



**NORTH  
COUNTRY**  
COLLEGE OF  
**ESSEX & FRANKLIN**  
STATE UNIVERSITY OF NEW YORK

# **STUDENT EMPLOYMENT GUIDE**

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# I. Objective of Student Employment

The objective of Student Employment at North Country College of Essex and Franklin is to provide student employees with real-to-life work experiences. Supervisors should view their involvement as an opportunity to help students develop good work habits and become responsible employees. Students should regard their employment as important to the functioning of the college as well as an opportunity to gain practical work experience.

There are two types of work programs at the college. They are both considered to be programs of financial assistance:

- **The Federal Work-Study Program:** A federally funded student aid program based on financial need. Need is the difference between the cost of the students education and the amount the student and their family are expected to contribute toward that cost. A standard formula is used to determine this financial need.
- **The College Funded Student Work Program:** An institutionally funded work program for students that meet criteria for specialized areas of employment.

# II. Student Eligibility

To be eligible for student employment the student must be:

- \* A U.S. citizen or eligible non-citizen as described by the Federal Student Aid Handbook
- \* International students here on an I-20 student visa
- \* Accepted to a program of study through the Enrollment Services
- \* Enrolled for at least 6 credit hours per semester
- \* Attending classes on a regular basis
- \* Making satisfactory academic progress

Students who meet the above requirements must also submit a **Free Application for Federal Student Aid (FAFSA)**.

Work study is awarded on a first-come, first serve basis. Students who filed their financial aid applications late and are interested in work-study may be placed on a waiting list. Students on the waiting list will be awarded work-study as funds become available.

### **III. Assignments and Hiring**

Students who are eligible for the federal work-study program will be sent an e-mail with directions on how to locate available jobs. They will then contact supervisors to set up a job interview.

Once the student has been hired, they will then contact their supervisor and, discuss job responsibilities, make a schedule, and receive their Student Employment Contract (Appendix A). Both the supervisor and the student will sign the contract. It is the student's responsibility to return the completed contract to the Work-Study Coordinator at Enrollment Services. The student will not be able to start work until the contract is completed, turned in, and the student has been cleared by the Work-Study Coordinator and/or Payroll.

### **IV. Conditions of Employment**

#### **Wages**

Student employees cannot be paid salary or commission. They must be paid on an hourly rate no lower than the current federal minimum wage. North Country student employees will be paid according to the following scale unless otherwise specified on their contract:

General Employee	\$ 7.50/hr
Lifeguards	\$ 10.00/hr - Certification required

#### **Hours**

Student employees cannot work in excess of 8 hours per day and 20 hours per week while classes are in session. During vacations they may work up to 37 hours per week. No additional hours are permitted. The Student Employment Contract states the maximum amount the student employee can earn for the academic year. The student employee does not need to earn the total amount they have been awarded, however they cannot exceed this amount.

Student employees are to have an assigned work schedule. Students must report the hours worked at the end of each work day on a timesheet which must be signed by the student and their respective supervisor certifying its accuracy.

Timesheets must be submitted to Payroll by the due date (refer to the Student Payroll Schedule in Appendix I) in order to receive a paycheck. Failure to meet the timesheet deadline will result in a delay of payment.

Both the student and supervisor are responsible to see that the student does not exceed the approved number of hours per week.

\*\*\*Students may not work during scheduled class times – you may not skip a class and work during that time period.

## **Meal Breaks**

New York State Labor Law Section 162 outlines the following:

- Employees who work a shift of more than six hours starting before 11AM and continuing until or past 2PM must have an uninterrupted lunch period of at least half an hour between 11AM and 2PM.
- If a person is employed for a shift starting before 11AM and continuing later than 7PM, that employee is allowed an additional meal period of at least 20 minutes between five and seven o'clock in the evening.
- Every person employed for a shift of more than six hours starting between the hours of 1PM and 6AM, shall be allowed at least forty-five minutes for a meal period at a time midway between the beginning and end of such employment.
- In some instances where only one person is on duty or is the only one in a specific occupation, it is customary for the employee to eat on the job without being relieved. The Department of Labor will accept these special situations as long as the employee voluntarily consents to the arrangements. However, an uninterrupted meal period must be given to every employee who requests this from an employer.

