

**Town of Schodack
265 Schuurman Rd
Castleton, N.Y. 12033**

**Sheila Golden
Youth Director**

**Telephone (518) 477-7590
Fax (518) 477-2439
email: youthdirector@schodack.org**

TO: Town of Schodack Day Camp Employee Applicants
FROM: Sheila Golden, Recreation Director
SUBJECT: Application Directions

Applications for employment with the Town of Schodack Day Camp are now available for download on the town website. Completed applications are due back to the Town Hall on April 29, 2024 by the close of business. All applicants must be 16 years of age by July 8, 2024. Applicants DO NOT have to be 16 at the time of application. **A copy** of a working card must be submitted with the application, do not submit your original card. Working cards can be obtained from your high school guidance counselor. This process can take some time. Please do not wait until the last minute to get a working card. Applicants that are still 15 at the time of application can submit a 15-year-old working card and replace it with the required card upon turning 16. Applicants cannot be considered for employment without a valid working card.

Interested applicants should be sure to download and complete *ALL* parts of the application. Read the I-9 form carefully and submit copies of the proper identification. Unless you are using a passport, you must submit one form of identification from column B and a different form of identification from column C. **DO NOT submit 2 forms of identification from the same column. Complete directions for completing the tax forms can be obtained at <https://www.irs.gov/forms-instructions>.**

All applications must be completed in pen and mailed or dropped off at the Town Hall. **Please be sure to include a phone number on the application.** Emailed applications will not be accepted. All applicants are expected to work the full four weeks of camp and must provide their own transportation to and from their assigned site. Due to supervision requirements, employees are not allowed to use camper transportation to and from camp. **Camp runs July 8, 2024 through August 2, 2024.**

For further information, please contact Recreation Director Sheila Golden by emailing youthdirector@schodack.org.



Town of Schodack

Town Hall
265 Schuurman Road
Castleton, N.Y. 12033

SHEILA GOLDEN
YOUTH DIRECTOR

TELEPHONE (518) 477-7590
FAX (518) 477-2439
e-mail: youthdirector@schodack.org

Town of Schodack Day Camp Employment Application

Name _____ Social Security # _____

Address _____

Are you 18 years or older? Yes _____ No _____

*If you are not 18 years old, please attach a **copy** of your current working card with this Application. **DO NOT** attach the original working card.*

Home Telephone # _____

Parents Name(s) _____

Address _____

Elementary School _____ Address _____

High School _____ Address _____

College _____ Address _____

Summer Employment Requested: (please circle all that apply)

Site Director
Counselor
Pool Supervisor

Assistant Director
Bus Aide
Transportation Director

Lifeguard
Pool Director
Camp Nurse

Please list experience and/or qualifications for requested employment.

Please list your experiences working with children.

Please list your previous employment.

<u>Employer</u>	<u>Address</u>	<u>Dates Employed</u>	<u>Duties</u>
-----------------	----------------	-----------------------	---------------

1.

2.

3.

Please list at least two (2) references (excluding family/relatives). Send the Confidential References to the Schodack Town Hall.

1.

2.

Have you previously worked for the summer or winter programs before? Yes ☐ No ☐
If yes, for how many years? _____ What was your job title?

Do you hold a current CPR card? Yes ☐ No ☐ First Aid card? Yes ☐ No ☐

Are you a certified lifeguard? Yes ☐ No ☐ WSI Instructor? Yes ☐ No ☐

Please attach copies of any current certifications you have at this time.

Send completed information to:

**Sheila Golden
Schodack Town Hall
265 Schuurman Road
Castleton, N.Y. 12033**



Town of Schodack

265 SCHURMAN ROAD
CASTLETON, NY 12033

KERRIE JOINER
HR MANAGER

TELEPHONE (518) 477-3628
FAX (518) 477-6546
e-mail: kerrie@schodack.org

To New Employees Who Are Eligible to Join the Retirement System:

Chapter 878 in the Laws of 1986 imposes new requirements on employers hiring people whose Retirement System membership is optional. Such employers must, at time of employment, notify the new employee – in writing – of his or her right to membership in the Employee's Retirement System. The Law also requires that each employee acknowledge having been given such notice by signing a copy of the acknowledgement and filing it with the employer. Membership in the Retirement System is optional if employment is on a part-time, temporary or provisional basis or less than 12 months per year except for Police and Fire positions. If you are a member of the Retirement System, your earnings with the Town must be reported. Tier 6 Retirement System members should understand they must contribute 3-3.5% of their earnings to the Retirement System; other Tiers may be required to contribute a different percentage.

