

**NORTH COUNTRY COMMUNITY COLLEGE
EMPLOYEE ACKNOWLEDGEMENT FORM**

TO: Payroll
FROM: _____
Employee Name – Please Print

I acknowledge receipt of the following by initialing next to each item and signing below:

- 1. Payroll Employee Information Sheet _____
- 2. Voluntary Self Identification for Employees _____
- 3. Voluntary Self Identification for Disability _____
- 4. NCCC Employment Information/Policies _____
- 5. W-4 (Federal Withholding) _____
- 6. IT-2104 (State Withholding) _____
- 7. I-9 Form (Employment Eligibility Verification)* _____
- 8. Retirement Program Election Form (completed online) _____
- 9. Retirement Program History Sheet (completed online) _____
- 10. Direct Deposit Form _____
- 11. Oath of Office _____
- 12. Prospective Employee Authorization Form _____

* must be returned to payroll or authorized representative IN PERSON with original identification and employment eligibility documentation as indicated in the Employment Information/Policies Memo

Check vouchers will be sent to your College email account.
If you would prefer your voucher be sent to an alternative email account, please list it here

_____.

I understand that I am responsible to be aware of and abide by all North Country Community College policies.

Employee Signature

Date

PAYROLL EMPLOYEE INFORMATION SHEET

Name: _____
Last Suffix First MI

Physical Address: _____
City State Zip+4

Mailing Address: _____
City State Zip+4

Phone: () _____ Listed Unlisted

Cell: () _____ Listed Unlisted

Permission to release personal information to: Faculty Staff Students

Birth Date: ____ / ____ / ____ Identifies as: Male Female X

Social Security Number: ____ - ____ - ____ Assigned at Birth: Male Female X

Campus: Saranac Lake Malone Ticonderoga Department: _____

Company Affiliation (other than NCCC): _____

Address: _____
City State Zip+4

Phone: () _____

E-mail (other than NCCC): _____

Emergency Contact: _____ Phone: () _____
_____ Phone: () _____

Employee Signature: _____ Date: _____



Voluntary Self Identification for Employees

North Country Community College is subject to various state and federal laws that prohibit discrimination and require North Country Community College to engage in affirmative action. These laws prohibit discrimination on the basis of certain protected classes including race, color, religion, sex, national origin, disability and veteran status. It is the policy of North Country Community College to strive for full compliance with these laws that prohibit discrimination.

The information that is being requested below is part of North Country Community College's record-keeping requirements under Executive Order 11246, Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended (38 U.S.C. 4212) and Section 503 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 793). This information will be kept confidential and used solely in conjunction with affirmative action obligations, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of individuals with disabilities, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by OFCCP of the Americans with Disabilities Act, may be informed. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are consistent with section 503 of the Rehabilitation Act of 1973, as amended or with the Vietnam Veterans' Readjustment Assistant Act of 1974, as amended. If you have any questions, please contact Tara Evans, Director of Human Resources, at 518-354-5183.

Employee Name: _____

Race/Ethnic Data: _____ White _____ Black/African American
_____ Hispanic/Latino _____ Asian _____ Hawaiian/Pacific Islander
_____ American Indian/Alaskan Native _____ Two or More

Veteran Status: _____ Vietnam Veteran*
*(Served on active duty for a period of more than 180 days, and was discharged or released there from with other than a dishonorable discharge, if any part of such active duty occurred in the Republic of Vietnam between February 28, 1961 and May 7, 1975 or between August 5, 1964 and May 7, 1975, in all other cases or was discharged or released from active duty for a service-connected disability if any part of such active duty was performed in the Republic of Vietnam between February 28, 1961 and May 7, 1975 or between August 5, 1964 and May 7, 1975 in all other cases).

_____ Veteran*
*(A veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized).

Disability Status: _____ Special Disabled Veteran (please complete Form 503)

_____ Individual with a Disability (please complete Form 503)

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 04/30/2026

Name: _____
Employee ID: _____

Date: _____

(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past
- No, I do not have a disability and have not had one in the past
- I do not want to answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____

NORTH COUNTRY COMMUNITY COLLEGE DIRECT DEPOSIT ENROLLMENT FORM

To enroll in Direct Deposit, simply fill out this form and submit it to Payroll.

I hereby authorize North Country Community College to deposit any amounts owed me by initiating credit entries to my accounts at the financial institutions (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by North Country Community College to my accounts. In the event that North Country Community College deposits funds erroneously into my account, I authorize North Country Community College to debit my account for an amount not to exceed the original of the erroneous credit.

This authorization is to remain in full force and effect until North Country Community College has received written notice from me of its termination in such time and in such manner as to afford North Country Community College and Bank reasonable time to act on it.