Please see Payroll if further clarification is needed.

## **Periods of Non-Attendance**

A student may be employed under federal work-study during a period of nonattendance, such as a summer term or an equivalent vacation period, as long as they are planning to enroll for the next period of enrollment and must have demonstrated financial need for that period. To meet financial aid eligibility requirements the student must be accepted by the Enrollment Management Office to a program of student leading to a degree or certificate. A student that is suspended will not be allowed to enroll in the college for the next available semester. Therefore, a student who has been dismissed at the end of a spring semester is not eligible to work that summer.

## V. Termination

Supervisors shall discuss any problems with the student employee if he/she is not performing in a satisfactory manner. The student should then be given a chance to improve.

- Problems that should be addressed may include, but are not limited to the following:
  - Absence without notice
  - Excessive tardiness
  - Violation of department's rules and regulations
  - Failure to work a reasonable percentage of hours granted on contract
  - Loitering on the job
  - Failure to fulfill job responsibilities in a satisfactory manner

If the supervisor and the student are unable to resolve differences, it may be necessary to terminate/release a work-study student. Once a student has been terminated or released from one position, they will not be reassigned to another job on campus.

- Dismissal may be issued for any of the following violations, but not limited to:
  - Job abandonment (three consecutive work days where the employee has not called or reported to work)
  - Excessive absences
  - Dishonesty and/or theft
  - Verbal or physical abuse to a supervisor, personnel, or another work study student
  - Abuse of North Country equipment or property
  - Excessive failure to attend classes
  - Disclosure of confidential information to unapproved parties
  - Falsifying timesheets

If a supervisor releases a student from a work-study position, the following steps should be followed:

1. Document, in your department files, the reason for terminating any student. This information should be kept for future reference and may be needed in case of staff changes.
2. Terminate the student's employment, preferably by conference with the student. This is an educational process and the supervisor is asked to thoroughly explain the reason(s) for releasing the student.
3. Notify the Work-Study Coordinator in Enrollment Services in writing by completing the Student Release Form (Appendix J).
4. Sign and turn in timesheet for any hours the student worked prior to their termination date. If they worked hours, they must be paid for them.

## VI. Unemployment Benefits

Employment at North Country Community College is provided under a program of financial assistance to students and will not be covered for unemployment benefits per section 511.15 of the New York State Labor Law.

## V. Responsibilities of the Student Employee

Any job is a serious obligation and your performance, attitude, and conduct should reflect this. Wherever you work, organizations strive to create an atmosphere of courteous and efficient service to the public. Any student who accepts a job accepts the responsibilities of maintaining professional standards and agrees to do the following:

- Complete the Student Employment Contract and submit it to the Work-Study Coordinator, in Enrollment Services. **You will not begin work until all forms are completed accurately and submitted to Enrollment Services.**
- Understand that a Student Employment Position is a job. The money paid to the student must be earned on an hourly basis.
- Cooperate in creating a work schedule that leaves enough time aside from work and classes to do homework and study for exams. Once a work schedule is established the student is responsible for working those hours.
- Report to work on time and notify their supervisor if this is not possible due to extenuating circumstances. **Note:** Permission to be absent must be granted by the student's supervisor.
- Know and perform in a satisfactory manner the duties of their position as explained by their supervisor.
- Record time worked accurately at the end of each shift. Sign the time sheet at the end of each payroll period. Unsigned time sheets will result in a delay of payment.
- Establish a good working relationship with the supervisor and all other department members.
- Resolve any problems pertaining to their Student Employment Position. If a problem cannot be resolved through the supervisor, the student should contact the Work-Study Coordinator in Enrollment Services.

- Conduct themselves in a professional manner. Maintain the confidentiality of college records and other information they may see or hear.
- Keep socialization to a minimum. On-the-job fun can be acceptable on occasion, but socialization that lowers efficiency and productivity is not acceptable.
- Represent their office or place of employment well. The student worker may be the first contact that a person has with a job site. How a person is received leaves a lasting impression.
- Show initiative. The student should learn all they can about the area or department in which they are assigned. The more a student worker knows about the area, the more valuable they will become.
- Have a positive attitude. Be cooperative and show a willingness to learn. Your work reflects your attitude and level of competency.
- Dress appropriately for your job. Discuss any questions on attire and grooming with your supervisor.
- Inform supervisor of any plans to end employment. Two weeks notification is recommended. **YOU MUST COMPLETE A STUDENT RELEASE FORM (Appendix J) AND RETURN IT TO THE WORK-STUDY COORDINATOR IN ENROLLMENT SERVICES IF YOU ARE TERMINATING YOUR EMPLOYMENT.** Additional copies will be made available in the Enrollment Office.

