SUNY
DOWNSTATE
MEDICAL
CENTER

2020-2021 Federal Work Study Request Form

Student Name: ___________________________ ID#: _______________________

<table>
<thead>
<tr>
<th>Requested Amount</th>
<th>Start Date: MM/DD/YY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Federal work-study positions are available online.**

**CHECK ALL THAT APPLY:**

☐ New – first time using work-study at SUNY Downstate  ☐ Changing Employer

☐ Previously on work-study for:  ☐ 19/20  ☐ 18/19  ☐ 17/18 or before enter the year ____

Were you employed through the FWS program at another CUNY or SUNY school?

☐ Yes  ☐ No

I understand that I cannot begin working until all employment forms are completed and submitted to the Financial Aid Office.

_________________________  __________________________  ____________
Supervisor Signature     Supervisor Name            Date

_________________________  __________________________  ____________
Student Signature         Date

**Financial Aid Office use only:**

Prior Requests? ____  Approved: ____  Denied: ____  Staff Initials: ____

Comments:

Office of Student Financial Aid
450 Clarkson Avenue Box 110
Brooklyn, NY 11203-2098
Phone: (718) 270-2488
Fax: (718) 270-7592
Financialaid@downstate.edu
SUNY
DOWNSTATE
MEDICAL
CENTER

Federal College Work-Study
Employment Interview Form – Supervisor only

Student Name: ___________________________  Student ID #: ________________

Address: ________________________________________________

Date of Birth: _______________________________  Expected Graduation Date: ____________

College:  Medicine  □ MED1 □ MED2 □ MED3 □ MED4
         Nursing  □ Undergraduate  □ Graduate
         CHRP  □ Diagnostic Med. Imaging □ Health Info. Mgmt. □ Midwifery
         Graduate Studies □ OT □ PT □ PA

Supervisor’s Name: _______________________________________

Department of Employment: ____________________________  Payroll Account # __________

Location: ____________________________________________  Telephone: ____________________  Box#: __________

Period of Employment: From ___________________________  To ___________________________

Job Title: ____________________________________________  Number of Hours per week: __________

Job Description:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Student’s Signature: ___________________________  Date: ________________

Supervisor’s Signature: ___________________________  Date: ________________

________________________________________________________________________________________

Financial Aid Office use only:

Start date: _________  Award amount: _________  Hourly rate: _________  Date: ________________

Approved by: ___________________________

Office of Student Financial Aid
450 Clarkson Avenue Box 110
Brooklyn, NY 11203-2098
Phone: (718) 270-2488
Fax: (718) 270-7592
Financialaid@downstate.edu
Employee’s Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

Step 1:
Enter Personal Information

(a) First name and middle initial

(b) Social security number

Address

City or town, state, and ZIP code

☐ Single or Married filing separately
☐ Married filing jointly (or Qualifying widow(er))
☐ 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.)

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.

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, when to use the online estimator, and privacy.

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); or
(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; 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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld.

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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 Dependents

If your 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 and enter the total here  ▶ $  

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.

(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.

(c) Extra withholding. Enter any additional tax you want withheld each pay period.

Step 5:
Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee’s signature (This form is not valid unless you sign it.) ▶ Date

Employers Only

Employer’s name and address ▶ First date of employment ▶ Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

Cat. No. 10220Q  Form W-4 (2020)
**General Instructions**

**Future Developments**

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

**Purpose of Form**

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

**Exemption from withholding.** You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero or less than the sum of lines 18a, 18b, and 18c, or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

**Your privacy.** If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

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

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below);
4. Prefer the most accurate withholding for multiple job situations.

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

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

**Specific Instructions**

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

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

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

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

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

**Step 3.** Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can’t be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include other tax credits in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

**Step 4 (optional).**

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

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay each pay period, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.
Step 2(b)—Multiple Jobs Worksheet  (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

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

1  Two jobs.  If you have two jobs or you’re married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the “Higher Paying Job” row and the “Lower Paying Job” column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3.  

   1 $ 

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

   a  Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the “Higher Paying Job” row and the annual wages for your next highest paying job in the “Lower Paying Job” column. Find the value at the intersection of the two household salaries and enter that value on line 2a.  

   2a $ 

   b  Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the “Higher Paying Job” row and use the annual wages for your third job in the “Lower Paying Job” column to find the amount from the appropriate table on page 4 and enter this amount on line 2b.  

   2b $ 

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

   2c $ 

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

   3 $ 

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

   4 $ 

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

1  Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 7.5% of your income.  

   1 $ 

2  Enter:

   ± $24,800 if you’re married filing jointly or qualifying widow(er)  

   ± $18,650 if you’re head of household  

   ± $12,400 if you’re single or married filing separately  

   2 $ 

3  If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter “-0-”  

   3 $ 

4  Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information  

   4 $ 

5  Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4.  