Employee Name: _____ Social Security Number: ____ - ____ - ____
Employee Signature: _____ Date: _____

Check vouchers will be sent to your College email account.

If you would prefer your voucher be sent to an alternative email account, please list it here

_____.

**ATTACH A VOIDED CHECK OR A PRE-PRINTED DEPOSIT SLIP SHOWING YOUR BANK
ROUTING AND ACCOUNT NUMBERS**

ACCOUNT INFORMATION (You may choose up to 3 accounts)

-
1. Bank Name/City/State: _____
Bank Routing Number: _____
Account Number: _____ Checking Savings
I wish to deposit:
 \$ ____ . ____ or
 _____ % or
 Entire Net Amount

 2. Bank Name/City/State: _____
Bank Routing Number: _____
Account Number: _____ Checking Savings
I wish to deposit:
 \$ ____ . ____ or
 Remaining Percentage _____ % or
 Remaining Net Amount

 3. Bank Name/City/State: _____
Bank Routing Number: _____
Account Number: _____ Checking Savings
I wish to deposit:
 \$ ____ . ____ or
 Remaining Percentage _____ % or
 Remaining Net Amount

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.**

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.)		

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 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 (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (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): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$ _____
Step 4 (optional): 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	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

**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) _____
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General Instructions

Section references are to the Internal Revenue Code.

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 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 and you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), 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 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). 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 15, 2025.

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. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

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.

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 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 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 (optional).

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 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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.

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 4. 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
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 4 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
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 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 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.
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 (along with any other additional amount you want withheld)

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



- 1 Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: \$29,200 if you're married filing jointly or a qualifying surviving spouse; \$21,900 if you're head of household; \$14,600 if you're single or married filing separately
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

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	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

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	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230



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	Married, but withhold at higher single rate <input type="checkbox"/>
	ZIP code	Note: If married but legally separated, mark an X in the <i>Single or Head of household</i> 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 the Note below, 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 below 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
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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 **1** 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 www.tax.ny.gov (search: *IT-2104-I*) or scan the QR code below.

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 www.tax.ny.gov (search: *IT-2104-I*) or scan the QR code below.

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 (mm-dd-yyyy) (see Box B instructions):

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

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

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

If Yes, enter the date the employee qualifies (mm-dd-yyyy):

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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Scan here



<https://www.tax.ny.gov/it2104-2024>



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
<p>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.</p>		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)						
If you check Item Number 4., enter one of these:		USCIS A-Number		OR	Form I-94 Admission Number	
				OR	Foreign Passport Number and Country of Issuance	
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)	<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
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
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (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. 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 	OR	<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">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 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>

Acceptable Receipts

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

For receipt validity dates, see the M-274.

<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A 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. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>
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*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 (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
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 (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
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 (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
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 (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
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)	
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.)			<input type="checkbox"/> 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.)			<input type="checkbox"/> 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.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.



Prospective Employee Authorization Form

As a candidate for the position of _____ at North Country Community College and with the State University of New York, hereafter "employer," I hereby authorize the employer to conduct a background investigation pursuant to the Fair Credit Reporting Act, Family Educational Rights and Privacy Act, and in accordance with Article 23-A of New York State Corrections Law which may include, but not limited to the following personal, financial, and criminal conviction records:

- Credit records
- Academic records
- Social security number and record verification
- Personal references
- Driving records
- Criminal records
- Workers' compensation records
- Past employment records including performance evaluations

I hereby release the State University of New York, North Country Community College, officers, employees and agents, from any liability and responsibility arising from preparation of the above described background check, investigation or report, and any resulting outcome or consequences, as well as any liability and responsibility arising from obtaining, reviewing, discussing any information gathered in connection with a review of my application, and any resulting consequences.

Faculty/Staff OR Student

Last Name: _____
 Alias/Maiden Name: _____
 First Name: _____
 Middle Name: _____
 Current Address: _____

Date of Birth: ____/____/____ Social Security No.: ____-____-____
 Driver's License Number: _____ Issuing State: _____
 E-Mail: _____

I attest that the information contained above is true and accurate to the best of my knowledge.

Prospective Employee's Signature Date

**North Country Community College
Oath of Office**

Printed Name of Appointee: _____
(Last Name) *(First Name)* *(Middle Initial)*

In accordance with NYS Civil Service Law Section 62 / NYS Education Law Section 3002 / Article XIII Section 1 of the New York State Constitution, I do hereby pledge and declare that I will support the constitution of the United States, and the constitution of the State of New York, and that I will faithfully discharge the duties of the position of

Title of Position: _____

according to the best of my ability.