## **VI. Responsibilities of Supervisor**

- Develop accurate and useful job descriptions for their Student Employment Positions.
- Inform student employees of all duties, responsibilities, and any special requirements of the position.
- Inform student employees of any changes in procedures, scheduling, or working conditions.
- **DO NOT LET A STUDENT BEGIN WORKING UNTIL YOU HAVE RECEIVED A WRITTEN RELEASE FOR FROM EITHER THE WORK-STUDY COORDINATOR OR PAYROLL, EVEN IF THE STUDENT IS A RETURNING STUDENT TO YOUR DEPARTMENT.**
- Develop good working relations with all student employees.

- Take immediate action to correct inappropriate behavior of student employees.
- DO NOT request or demand that the student miss any classes in order to work. Supervisors are encouraged to be as flexible as possible with work hours and students' class schedules. Students are here for academic reasons FIRST!
- See that each student employee's hours are reported accurately and the work performed is satisfactory. The supervisor's signature on a timesheet is verification the student worked the hours listed.
- Submit timesheets to Payroll as indicated on the enclosed payroll schedule (Appendix I). **This is the supervisor's responsibility, not the student's.**
- Complete a Student Release Form (Appendix J) whenever a student employee is terminated or resigns and return it to the Work-Study Coordinator in Enrollment Services.

## **VIII. Pension**

All students employed by North Country are eligible to become members of the New York State Employee's Retirement System, a defined benefit plan.

If a student elects to join the Retirement System, they are required to contribute 3% of wages earned to the Retirement System and are required to contribute to FICA taxes. All students will be given a Retirement Program Election Form (Appendix E) to sign with their contracts.

## **IX. Student Confidentiality**

All student employees at North Country are required to sign a student Confidentiality Statement (Appendix G). The statement states that students understand that they have the responsibility to keep any and all information seen or heard in the performance of their duties confidential. Student employees may not copy, remove, or allow unauthorized access to institutional documents, files, or mailing lists.

Any violation of this confidentiality agreement will result in immediate dismissal.

## **X. Direct Deposit**

Direct deposit is available to all NCCC employees. To participate, a Direct Deposit Enrollment Form (Appendix K) must be filled out and turned into Payroll along with a voided check.

## **XII. Contact Information**

### ENROLLMENT SERVICES

Scott Mitchell

Work-Study Coordinator

Enrollment and Financial Aid Counselor

[smitchell@nccc.edu](mailto:smitchell@nccc.edu)

Phone: 891-2915 ext 381      Fax: 891-0898

### BUSINESS OFFICE

Ami Fletcher

Payroll and Benefits

[afletcher@nccc.edu](mailto:afletcher@nccc.edu)

Phone: 891-2915 ext 209      Fax: 891-6562

### SUPERVISOR CONTACT INFORMATION:

<b>Department</b>	<b>Supervisor</b>	<b>Extension</b>
<b>SARANAC LAKE</b>		
Athletics	Jerrad Dumont	236
Bookstore	Diana Friedlander	382
Business Department	Jane Carpenter	268
Business Office	Lisa Symonds	207
Campus & Student Life	Bobbie Karp	271
English/Humanities	Sarah Maroun	243
Enrollment	Meredith Chapman	216
Dining Services	Ted Bandru	891-1412
LAC	Innam Dajany	217
Library	Irene Finlayson	218
Lifeguards	Jerrad Dumont	236
Maintenance	Chris Euber	263
Science	Judy Steinberg	259
Nursing	Mike Shepard	269
Rad Tech	Elizabeth Wasson	234
Records Office	Erika Swain	247
Payroll	Ami Fletcher	209
<b>MALONE</b>		
Bookstore	Tom Willingham	239
LAC	Kate Wells	224
Library	Pete Benson	227
Maintenance	Kevin Bisonette	242
Nursing	Lorraine White	241
Student Services	Bruce Kelly	226

## **APPENDICES**

# Appendix A:

## 2011 – 2012 FEDERAL WORK STUDY TEMPORARY PART-TIME STUDENT EMPLOYMENT CONTRACT

Please return completed contract form to the Enrollment Services Office as soon as student is confirmed to work. All forms must be on file prior to beginning employment.

