



**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	\$ 12.00/hr.
Lifeguards	\$13.00/hr. (Cert. 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 29 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:

- Student must maintain Satisfactory Academic Progress.
- Complete the Student Employment Contract and submit it to the Payroll office, specifically Erika Moody. **You will not be able to begin work until all forms are completed accurately and submitted to Ericka.**
- 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

Phone: 891-2915 ext 3228 Fax: 891-0898

BUSINESS OFFICE

Ericka Moody

Human Resources

emoody@nccc.edu

Phone: 891-2915 ext 1373 Fax: 891-5209

SUPERVISOR CONTACT INFORMATION:

Department	Supervisor	Extension
SARANAC LAKE		
Athletics	Jerrad Dumont	1236
Business Department	Lynne Fisher Kemp	1295
Business Office	McCayla Quinn	1215
Campus & Student Life	Kim Irland	1205
Enrollment	Meredith Chapman	1213
Human Resources	Ericka Moody	1373
LAC	Lisa Williams	1217
Library	Brian O'Connor	1222
Lifeguards	Jerrad Dumont	1236
Maintenance	Rick Heath	1500
Science	Judy Steinberg	1259
Nursing	Sandra Gothard	1269
Rad Tech	Becky Ladue	1291
Records Office	Shelly St. Louis	1247

MALONE

LAC	Kate Wells	3224
Library	Brian O'Connor	3227
Maintenance	Kevin Bisonette	3242
Nursing		3241
Student Services	Bruce Kelly	3226

APPENDICES

Appendix B:

Form W-4 (2018)

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

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. You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

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 might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note:

Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

Line F. Credit for other dependents. When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2018	
1 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. Note: If married filing separately, check "Married, but withhold at higher Single rate."			
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 800-772-1213 for a replacement card. <input type="checkbox"/>			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . .		5		6 \$	
6 Additional amount, if any, you want withheld from each paycheck		6			
7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. 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.					
Employee's signature (This form is not valid unless you sign it.) ▶					
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment		10 Employer identification number (EIN)	

For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Cat. No. 10220Q

Form **W-4** (2018)

Appendix C:



Department of Taxation and Finance

Employee's Withholding Allowance Certificate

IT-2104

New York State • New York City • Yonkers

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 <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher single rate <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> Are you a resident of Yonkers? Yes <input type="checkbox"/> No <input type="checkbox"/>					
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 18) 1 2 Total number of allowances for New York City (from line 29) 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 a copy for your records.

Employer: Keep this certificate with your records.

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 instructions):

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

B Employee is a new hire or a rehire ... B ☐ First date employee performed services for pay (mm-dd-yyyy) (see instr.):

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

Changes effective for 2018

Form IT-2104 has been revised for tax year 2018. The worksheet on page 3 and the charts beginning on page 4, used to compute withholding allowances or to enter an additional dollar amount on line(s) 3, 4, or 5, have been revised. If you previously filed a Form IT-2104 and used the worksheet or charts, you should complete a new 2018 Form IT-2104 and give it to your employer.

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 moved into or out of NYC or Yonkers.
- 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 \$107,650 or more during the tax year.
- The total income of you and your spouse has increased to \$107,650 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.

Appendix D:



Employment Eligibility Verification Department of Homeland Security U.S. Citizenship and Immigration Services

**USCIS
Form I-9**
OMB No. 1615-0047
Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

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 boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States (<i>See instructions</i>)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (<i>See instructions</i>) <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i> 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	
<div style="border: 1px solid black; padding: 5px; text-align: center;"> QR Code - Section 1 Do Not Write In This Space </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

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

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	
C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.				
Document Title		Document Number	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 document(s), the document(s) I have examined appear to be genuine and to relate to the individual.				
Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative	

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

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 a nonimmigrant alien authorized to work for a specific employer because of his or her status: <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 alien's nonimmigrant status 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 		<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 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 	<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

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

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

**NORTH COUNTRY COMMUNITY COLLEGE
FALL 2018 – SPRING 2019
TEMPORARY PART-TIME STUDENT EMPLOYMENT
TIMESHEET**

Department Name: _____

Appendix I:

IMPORTANT REMINDERS:

- Students will not be paid until all forms have been completed & returned to 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 2018 – SPRING 2019 STUDENT PAYROLL SCHEDULE

Payroll Period	Timesheet Due Date	Pay Date
08.20.18 – 09.02.18	09.04.18	09.14.18
09.03.18 – 09.16.18	09.17.18	09.28.18
09.17.18 – 09.30.18	10.01.18	10.12.18
10.01.18 – 10.14.18	10.15.18	10.26.18
10.15.18 – 10.28.18	10.29.18	11.09.18
10.29.18 – 11.11.18	11.12.18	11.21.18
11.12.18 – 11.25.18	11.26.18	12.07.18
11.26.18 – 12.09.18	12.10.18	12.21.18
12.10.18 – 12.23.18	01.02.19	01.04.19
12.24.18 – 01.06.19	01.07.19	01.18.19
01.07.19 – 01.20.19	01.22.19	02.01.19
01.21.19 – 02.03.19	02.04.19	02.15.19
02.04.19 – 02.17.19	02.19.19	03.01.19
02.18.19 – 03.03.19	03.04.19	03.15.19
03.04.19 – 03.17.19	03.18.19	03.29.19
03.18.19 – 03.31.19	04.01.19	04.12.19
04.01.19 – 04.14.19	04.15.19	04.26.19
04.15.19 – 04.28.19	04.29.19	05.10.19
04.29.19 – 05.12.19	05.13.19	05.24.19
05.13.19 – 05.26.19	05.28.19	06.07.19
05.27.19 – 06.09.19	06.10.19	06.21.19
06.10.19 – 06.23.19	06.24.19	07.05.19
06.24.19 – 07.07.19	07.08.19	07.19.19
07.08.19 – 07.21.19	07.22.19	08.02.19
07.22.19 – 08.04.19	08.05.19	08.16.19
08.05.19 – 08.18.19	08.19.19	08.30.19
08.19.19 – 09.01.19	09.02.19	09.13.19

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
- ☐ Not making Satisfactory Academic Progress
- ☐ 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