations like stores and restaurants. Violators can be held accountable with civil penalties of up to \$250,000 in the case of a willful violation. The Commission can also assess emotional distress damages and other remedies to the victim, can require the violator to undergo training, and can mandate other remedies such as community service.

Sexual Harassment Under the Law

Sexual harassment, a form of gender-based discrimination, is unwelcome verbal or physical behavior based on a person's gender.

Some Examples of Sexual Harassment

- unwelcome or inappropriate touching of employees or customers
- threatening or engaging in adverse action after someone refuses a sexual advance
- making lewd or sexual comments about an individual's appearance, body, or style of dress
- conditioning promotions or other opportunities on sexual favors
- displaying pornographic images, cartoons, or graffiti on computers, emails, cell phones, bulletin boards, etc.
- making sexist remarks or derogatory comments based on gender

Retaliation Is Prohibited Under the Law

It is a violation of the law for an employer to take action against you because you oppose or speak out against sexual harassment in the workplace. The NYC Human Rights Law prohibits employers from retaliating or discriminating "in any manner against any person" because that person opposed an unlawful discriminatory practice. Retaliation can manifest through direct actions, such as demotions or terminations, or more subtle behavior, such as an increased work load or being transferred to a less desirable location. The NYC Human Rights Law protects individuals against retaliation who have a good faith belief that their employer's conduct is illegal, even if it turns out that they were mistaken.

Report Sexual Harassment

If you have witnessed or experienced sexual harassment inform a manager, the equal employment opportunity officer at your workplace, or human resources as soon as possible.

Report sexual harassment to the NYC Commission on Human Rights. Call 212-416-0197 or visit NYC.gov/HumanRights to learn how to file a complaint or report discrimination. You can file a complaint anonymously.

State and Federal Government Resources

Sexual harassment is also unlawful under state and federal law where statutes of limitations vary.

To file a complaint with the New York State Division of Human Rights, please visit the Division's website at www.dhr.ny.gov.

To file a charge with the U.S. Equal Employment Opportunity Commission (EEOC), please visit the EEOC's website at www.eeoc.gov.

CUNYFirst Person of Interest (POI) HR Data Form

Who needs to fill out the POI form and Why?

A Person of Interest (POI) record must be created in CUNYFirst for non-staff associates and Hunter College personnel paid by other entities to offer essential technological services efficiently. The individual receives an 8-digit "EMPLID" after creating this POI record, which they can subsequently be used to access College services such as:

Microsoft Office 365 Outlook: Teams, OneDrive storage, MS Word, PowerPoint, and Excel, as well as Outlook email.
CUNYFirst Account
Any other services that require EMPLID

Examples of individuals who need a POI record with EMPLID in CUNYfirst include:

Hunter College Foundation Employees
Non Tax Levy Employees

* You are not required to fill out a POI form if your job does not require you to have a Hunter College staff email or if you do not require access to M365. For example, CUNY students and Graduate Assistants already have CUNYFirst access and an 8-digit EMPL ID, which will grant them access to M365.

How to Establish a CUNYfirst POI Record with an EMPLID:

To create a POI record in CUNYfirst, the department must complete a POI HR Data Form and return it to the Office of Human Resources. Once this form is received and fully approved, the Office of Human Resources will enter the POI into CUNYfirst and notify the employee. Please note the following regarding POI appointments:

1. The maximum time a POI can be appointed is one year.
2. The form requires an appointment end date, which will prompt the removal of the POI's access to the College's services and systems.
3. To ensure continuity of access, the department must submit a yearly POI renewal form.
4. When a POI assignment ends before the original end date on the POI Form, the department must submit a termination notice to HR.

Employee Instruction:

Please complete the information on the next page. You must provide a valid government issued photo ID which indicates your date of birth in order for us to verify your identity and ensure proper entry of your personal information. HR will not process the form if you do not supply complete and correct information. Access will automatically be terminated if false information is provided. Please print legibly and return the entire form.

Full Name

Department

Please answer the following questions thoroughly. Indicate N/A if not applicable.

1. Provide a brief description of why access is needed.

2. Are you currently a CUNY student or employee? Please describe.

3. Active Hunter College Students: If you already have an active student hunter email(@myhunter), does your job also require a Hunter College staff email address? Please describe.

4. Graduate Teaching Fellows: If you have an active Graduate Center email address email, does your job also require a Hunter College staff email address?

5. Do you have a Hunter College Net ID?

6. Did you have a Hunter College Staff email prior M365 Email Merge?

Personal Data Form

Biographical Details:

Prefix:

Last Name:

First Name:

Middle Name:

Date of Birth: _____

Gender: Female (F) NonConf Unspecif
 Male (M) Transgdr
 Non Binry (X) NtListed

Marital Status:

Single Married
 Divorced Widowed
 Legally Separated

SSN: _____

CUNYFirst Empl ID(*if applicable*): _____

Contact Information:

Address:

City/State/Zip Code:

Home Number:

Cell Phone Number:

Work Phone Number:

Email:

Highest Educational Level

Less than HS Graduate
 HS Graduate or Equivalent
 Technical School
 2-Year College Degree
 Bachelor's Level Degree
 Master's Level Degree
 Doctorate (Academic)
 Doctorate (Professional)
 Post-Doctorate
 Other _____

*Ethnic Group

Are you Hispanic or Latino?
 Yes No
What is your Race or Ethnicity? Select any that apply.
 American Indian or Alaska Native
 Asian
 Black or African American
 Italian American
 Native Hawaiian or Other Pacific Islander
 Puerto Rican
 White

Military Status

No Military Status
 Disabled Veterans
 Recently Separated Veteran
 Active Duty Wartime/ Campaign Badge Veteran
 Armed Forces Service Medal Veteran
 Protected Veteran- Chose not to self-identify the classification
 Not a protected veteran
 I am NOT a veteran

What is your ancestry or Ethnicity?

*We are required by law to monitor our Affirmative Action Program, and to collect ethnic data on all employees under Federal Executive Order #11246.

Submission of this information is voluntary

Citizenship Status:Are you a U.S Citizen: Yes No Resident Alien Non- Resident Alien

If No: Country of Origin: _____

Do you have clearance to work in the U.S? Yes No Type of Visa: _____**Emergency Contacts Information:**

Name/ Relationship: _____

Name/ Relationship: _____

Address: _____

Address: _____

City/ State/ Zip Code: _____

City/ State/ Zip Code: _____

Home Number: _____

Home Number: _____

Cell Number: _____

Cell Number: _____

I hereby certify that the information provided is accurate:

Signature: _____

Date: _____

*We are required by law to monitor our Affirmative Action Program, and to collect ethnic data on all employees under Federal Executive Order #11246.
Submission of this information is voluntary

Name:**First****Last****Middle****Social Security #:****CUNY Employee ID:****Department:****Effective Start Date****Effective End Date:****POI Type:****HCF****Non Tax Levy****Other:****Department Approval****HR Approval****Name:****Name:****Title:****Title:****Department:****Approved:** **Denied:****Approved:****Denied:****Signature:****Signature:****Date:****Date:**