### *Section A: To Be Completed By Student*

Name: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Local Phone: \_\_\_\_\_

E-Mail Address(other than NCCC): \_\_\_\_\_

I wish to accept this position as indicated below. I agree to comply with all job requirements as defined by my supervisor, the Student Employment Guide, and the employing department. If for any reason I terminate my contract prior to the end date specified below, I understand that I must complete the Student Release Form, Appendix I of the Student Employment Guide. This form needs to be returned to Scott Mitchell in the Enrollment Services Office.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### *Section B: To Be Completed By Supervisor*

Department: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Direct Supervisor's Name: \_\_\_\_\_

Please Provide Names & Signatures for all other persons authorized to sign timesheets:

\_\_\_\_\_

I authorize that the above named student be added to the payroll for employment through this department.

Direct Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY

Award Amount: \$ \_\_\_\_\_

Hours/Week: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Pay Rate: \$ \_\_\_\_\_

Confidentiality  W-4  IT-2104  I-9  RPE

SENT TO PAYROLL: \_\_\_\_\_ SUPERVISOR NOTIFIED: \_\_\_\_\_

# Appendix B:

## Form W-4 (2011)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

### Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for yourself if no one else can claim you as a dependent . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if: <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b> _____
<b>C</b>	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b> _____
<b>D</b>	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____
<b>E</b>	Enter "1" if you will file as head of household on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____
<b>F</b>	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit . . . . . (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b> _____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.</li> <li>• If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children . . . . .</li> </ul>	<b>G</b> _____
<b>H</b>	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ <b>H</b> _____ For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> <li>• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</li> </ul>	

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h3>Employee's Withholding Allowance Certificate</h3> <p>▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-2159  <div style="font-size: 2em; font-weight: bold;">2011</div>
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____
6 Additional amount, if any, you want withheld from each paycheck . . . . .		6 \$ _____
7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a refund of all federal income tax withheld because I had no tax liability and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶		7 _____
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶		<b>Date</b> ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q

Form **W-4** (2011)

# Appendix C:



New York State Department of Taxation and Finance

## Employee's Withholding Allowance Certificate New York State • New York City • Yonkers

# IT-2104

Print or type	First name and middle initial	Last name	Your social security number
	Permanent home address (number and street or rural route)		Apartment number
	City, village, or post office	State	ZIP code

Single or Head of household  Married   
 Married, but withhold at higher single rate   
**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? ..... Yes  No   
 Are you a resident of Yonkers? ..... Yes  No

**Complete the worksheet on page 3 before making any entries.**

1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 20) ..... **1.**   
 2 Total number of allowances for New York City (from line 31) ..... **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.

Employee's signature	Date
----------------------	------

**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: detach this page and give it to your employer; keep pages 3 and 4 for your records.**

**Employers only:** Mark an **X** in box A and/or box B to indicate why you are sending a copy of this form to New York State (see instr.):

A. Employee claimed more than 14 exemption allowances for NYS ..... A.

B. Employee is a new hire or a rehire ..... B.

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 NYS Tax Department.)	Employer identification number
--	--------------------------------

### Instructions

**New for 2011**

If you completed a 2010 Form IT-2104 and computed an additional New York City withholding amount, you should complete a new 2011 Form IT-2104 and give it to your employer.

When reporting new hires or rehires, employers are now required to report if dependent health insurance benefits are available and the date the employee becomes eligible for the benefit.

**Who should file this form**

This certificate, Form IT-2104, is completed by an employee and given to the employer to instruct the employer how much New York State (and New York City and Yonkers) tax to withhold from the employee's pay. The more allowances claimed, the lower the amount of tax withheld.