(Signature of Appointee)

Quick Reference Guide: Step-by-step instructions

Retirement@Work access:

You can access Retirement@Work through the URL: www.retirementatwork.org/suny

Before you get started you may want to:

- Visit the SUNY website www.suny.edu/retirement/ to learn more about the retirement Plan and the SUNY Voluntary 403(b) Savings Plan. Your benefits office can provide you with additional details about each system, and verify which of these systems you are eligible for, as well as whether enrollment is mandatory or optional.
- If you are eligible to choose between the ORP or one of the defined benefit plans (ERS, TRS or PFRS), you may want to listen to this comparative video comparing the ORP and the defined benefit plan options at <https://youtu.be/YdCLWb2T2VQ>.
- Call Customer Service at **866-271-0960** if you need help enrolling.
- You may also want to research investment providers and determine how you wish to invest your retirement assets before starting the enrollment process.

Registration

If you are enrolling in your retirement plans for the first time, you are required to register.

You will need the following information to enroll:

- Social Security Number
- Date of Birth
- Membership number if you are presently a member of the New York State Employees' Retirement System (ERS), the New York State Teachers' Retirement System (TRS) or New York Police Fire Retirement System (PRFS).
- Date of retirement if you are presently receiving a retirement benefit from Retirement System of New York State.

The below steps will navigate you through the online registration process.

1. Click the **Register** button.
2. Complete the personal information short form and click the **Continue** button.
3. Complete the personal information long form and click the **Continue** button.
4. Complete your contact information and click the **Continue** button.

Retirement Plan Enrollment

1. From the "How Can We Help You?" screen, click the **Enroll Now** button.
2. Select the campus for which you work by clicking the **Choose your employer from the list** link and scroll through the employer names and choose the appropriate employer.
3. Confirm the campus selected and click the **Continue** button.

4. Complete the Retirement Program Election (RPE) form
 - 4.1. First, make a retirement program election.
 - 4.2. Second, provide your retirement program history.
 - 4.3. Confirm the campus answers and click the **Continue** button.
5. Review the Terms and Conditions and select the checkbox beside **I have read and accept these terms and conditions**.
6. The **Accept & Submit** button is enabled once the checkbox is selected. Click the **Accept & Submit** button to continue.
7. Employees who elect the New York State Teachers' Retirement System (TRS), the Employees' Retirement System (ERS) or the New York Police and Fire Retirement System (PFRS), will be directed to a PDF form to download and complete. By selecting ERS/TRS/PFRS, you must take your completed application to your Human Resources office for processing. Enrollment is not complete until your application is processed. You are also given an option to enroll in the SUNY 403(b) Voluntary Savings Plan.

Employees who decline membership in a Retirement System will be given an option to enroll in the 403(b) Voluntary Savings Plan, for which enrollment instructions are provided on the following page. Participating in the 403(b) Voluntary Savings Plan provides you with an opportunity to save on a pretax basis (traditional) and after-tax basis (Roth). With the pretax option, all contributions plus any earnings accumulated are tax deferred, and you pay no taxes until you receive your accumulations in retirement. Money invested in the Roth option is taxed when it is deducted from your paycheck and it provides the potential to withdraw earnings on a tax-free basis in retirement. You will be allowed to split your 403(b) contributions between after-tax (Roth) and pretax (traditional), although the combination of any such contributions cannot exceed the maximum allowed by the IRS.

Employees who elect the Optional Retirement Program (ORP) will be taken to the ORP enrollment process.

Optional Retirement Program (ORP) Enrollment

Note: These instructions are the continuation of the enrollment process for employees who have chosen the ORP.

1. After you click the **Accept & Submit** button in RPE, you will be navigated to the "Thank You" transition page where you can select to enroll in the SUNY ORP only or select to enroll in both the SUNY ORP and the 403(b) Voluntary Savings Plan.

To enroll in the 403(b), please input your contribution percentage/amount (as allowed by your campus) and establish the effective date using the calendar.

To decline participation, click on the blue text "I would not like to add the TDA at this time."

Click the **Continue** button to be taken to complete your Optional Retirement Program enrollment.

2. Selecting the ORP and 403(b) allows you to contribute pretax (Traditional) and after-tax (Roth) dollars to the 403(b) Voluntary Savings Plan, in addition to making your elections for the Optional Retirement Program.

If you elect to enroll in the SUNY ORP and/or 403(b) option, you will be navigated to the **Choose Your Contribution Amount** step where you can input your contribution percentage/amount (as allowed by your campus) to split your contribution amount between the pretax and after-tax (Roth), and establish the effective date using the calendar.

To decline participation in the 403(b) Plan, click on the “Do not contribute to the TDA” button. You will be navigated to complete your Optional Retirement Program enrollment (step 3).

If you select to enroll in the SUNY ORP only option, you will be navigated to the **Choose Investment Provider** step (step 3).