Please indicate your interest, or lack thereof, in joining the New York State and Local Retirement System in the appropriate space below. Please return this letter to the Human Resources Office since it is incumbent upon the employer to preserve such documents.

Yours truly,

Kerrie Joiner
Human Resources Manager

CHECK ONE OF THE FOLLOWING:

- ☐ I wish to enroll in the NYS and Local Retirement System.
- ☐ I do not wish to enroll in the NYS Local Retirement System.
- ☐ I am currently a member of the NYSLRS; my registration number is _____.
- ☐ I understand my Town earnings will be reported to the Retirement System.

Signature

Date

"A Great Place to Work and Live"

Town of Schodack

**Town Hall
265 Schuurman Road
Castleton, New York 12033**

Sheila Golden
Youth Director

Telephone (518) 477-7590
Fax (518) 477-2439
e-mail: youthdirector@schodack.org

Schodack Youth Program – Insurance Waiver Form

_____ (Print name of Parent or Guardian) does hereby covenant and agree to release and hold harmless the Town of Schodack from and against any and all liability, loss, damages, claims, or actions (including costs and attorney fees) for bodily injury and/or property damage, to the extent permissible by law, arising from participation in the Town of Schodack's Youth Recreation Program.

I understand participation in the recreation program involves physical activity and risks of physical injury, and I assume these risks. I hereby give consent for emergency transportation and treatment in the event of illness or injury. I hereby accept responsibility for the payment of any emergency transportation or treatment on behalf of the participant. I further certify the participant is in good physical condition, and has no medical or physical conditions that would restrict his/her participation in the recreation program except as follows:

(If no medical or physical condition exists, please print the word "none" in the blank above.)

In the event that conditions exist, the applicant shall provide the Town of Schodack with a physician's report, which identifies any restrictions or limitations, the participant, has before he or she is allowed to commence participation in the program.

I further understand the Town of Schodack is relying on my representations in this document.

Signature of parent or Guardian _____



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 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									Employee's Email Address		Employee's Telephone Number	
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):											
		<input type="checkbox"/> 1. A citizen of the United States											
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)											
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)											
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)											
		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)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

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

*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.



Department of Taxation and Finance

Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

IT-2104

First name and middle initial	Last name	Your Social Security number
Permanent home address (number and street or rural route)	Apartment number	Single or Head of household <input type="checkbox"/> Married <input type="checkbox"/>
City, village, or post office	State	ZIP code
		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 (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
----------------------	------

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
---	--------------------------------

Scan here



<https://www.tax.ny.gov/r/it2104i-2024>

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.

2024**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
employmentEmployer identification
number (EIN)

Town of Schodack

**Town Hall
265 Schuurman Road
Castleton, New York 12033**

Sheila Golden
Youth Director

Telephone (518) 477-7590
Fax (518) 477-2439
e-mail: youthdirector@schodack.org

Confidential Reference

_____ has applied for the position of _____ in the Town of Schodack Youth Recreation Program. We would appreciate your completion of this reference form; we assure you that it will be held in strict confidence. Please answer the short questions below to the best of your knowledge. Thanks you in advance for your assistance.

Name (please print)

Occupation

Signature

Telephone#

Address

Please rate the above applicant on a scale of 1-5 with 1 being the lowest, and 5 being the highest.

Appearance_____

Attendance_____

Responsibility_____

Communication Skills_____

Cooperation_____

Dependability_____

Judgment_____

Response to Supervision_____

Initiative_____

Enthusiasm_____

Organizational Skills_____

Leadership_____

Please add any additional comments you have regarding applicant's strengths' and weaknesses on the back of this reference.

Please return completed form to:

Sheila Golden
Schodack Town Hall
265 Schuurman Road
Castleton, New York 12033

Town of Schodack

Town of Schodack

**Town Hall
265 Schuurman Road
Castleton, New York 12033**

Sheila Golden
Youth Director

Telephone (518) 477-7590
Fax (518) 477-2439
e-mail: youthdirector@schodack.org

Confidential Reference

_____ has applied for the position of _____ in the Town of Schodack Youth Recreation Program. We would appreciate your completion this reference form; we assure you that it will be held in strict confidence. Please answer the short questions below to the best of your knowledge. Thanks you in advance for your assistance.