If you do not file Form IT-2104, your employer may use the same number of allowances you claimed on federal Form W-4. Due to differences in tax law, this may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers. Complete Form IT-2104 each year and file it with your employer if the number of allowances you may claim is different from federal Form W-4 or has changed. Common reasons for completing a new Form IT-2104 each year include the following:

- You started a new job.
- You are no longer a dependent.

- Your individual circumstances may have changed (for example, you were married or have an additional child).
- You itemize your deductions on your personal income tax return.
- You claim allowances for New York State credits.
- You owed tax or received a large refund when you filed your personal income tax return for the past year.
- Your wages have increased and you expect to earn \$100,000 or more during the tax year.
- The total income of you and your spouse has increased to \$100,000 or more for the tax year.
- You have significantly more or less income from other sources or from another job.
- You no longer qualify for exemption from withholding.
- You have been advised by the Internal Revenue Service that you are entitled to fewer allowances than claimed on your original federal Form W-4, and the disallowed allowances were claimed on your original Form IT-2104.

# Appendix D:

OMB No. 1615-0047; Expires 08/31/12

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

## Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

### Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) \_\_\_\_\_
- An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year)

Employee's Signature \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_

**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

### Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____	OR	_____	_____	_____
Issuing authority: _____		_____	_____	_____
Document #: _____		_____	_____	_____
Expiration Date (if any): _____		_____	_____	_____
Document #: _____		_____	_____	_____
Expiration Date (if any): _____	_____	_____	_____	_____

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)
North Country Comm Coll, PO Box 89, Saranac Lake, NY 12983		

### Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable) \_\_\_\_\_ B. Date of Rehire (month/day/year) (if applicable) \_\_\_\_\_

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: \_\_\_\_\_ Document #: \_\_\_\_\_ Expiration Date (if any): \_\_\_\_\_

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 document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------

## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
OR		AND
1. U.S. Passport or U.S. Passport Card	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. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	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. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	
	5. U.S. Military card or draft record	5. Native American tribal document
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	6. U.S. Citizen ID Card (Form I-197)
	8. Native American tribal document	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
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	9. Driver's license issued by a Canadian government authority	8. Employment authorization document issued by the Department of Homeland Security
	<b>For persons under age 18 who are unable to present a document listed above:</b>	
	10. School record or report card	
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)**

## Appendix E:

### State University of New York Retirement Program Election Form

Name: \_\_\_\_\_

SS#: \_\_\_\_\_

Phone#: \_\_\_\_\_

College: North Country Community College

**(This form must be submitted to Payroll of your college within 30 days of your initial date of eligible appointment.)**

Having satisfied myself as to the desired retirement program available to me by or pursuant to law in connection with my employment by State University of New York, I hereby elect to participate in the retirement program specified below.

1. New York State Teachers' Retirement System

2. New York State Employees' Retirement System

3. SUNY Optional Retirement Program

A. Teachers Insurance and Annuity Association and College Retirement Equities Fund, (TIAA-CREF)

#### **Alternative Funding Vehicles (AFV)**

(Note: If you participate in an AFV, you must also elect CREF)

B. ING Financial Services

C. Metropolitan Life and Affiliated Companies

D. AIG Retirement

4. I have been advised of my eligibility and elect to decline membership in a Retirement System at this time (only for non-mandatory positions)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(mm/dd/yyyy)

**Note: Upon timely receipt of this form, Payroll will send you the appropriate application and other forms for the retirement program you have elected above.**

# Appendix F:

## State University of New York Retirement Program History Sheet

*This form is used to communicate prior participation in a retirement system.*

Name: \_\_\_\_\_  
 SS#: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Campus: North Country Community College

1. Have you ever been a member of the SUNY Optional Retirement Program?  Yes  No

Name Of Campus	Title of Position	Full or Part Time	From Mo/Day/Yr	To Mo/Day/Yr	Contract Number (If Known)

2. Do you currently own a TIAA-CREF, AIG, ING, or Met Life basic retirement annuity contract to which employer contributions were made?  Yes  No

Name Of Vendor	Contract Number	Contributing Employer

3. Are you presently a member of the New York State Employees' Retirement System (ERS) or the New York State Teacher's Retirement System (TRS)?  Yes  No

Name Of Retirement System	Membership Number	Membership Date

4. Are you presently receiving a retirement benefit from any public Retirement System of New York State?  Yes  No

Name of Retirement System	Date of Retirement

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(mm/dd/yyyy)

\* If yes, and you desire to join the ORP but have less than ten years of service credit, contact your Payroll office and request Form ORP-4. Attach that form to this one when sending.