3. Review and confirm your elections. A summary of your elections will display. Review the contribution details for each plan and the selected investment provider(s). Click the **Confirm Elections** button.
4. Agree to the Salary Deferral Agreement Terms & Conditions. Click the **I Agree** button.
5. Your enrollment confirmation will appear.
6. You must now continue to enroll with each investment provider selected in step 2 by visiting each provider’s website separately.

403(b) Voluntary Savings Plan, formerly called the Tax-Deferred Annuity (TDA) Enrollment

- 1a. If you elected either ERS, TRS or PFRS in the retirement plan enrollment process and also elect to enroll in the 403(b), click the **Continue Enrollment Process** button.
- 1b. If you elect to enroll in the 403(b) from the “How Can We Help You” screen, click the **Enroll in TDA Plan** button.
2. Type the contribution amount or percentage in the appropriate field, click the + to split the amount between the pretax and Roth elections establish the effective date and then click the **Continue** button.
3. Enter the percentage of the contribution for each investment provider by contribution type and click the **Continue** button.
4. Review the contribution details for each plan and the selected investment provider(s) and click the **Confirm Elections** button.
5. Review the terms and conditions of the Salary Deferral Agreement. Click the **I have read and accept these Terms and Conditions** checkbox and click the **I Agree** button.

A confirmation will display. You must now continue to enroll on each investment provider platform separately that you chose as your investment provider.

Viewing or Making Changes to Elections and/or Personal Information

1. From the “How Can We Help You” screen, click the **View my account** button.
2. Select the location you would like to manage and click the **Continue** button.

Note: If you only have one location, you will navigate directly to the next step.

3. You are now on the Retirement@Work “Plan Summary” screen. On this page you will find the following four tabs:
 - a. Plan Summary
 - b. Manage Contributions
 - c. Plan History
 - d. Planning Basics

The **Manage Contributions** tab is where you can make changes to your contribution elections. Select the **Manage Elections** button to be taken into the ORP enrollment process where you can adjust your elections. For 403(b), you will be able to start, stop or add deferral elections, add Roth contribution or change investment providers.

The **Plan History** tab allows you to review your Contribution History, Withdrawal History, Contribution Changes and any Plan Communications.

The **Planning Basics** tab provides easy-to-understand articles on retirement and financial basics that can help you set your goals and stay on track.

Need help?

If you need assistance with the Retirement@Work system, **call 866-271-0960**.
You will be connected with one of our experienced Retirement@Work consultants.

Weekdays, 8 a.m. – 10 p.m. (ET)

Saturday, 9 a.m. – 6 p.m. (ET)

If you have questions regarding SUNY retirement benefits, please contact your campus benefits administrator.

NCCC EMPLOYMENT INFORMATION/POLICIES

Employment Eligibility Verification Notice:

**** YOU WILL BE REQUIRED TO SUBSTANTIATE YOUR EMPLOYMENT ELIGIBILITY WITHIN THREE (3) DAYS OF YOUR EMPLOYMENT DATE ****

The Immigration and Reform Act of 1986 requires employers to obtain evidence that its employees are ELIGIBLE to work in the United States. An employer is required to obtain:

- documents that establish identity of the employee
- documents that establish employment eligibility

Refer to the current I-9 form for a list of acceptable documents.

Drug & Alcohol Use Policy:

The College is committed to helping its students and its employees achieve their personal and educational goals. Having determined that illicit drugs and alcohol are not compatible with the College's commitment and not necessary for the achievement of these goals, the College requires students, employees, and visitors to refrain from unlawful drug activity and the use of alcohol on our campuses and at College-sponsored events.

Violators of this policy will be reported to the appropriate law enforcement agency and may also be disciplined by the College. Disciplinary sanctions imposed by the College may include expulsion or termination of employment.

- Alcohol:
 - Alcoholic beverages will be permitted on campus only with written approval of the President or his/her designee.
 - Students and employees found in violation of the state or local laws regarding alcohol use will be reported to the appropriate law enforcement agency. Note: the age limit in New York State for purchase, possession, or consumption of alcohol is 21. Local laws include Open Container Laws that make possession of any open container of alcoholic beverages unlawful.
 - Students violating this policy will be subject to disciplinary action. Sanctions can include suspension or dismissal from the College.
 - Disciplinary action for employees violating this policy can include suspension without pay or termination.
- Drug Possession:
 - Students possessing, using, manufacturing, or distributing illicit drugs on campus or at college-sponsored events will be subject to disciplinary action. Sanctions can include suspension or dismissal from the College. These internal review procedures are not intended to replace those of the local law-enforcement agencies. Unlawful behavior will be reported to the appropriate agency for its action.
 - Employees possessing, using, manufacturing or distributing drugs on campus or at a College-sponsored event will be reported to the appropriate area Vice President or the President. Violation of the policy can result in disciplinary action that may include suspension without pay and dismissal. These internal disciplinary procedures are not intended to replace those of the local law enforcement agencies. Employees convicted of a drug offense that occurred on campus or at a College-sponsored event are required by law to so notify the College.