Name (please print)

Occupation

Signature

Telephone#

Address

Please rate the above applicant on a scale of 1-5 with 1 being the lowest, and 5 being the highest.

Appearance_____

Attendance_____

Responsibility_____

Communication Skills_____

Cooperation_____

Dependability_____

Judgment_____

Response to Supervision_____

Initiative_____

Enthusiasm_____

Organizational Skills_____

Leadership_____

Please add any additional comments you have regarding applicant's strengths' and weaknesses on the back of this reference.

Please return completed form to:

Sheila Golden
Schodack Town Hall
265 Schuurman Road
Castleton, New York 12033

Town of Schodack



New York State and Local Retirement System

110 State Street, Albany, New York 12244-0001

Fax Number: (518) 486-4382

For questions concerning Member

Enrollment call: (518) 474-3081

NYSLRS ID

--	--	--	--	--	--	--	--	--	--

Received Date

--	--	--	--	--	--	--	--	--	--

Employees' Retirement System Membership Registration

RS 5420

(Rev. 11/22)

Plan	Tier	Rate	Date of Membership (mm/dd/yyyy)		

Social Security Number *

--	--	--	--	--	--	--	--	--	--

Registration Number

--	--	--	--	--	--	--	--	--	--

Part 1: Employee – Read information provided on page 2. Complete part 1 and sign at the bottom of the form.

Employee's Last Name:		First Name:		Middle Initial:
Employee's Address:	Apt	City	State	Zip Code
Former Name: (if applicable)		Date of Birth (mm/dd/yyyy)		Sex
				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X
Are you receiving or about to receive a pension from a New York State or New York City public retirement system? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please indicate name of system: _____				
Are you inactive or withdrawn from a New York State or New York City public retirement system? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please indicate name of system: _____				
(NYS Teachers', NYS Employees', NYS Police and Fire, NYC Police Pension Fund, NYC Fire Pension Fund, NYC Board of Education, NYC Teachers', NYC Employees')				

Part 2: Employer – See page 2 for additional information and instructions regarding the completion of this form.

Employer's Name:						Employer's Telephone:						
Employer's Address:						Employer's Fax Number:						
Job Code [1]				Employee Classification				<input type="checkbox"/> Regular [2]		<input type="checkbox"/> Full Time		
				<input type="checkbox"/> 12 Month <input type="checkbox"/> 10 Month <input type="checkbox"/> 12 M Provisional <input type="checkbox"/> On Call <input type="checkbox"/> Seasonal <input type="checkbox"/> Substitute <input type="checkbox"/> Per Diem				<input type="checkbox"/> Temporary		<input type="checkbox"/> Part Time		
Hire Date [3a]			Date of Full-Time Permanent Appointment [3b]			Location Code			Standard Workday [4]		For State Agency Use Only – Agency Code	
Month	Day	Year	Month	Day	Year							
For a substitute, seasonal, on call or per diem employee, please check if he/she/they is working on the day the application is being submitted. <input type="checkbox"/> Yes												

Frequency of Payment

☐ Weekly ☐ Bi-Weekly ☐ Semi - Monthly ☐ Monthly ☐ Quarterly ☐ Semi- Annually ☐ Annually ☐ Other- Please Specify _____

Projected Annualized Wage [5]

Tier 6 requires employers to determine the Annualized Wage for individuals who work part-time, seasonal, or on an hourly, daily, or unit of work basis. We ask that you use this calculation for all other tiers as well. See page 2 for examples.

Important: If your employment is on a part-time, temporary or provisional basis, or less than 12 months a year, membership is optional. If your membership is optional, you must sign and date below to affirm Retirement System Membership.

I acknowledge that my membership in the New York state and Local Retirement System is governed by provisions of Article 15 of the Retirement and Social Security Law and that I am entitled to all the benefits thereof. I understand that, as required by law, a deduction will be made from my salary or compensation for retirement contributions.

Employee's Signature: _____ Date: _____

Employee's Telephone Number:

Employee's Email Address:

Part 1 – Employee Instructions

Important: If your employment is on a part-time, temporary or provisional basis, or less than 12 months a year, membership is optional. If your membership is optional and you do not wish to join the Retirement System, do not complete this application.