## Appendix G:

### CONFIDENTIALITY STATEMENT

As a student employee at North Country, I am signing this statement to affirm that I understand the confidential nature of the information involved with my job.

I understand that I have the responsibility to keep any and all information seen or heard in the performance of my duties confidential. I may not copy, remove, or allow unauthorized access to institutional documents, files, or mailing lists.

Any violation of this confidentiality agreement will result in immediate dismissal from my position.

By signing below, I am agreeing to keep all records and conversations confidential and am agreeing to the statements contained herein for the duration of my student employment at North Country Community College.

---

Student Signature

---

Date

---

Supervisor Signature

---

Date



# Appendix I:

## IMPORTANT REMINDERS:

- Students will not be paid until all forms have been completed & returned to the Enrollment and Financial Aid Office and/or Payroll.
- All timesheets are to be turned into Payroll by 4:00 pm on due date indicated below unless otherwise indicated.
- Paychecks/stubs may be picked up in the Business Office.

## FALL 2011 – SPRING 2012 STUDENT PAYROLL SCHEDULE

Payroll Period	Timesheet Due Date	Pay Date
08.29.11 – 9.09.11	09.12.11	09.23.11
09.10.11 – 09.23.11	09.26.11	10.07.11
09.24.11 – 10.07.11	10.11.11	10.21.11
10.08.11 – 10.21.11	10.24.11	11.04.11
10.22.11 – 11.04.11	11.07.11	11.18.11
11.05.11 – 11.18.11	11.21.11	12.02.11
11.19.11 – 12.02.11	12.05.11	12.16.11
12.03.11 – 12.16.11	12.19.11	12.30.11
12.17.11 – 12.30.11	01.02.12	01.13.12
12.31.11 – 01.13.12	01.17.12	01.27.12
01.14.12 – 01.27.12	01.30.12	02.10.12
01.28.12 – 02.10.12	02.13.12	02.24.12
02.11.12 – 02.24.12	02.27.12	03.09.12
02.25.12 – 03.09.12	03.12.12	03.23.12
03.10.12 – 03.23.12	03.26.12	04.05.12
03.24.12 – 04.06.12	04.09.12	04.20.12
04.07.12 – 04.20.12	04.23.12	05.04.12
04.21.12 – 05.04.12	05.07.12	05.18.12
05.05.12 – 05.12.12	05.21.12	06.01.12

**ALL DATES ARE SUBJECT TO CHANGE**

## RESPONSIBILITIES:

You should consider your student employment as a regular job. It is your responsibility to:

- Work the hours you have agreed to.
- Inform your supervisor **in advance** if for some reason you cannot make your assignment.
- Perform your assignment in a satisfactory manner.
- If work interferes with your studies, arrange fewer hours of employment with your supervisor.  
**You need to be a student first.**
- Notify your supervisor and the Work-Study Coordinator, if applicable, should you choose to terminate your employment – a signed/dated Student Release Form **must** be submitted.

# Appendix J:

## *North Country College of Essex and Franklin Work Study Program*

### Student Release Form

Student Released \_\_\_\_\_

Supervisor \_\_\_\_\_

Last date of Employment \_\_\_\_\_

PLEASE INDICATE REASON(S) FOR RELEASE OF WORK STUDY STUDENT.

1. LEFT OF OWN ACCORD

- To accept other work
- Illness
- Withdrew from college
- Other \_\_\_\_\_

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

2. DISCHARGE

- Continually late for work
- Does not meet the expectations of the job
- Does not carry out assigned duties
- Misconduct
- Not showing up to work
- Other \_\_\_\_\_

USE THIS SPACE FOR ADDITIONAL COMMENTS:

SUPERVISOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Do you request a replacement? \_\_\_\_\_ How many hours are needed? \_\_\_\_\_

# Appendix K:

## 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 Stub:  Mail to address on check  
 Pick up in interoffice mail (this option for faculty/staff only)  
 Pick up at campus where you're employed

### 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