- Prevention:
 - A written statement will be distributed at least annually to all students attending at least one credit course and all employees. That statement will include:
 - The College's Policy on Drugs and Alcohol.
 - The sanctions that can be levied against violators under existing state or federal law.
 - A description of the health risks associated with the use of illicit drugs and the abuse of alcohol.
 - A listing of resources available at the College or in the community to assist students and employees seeking treatment and rehabilitation.
 - The College will communicate its policy on drugs and alcohol to those seeking to use or visit College facilities. Signs, where appropriate, will inform even the casual visitor that North Country Community College is a drug and alcohol free college.

Tobacco Use Policy:

In recognition of its responsibility to maintain a safe and healthy environment for all students, staff and visitors, as well as the health, safety and comfort benefits of a tobacco-free environment, the following on-campus Tobacco Policy is in force on all College property:

- The use of tobacco products by any member of the College Community, including guests in any building owned, operated, or controlled by the College is prohibited, and all such buildings are to be designated tobacco free.
- The use of tobacco products is prohibited within 25 feet of any building owned, operated, or controlled by the College, to include entrances, windows, and ventilation intake systems. Use of tobacco products is permitted only in outside areas completely open to the air. If wayward tobacco smoke intrudes on an interior workspace, smokers located at any distance from a building will be asked to relocate to another area.
- The use of tobacco products is prohibited within 50 feet of the designated Main Entrances of any College building. Said entrance will be clearly marked for smoke sensitive individuals.
- For safety and health reasons, tobacco users are required to properly dispose of tobacco waste and debris.
- The Maintenance Department is responsible for posting and maintaining appropriate interior and exterior signage, e.g., "Use of All Tobacco Products Prohibited".
- Questions about this policy and/or resources and referral services for cessation of tobacco usage may be submitted to the Director of Student Life or Campus Counselors.
- Individuals exposed to second-hand smoke may file complaints with the Director of Student Life.
- Non-compliance with this policy will be handled in accordance with the provisions set forth in the North Country Community College Code of Conduct - Individual Rights and Responsibilities.

Equal Opportunity / Affirmative Action:

North Country Community College complies with all applicable laws regarding discrimination. Specifically, NCCC does not discriminate on the grounds of race, color, religion, gender, sexual orientation, national origin or citizenship status, age, disability or veteran's status in employment, education, or in any other area of the College. In compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1992 and their implementing regulations, NCCC does not discriminate on the basis of disability in admission of, access to, treatment, or employment in its programs and activities. In addition, NCCC does not discriminate on the basis of gender in its

educational programs or activities, in compliance with Title IX of the Education Amendment of 1972 and its implementing regulations.

Sexual Harassment Policy:

North Country Community College will not tolerate sexual harassment. The College observes the New York State Policy of Sexual Harassment which states that discrimination on the basis of gender is a violation of Section 703 of Title VII of the Civil Rights Act of 1964 as amended and the New York State Human Rights Law. Guidelines approved by the Equal Employment Opportunity Commission on September 23, 1980, state: *Unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature will constitute sexual harassment when:*

- Submission to the conduct is either an explicit or implicit term or condition of employment; or
- Submission to or rejection of the conduct is used as a basis for an employment decision affecting the person rejecting or submitting to the conduct; or
- The conduct has the purpose or effect of unreasonably interfering with an affected person's work performance, or creating an intimidating, hostile, or offensive work environment.

North Country Community College has a grievance process in place to handle sexual-harassment complaints. The process is outlined in the North Country Community College Statement of Policy on Affirmative Action and Human Rights, October 1979 (Revised Summer 1988). It is the practice of the College to ensure fair and impartial investigations that will protect the rights of the person(s) filing sexual harassment complaints, the person(s) complained against and the College system as a whole.

Computer Use Policy:

North Country Community College is respectful of freedom of expression and the diversity of perspectives, values, and beliefs of the individual members of the College community. NCCC owns and operates computing services which are provided for the express use of registered students, faculty, and staff in support of the programs of the College and are to be used for educational, research, academic development, and public service only. COMMERCIAL, SOCIAL, and RECREATIONAL USES ARE PROHIBITED. All computer users, including special permission invitees, are expected to use the available hardware, software, and Internet access in an effective, efficient, and equitable, ethical, and lawful manner in accordance with College policies, the Code of Conduct – Individual Rights and Responsibilities, as well as Local, State, and Federal Laws.

Agreement

By using any of these computer systems the user agrees that they have read, understand, and will comply with the established guidelines set forth by the administrators of the system.