Warning: If you are receiving or are about to receive a pension from another New York State or New York City public retirement system, contact us directly before enrolling in NYSLRS. Enrollment may result in suspension of your pension benefit. NYSLRS retirees should contact us directly before enrollment to discuss working after retirement and possible restoration of membership.

Membership Information:

- If you are currently an active or vested member of any other public retirement system in New York State, you should contact that system concerning the advantages of transferring your membership to this System. Failure to contact that system could cause loss of the privilege of transferring membership and may affect contribution cessation dates.
- If you were previously a member of any public retirement system in New York State, and your membership was terminated or withdrawn, you may be eligible for a reinstatement of that membership. It is highly recommended that if you have a prior Tier 1 or 2 membership in any New York public retirement system that you complete the Tier Reinstatement application, RS5506 and include it with your membership registration application.
- You may also be eligible to receive credit for public service earned with a participating employer before your current date of membership. This additional service may impact your future benefits.
- You are covered by the Death Benefit allowed by law for your tier and plan status. If you have not already done so, complete an RS5127 Designation of Beneficiary with Contingent Beneficiaries form to designate beneficiary(ies) to receive an Ordinary Death Benefit. If there is no RS5127 Designation of Beneficiary with Contingent Beneficiaries on file with this System, your Ordinary Death Benefit will become payable to your estate.

Part 2 – Employer Instructions - Field Explanation and information:

[1] Job Code— As the employer, you will need to reference our job code list at https://www.osc.state.ny.us/retire/retirement_online/job-codes.php to determine which job code is applicable to the employee's job title. If the title is accountant, auditor, physician, attorney, engineer or architect, please submit documentation as indicated at https://www.osc.state.ny.us/retire/employers/employer_reporting_basics/emp-membership-basics/independent_vs_employee.php

[2] Regular is the same as Permanent or Probationary. Temporary is anything other than regular.

[3a] Hire Date is the first time the employee was hired for the job criteria entered.

[3b] Full-Time permanent appointment box must only be completed if at anytime the employee is appointed to a (permanent or probationary) 12 month, full-time position earning no less than current state minimum wage

[4] Standard Workday – A standard workday (hrs/day) applies to all tiers. The minimum number of hours that can be established for a standard workday is six, while the maximum is eight. A standard workday is the denominator to be used for the days worked calculation; it is not necessarily the number of hours the person actually works. For example, if a bus driver works four hours a day, you must still establish a standard workday between six and eight hours as the denominator for their days worked calculation. When entering the information on the Employer Retirement Online, you will need to select "Daily" for Work Period and then enter the standard work day in the standard day field.

[5] Projected Annualized Wage – Examples of Tier 6 annual wage for individuals paid at an Hourly, Daily or Unit of Work basis of compensation:

Hourly Employees 12 month Employee: \$ _____ X _____ X 260 = \$ _____ Hourly Rate Standard Workday Days Worked Annual Wage 10 month Employee: \$ _____ X _____ X 180 = \$ _____ Hourly Rate Standard Workday Days Worked Annual Wage	Daily Employees 12 month Employee: \$ _____ X 260 = \$ _____ Daily Rate Days Worked Annual Wage 10 month Employee: \$ _____ X 180 = \$ _____ Daily Rate Days Worked Annual Wage
Unit of Work Employees \$ _____ X _____ = _____ Unit Rate # of Events** Annual Wage **Estimated or Actual	Unit of Work Employee Example: Paid \$50 per Meeting \$ 50 X 12 Meetings = \$ 600 Unit Rate # of Events*** Annual Wage ***An estimate of the number of events is acceptable

Note: Any questions regarding annualized wage, please contact the Retirement System.

*Social Security Disclosure Requirement

In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of your Social Security account number is mandatory pursuant to Sections 11, and 34 of the Retirement and Social Security Law. The number will be used in identifying retirement records and in the administration of the Retirement System.

Personal Privacy Protection Law

The Retirement System is required by law to maintain records to determine eligibility for and calculate benefits. Failure to provide information may interfere with the timely payment of benefits. The System may be required to provide certain information to participating employers. The official responsible for record maintenance is the Director of Member and Employer Services, NYS and Local Retirement System, Albany, NY 12244; call toll-free at 1-866-805-0990 or 518-474-7736 in the Albany Area.