Rights

The College does not condone censorship. NCCC does, however, reserve the right to place limited restrictions on the use of its computers and systems in response to verified complaints presenting evidence of violations of College policies, the Code of Conduct – Individual Rights and Responsibilities, as well as Local, State, and Federal Laws.

Responsibilities

Users of NCCC computers and computer systems are responsible for maintaining the following conditions:

1. Equitable use of all computers, computer systems, software, and Internet access and instructional services.
2. An educationally sound environment conducive to teaching, research, and learning.
3. An environment free of illegal, unethical, malicious, harassing, or hostile acts.

4. An electronic safe and secure environment based on academic honesty and integrity.

Confidentiality and Privacy

All electronic correspondence conducted using the College's resources are part of the College's computer systems and are the property of North Country Community College. The College treats individual electronic communication as confidential and will only examine or disclose their contents:

- When authorized by the owner, or
- When required to evaluate and/or adjust computer systems to ensure effective operation; or
- When directed by an authorization of a College Officer. Such actions will be taken when there is evidence or reasonable information that inappropriate use of computing and network facilities and resources is taking place, when situations involve health or safety of people or property, and when required by legal obligations or responsibilities.

However, electronic communications are inherently an insecure communications medium, and no one should expect its confidentiality to be guaranteed. In general, electronic communications are not appropriate for transmitting sensitive or confidential information.

All use of electronic communications will be consistent with other College policies, including the North Country Community College Code of Conduct. If there is reason to believe that a student NCCC account is being used in violation of law or College policy, or if an account is used in a way that threatens to disrupt service to other users, the College may restrict, suspend or disable the account's access and/or network access until the College is assured that the illegal or disruptive use of the account will cease. Complaints brought by another user will result in a thorough investigation by College personnel.

Inappropriate Computer Usage

Prohibited and inappropriate use of NCCC computers and computer systems include, but are not limited to, intentional behaviors which violate one or more of the following:

1. Any Federal, State, or Local Law.
2. The stated mission of the College.
3. The Family Educational Rights and Privacy Act of 1974 (The Buckley Act, P.L. 93-308), or in any way accessing, divulging, or transmitting any personally identifiable information to another individual.
4. The NCCC Code of Conduct – Individual Rights and Responsibilities.
5. Any College rule or regulation, particularly those found in the College Catalog in Appendix A of the NCCC Code of Conduct – Individual Rights and Responsibilities.
6. NCCC sexual harassment policy. This includes, but is not limited to, creating, displaying, printing, downloading, or in any way transmitting sexually explicit, pornographic, graphically disturbing, or sexually harassing images or text.
7. Installing and/or playing computer games.
8. Use of chat rooms for social, rather than educational, purposes.
9. Knowingly installing or running any programs, virus or worm, or conducting any other activity that threatens or contaminates the integrity of the computers, computer systems, computer programs, or software of the College.
10. Illegally accessing and/or using the intellectual property of another individual.
11. Installing, changing, or deleting software on any computer system, to include changing system defaults, personally customizing settings, deleting files belonging to others, and inappropriate storing of data files.
12. Using electronic messages to harass, intimidate, or in any manner that violates the personal and property rights of others.
13. Deliberately overloading computer resources and/or wasting or failing to conserve computer resources, including document printing, instruction, and time.
14. Using computer equipment for personal, financial, or commercial gain.

15. Violating copyright laws, usage policies, or violating network regulations or contracts.
16. Plagiarism, cheating, or any behavior that violates academic honesty standards.
17. Purchasing or ordering for trial use any goods or services without documented administrative approval.

Violations and Reporting Violations

Adhering to due process rights, all reports of alleged violations will be handled in accordance with the provisions set forth in the North Country Community College Code of Conduct – Individual Rights and Responsibilities. All such alleged violations will be administratively handled by the Vice President of Student & Campus Life and/or Vice President of Academic Affairs, and should be immediately submitted using the “NCCC Incident Report Form”. Incident Report Forms should be routed directly to the Dean(s) or through class instructors, academic departments, chairs, academic coordinators, computer lab supervisors, and/or any computer service administrator. Under extreme circumstances, an individual’s computer access rights may be immediately and/or temporarily suspended. Some violations may constitute criminal offenses requiring immediate legal action.

Sanctions

The full range of sanctions is available for any and all reported violations. In extreme instances, or in the case of criminal acts, further legal action beyond the scope of the NCCC Code of Conduct – Individual Rights and Responsibilities may be necessary.

P.5., Section V, Code of Conduct – Individual Rights and Responsibilities – Available sanctions for violations of Code of Conduct.

In the event of a violation of the Code of Conduct is established, the following:

- 1. OFFICIAL REPRIMANDS AND WARNING LETTERS may be imposed outlining the consequences if the behavior continues.
- 2. RESTRICTIONS ON ACTIVITIES AND PRIVILEGES may be imposed, including social probation, by which students are prohibited from attending non-academic functions sponsored by the College or the Student Government Association. Social probation may be given for academic or disciplinary reasons, and shall be made for a specific time period.
- 3. RESTITUTION may be imposed, which may include direct payment for damages caused by the offender or indirect payment of the same through service to the College.
- 4. LOSS OF COURSE CREDIT may be imposed for academic offenses only. In such cases, no monetary refund of any College fees shall be allowed.
- 5. DENIAL OR REVOCATION OF A COLLEGE HONOR, DEGREE, OR CERTIFICATE may be imposed in cases where falsifications of records or academic offenses are of such nature that the absence of entitlement to the honor, degree, or certificate is established. In such cases, the final decision is subject to review and determination by the College President. In such cases, no monetary refund of any College fees shall be allowed.
- 6. WITHDRAWAL FROM A COURSE may be imposed and may be made for academic or non-academic reasons. No monetary refund of any College fees shall be allowed.
- 7. SUSPENSION FROM COLLEGE may be imposed, and shall mean that the student is not allowed to participate in any College activity in any form, including classes, for a specific length of time. No monetary refund of any College fees shall be allowed.
- 8. DISMISSAL FROM COLLEGE may be imposed, and shall mean that the student is prohibited from taking part in any College activity. No monetary refund of any College fees shall be allowed. In such cases, the final decision is subject to review and final determination by the College President.

Code of Conduct:

The NCCC Code of Conduct provides realistic guidelines for individuals to follow regarding their academic, social, and personal conduct. The Code reflects that which is appropriate, reasonable and considerate action for members of the College community. The Code is monitored by the College Review Board and applies to all members of the College community. It is appropriate and reasonable to expect members of the College community to:

1. Comply with all laws of the Villages and Towns in which the respective College campuses/sites are located, as well as State and Federal laws.
2. Comply with all College rules and regulations, particularly those in Appendix A hereof and in the College catalog.
3. Proceed in an orderly, lawful and responsible manner when attempting to change or modify College rules and regulations that are considered in need of reconsideration or modification.
4. Not engage in harassment of individuals based on status, age, sexual orientation, handicap, race, creed, gender, position of authority or for any other reason. This includes any activity which endangers the mental or physical health of another individual, such as verbal or physical activity of a threatening or offensive nature against another, either in person, by telephone, by computer message or otherwise; activity amounting to stalking or refusing to cease a course of conduct when requested to do so by another individual; activity consisting of nonconsensual touching of another individual, etc.
 1. Refrain from committing a hate crime which is identified by the New York State Penal Code as a "specific offense" by intentionally selecting a person(s) against whom the offense is committed or intended to be committed in whole or in substantial part because of a belief or perception regarding specified attributes of race, color, national origin, ancestry, gender, religion, age, disability or sexual orientation of a person, regardless of whether the belief or perception is correct.
 2. Refrain from abusive, derogatory, and destructive behavior towards self and/or others. Students engaging in destructive behavior against self or others will be dismissed from the College immediately. Re-admission may be considered, pending submission of professional evaluation(s) stating that the individual no longer represents a threat to others as well as herself/himself.
5. Respect the personal property rights of others, and the property rights and facilities of the College.
6. Complete their pursuit of knowledge following the highest levels of scholarship. For students this means abiding by the academic tradition not to plagiarize, nor seek, receive, utilize or provide unauthorized assistance in the completion of assignments and tests.
7. Comply with all terms and conditions set forth in the NCCC Responsible Use of Electronic Communication Policy incorporated herein as Appendix B.
8. Avoid unauthorized and unlicensed duplication of copyrighted material found in paper media, computers, computer software, or the Internet.
9. Attend to their College duties (teaching, learning, administering, etc.) with the desire and goal to achieve excellence, and with due care and concern for the individual and collective rights of others.
10. Use socially acceptable language.
11. Dress in a manner socially acceptable and befitting to the various College activities.
12. Represent the College to the wider public community in the manner consistent with the purposes of the College. The NCCC standards of behavior apply to both on and off-campus conduct when relevant to the mission, processes, functions, and interests of the College.
13. Comply with all "No Tobacco Use" signs and regulations for health and safety reasons.

14. Refrain from the use, possession or distribution of alcoholic beverages on College owned or controlled property or while attending sanctioned off-campus College events. The College permits the consumption of alcoholic beverages at social functions only when the President in advance of the event has granted permission in writing. In the event written permission is granted by the President, only those individuals authorized by the President shall be permitted to bring alcoholic beverages onto a campus/site for College functions. Consumption of alcoholic beverages shall be permitted only within the approved area designated for said event. No person under the age of 21 years shall consume any alcoholic beverage at any College sanctioned event.
15. The use, possession or distribution of any drug considered illegal by Federal or State laws or a controlled substance not permitted by law at the College or at College sanctioned events is prohibited. The College regards any illegal drug involvement as an educational, as well as a legal issue, and offers counseling opportunities to members of the College community who wish to use those services. See Appendix C, which is made a part hereof.
16. College clubs, organizations, and athletic teams are prohibited from any action or situation (hazing) which recklessly or intentionally endangers mental or physical health or involves the forced consumption of liquor or drugs for the purpose of initiation into or affiliation with said organization. This regulation shall govern the conduct of student, faculty, and other staff as well as visitors and other licensees and invitees on campus or college owned property.

Section I: Application and Enforcement of the Code of Conduct

- The procedures for enforcement of these standards of conduct involving College staff and employees have been established in the applicable collective bargaining agreements between staff and employees and the College, and said procedures shall apply.
- The procedures for enforcement of these standards of conduct involving any student are as set forth below, and these procedures shall apply to all acts or conduct of a student which are of an academic or a non-academic nature occurring on any of the campuses/sites of the College, or off campus at a function sponsored or conducted under the aegis of the College.

Section II: Definitions

- When any provision of these procedures requires that a written notice be given to another person, the term "written notice" shall be deemed to require that such written notice to given or mailed to said other person by United States Post Office certified mail, return receipt requested. If such notice is to be given to a student, is shall be addressed to the address last appearing on the student's current College registration form on file at the Records Office of the College. If such notice is to be given to a member of the faculty or staff of the College, the notice shall be addressed to that person by title and name and shall be addressed to the campus address where the staff person's office is located. For purposes of computing all time requirements provided by these procedures based on time for giving of notice, the giving of notice shall be deemed to commence on the date of actual mailing such notice at the United States Post Office by the sender, and such date shall be established by the stamped date of the United States Post Office stamped on the receipt received by the sender at the time of mailing, regardless of the date when such notice be actually received or accepted by the recipient.
- The term "working day" when used in these procedures means a day when the College is in session by conducting one or more classes at its main campus in Saranac Lake, New York. Notwithstanding the foregoing, a "working day" shall not include official legal holiday days recognized by Federal or State laws, or any

Saturday or Sunday days even if one or more classes are conducted at the main campus in Saranac Lake, New York.

- The term "College Review Board" when used in these procedures means the board charged with providing hearings and making recommendations involving charges of violations of the Code of Conduct by students of the College. The College Review Board (CRB) shall consist of one member of the teaching faculty appointed by the President who shall serve as Chief Justice of the CRB; one member of the permanent staff of Management Confidential of the College appointed by the President; one member of the faculty or staff appointed by the Vice President for Enrollment Management and Student Services; and two students of the College selected each year by the majority vote of the Student Government Association Presidents. Except for student appointees, each member appointed to the CRB shall serve for a three-year term, except for the student appointees and shall hold office until said appointees successor is appointed. In the event of a vacancy during the term of a member's appointment by reason of death, resignation, disqualification or withdrawal from student or College staff status, such vacancy shall be filled by the specified appointing authority for the unexpired term in the same manner as the original appointment. All meetings of the CRB shall be open to the public. Three (3) members of the CRB shall constitute a quorum for the transaction of its functions. All meetings of the CRB shall be conducted at the main campus of the College at Saranac Lake, New York. Each member of the CRB shall have his/her recommendation on any matter considered by the CRB reported to the Vice President for Enrollment Management and Student Services even if such recommendation be contrary with the recommendations of other members of the CRB. The Vice President for Enrollment Management and Student Services of the College shall be an ex-officio member of the CRB, but shall have no right to vote. The Chief Justice shall preside at all meetings of the CRB, and shall prepare and submit all written reports and recommendations of the CRB required pursuant to these procedures.

Section III: Informal Procedures (Regarding Minor Disputes Involving Academic or Non-Academic Matters of Students of the College)

Section IV: Formal Procedures (Regarding Alleged Violations of the Code of Conduct by a Student)

Section V: Available Sanctions for Violation of the Code of Conduct

Section VI: Appeals of Sanctions (Of Dismissal or Denial or Revocation of College Honor Degree or Certificate to the President)

COLLEGE POLICIES ARE UPDATED ON AN ONGOING BASIS. THE ABOVE IS NOT A COMPLETE LISTING OF ALL COLLEGE POLICIES. I UNDERSTAND THAT I AM RESPONSIBLE TO BE AWARE OF AND ABIDE BY ALL NORTH COUNTRY COMMUNITY COLLEGE POLICIES, INCLUDING THE ONES THAT ARE NOT LISTED ABOVE. FOR MORE INFORMATION, SEE THE PRESIDENT'S OFFICE.