   5 $
### Married Filing Jointly or Qualifying Widow(er)

<table>
<thead>
<tr>
<th>Higher Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - 9,999</td>
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<tr>
<td>$10,000 - 19,999</td>
<td>$200</td>
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<tr>
<td>$20,000 - 29,999</td>
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<td>$60,000 - 69,999</td>
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<td>$70,000 - 79,999</td>
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<td>$80,000 - 89,999</td>
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<td>$1,020</td>
</tr>
<tr>
<td>$110,000 - 120,000</td>
<td>$1,020</td>
</tr>
</tbody>
</table>

### Single or Married Filing Separately

<table>
<thead>
<tr>
<th>Higher Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
</tr>
</thead>
<tbody>
<tr>
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<td>$1,020</td>
</tr>
<tr>
<td>$110,000 - 120,000</td>
<td>$1,020</td>
</tr>
</tbody>
</table>

### Head of Household

<table>
<thead>
<tr>
<th>Higher Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - 9,999</td>
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<tr>
<td>$110,000 - 120,000</td>
<td>$1,020</td>
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</tbody>
</table>
**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.)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Last Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (Street Number and Name)</td>
<td>Apt. Number</td>
<td>City or Town</td>
<td>State</td>
</tr>
<tr>
<td>Date of Birth (mm/dd/yyyy)</td>
<td>U.S. Social Security Number</td>
<td>Employee's E-mail Address</td>
<td>Employee's Telephone Number</td>
</tr>
</tbody>
</table>

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):

- [ ] 1. A citizen of the United States
- [ ] 2. A noncitizen national of the United States (See instructions)
- [ ] 3. A lawful permanent resident (Alien Registration Number/USCIS Number): __________________________
- [ ] 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. (See instructions)

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.

1. Alien Registration Number/USCIS Number: __________________________
   OR
2. Form I-94 Admission Number: __________________________
   OR
3. Foreign Passport Number: __________________________
   Country of Issuance: __________________________

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): __________________________

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (Street Number and Name)</td>
<td>City or Town</td>
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</tbody>
</table>

**Employer Completes Next Page**
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.")

<table>
<thead>
<tr>
<th>Employee Info from Section 1</th>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>M.I.</th>
<th>Citizenship/Immigration Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>List A</strong></td>
<td><strong>List B</strong></td>
<td><strong>AND</strong></td>
<td><strong>List C</strong></td>
<td>Employment Authorization</td>
</tr>
<tr>
<td>Identity and Employment Authorization</td>
<td>Identity</td>
<td>Employment Authorization</td>
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<tr>
<td>Document Title</td>
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</tbody>
</table>

Additional Information

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)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today's Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name of Employer or Authorized Representative</td>
<td>First Name of Employer or Authorized Representative</td>
<td>Employer's Business or Organization Name</td>
</tr>
<tr>
<td>Employer's Business or Organization Address (Street Number and Name)</td>
<td>City or Town</td>
<td>State</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

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 |

Form I-9 10/21/2019

Page 2 of 3
# 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.

<table>
<thead>
<tr>
<th><strong>List A</strong></th>
<th><strong>Documents that Establish Both Identity and Employment Authorization</strong></th>
<th><strong>List B</strong></th>
<th><strong>Documents that Establish Identity</strong></th>
<th><strong>List C</strong></th>
<th><strong>Documents that Establish Employment Authorization</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>U.S. Passport or U.S. Passport Card</td>
<td>1.</td>
<td>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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td>2.</td>
<td>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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td></td>
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<td></td>
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<tr>
<td>4.</td>
<td>Employment Authorization Document that contains a photograph (Form I-766)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>5.</td>
<td>For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Foreign passport; and</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Form I-94 or Form I-94A that has the following:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. The same name as the passport; and</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Refer to the instructions for more information about acceptable receipts.
AGREEMENT BY STUDENT EMPLOYEE TO MAINTAIN CONFIDENTIALITY AND PRIVACY OF RECORDS PERTAINING TO STUDENTS, FACULTY AND STAFF

I understand that in my capacity as a student employee at Downstate Medical Center of The State University of New York, whether as a full-time, part-time, work-study student or otherwise, I may have access to confidential and private records of students, faculty, staff, and applicants for admission or employment.

I understand that I am not permitted to discuss or share this information with other students, friends, family, or other employees.

I understand that under the policies of The State University of New York, as well as Federal and State privacy laws, these records are protected from disclosure to third parties unless pursuant to narrow exceptions. Student records in particular are protected by The State University's Student Records Access Policy and the United States Family Educational Rights and Privacy Act (also known as "FERPA" and the "Buckley Amendment").

I understand that if as part of my job responsibilities I am supposed to release information regarding students, faculty, staff, or applicants for admission or employment, I will receive specific written instructions from my college supervisor.

I understand that I must ask my college supervisor for instructions if I have any questions about the release of information regarding any student, faculty or staff member, or applicant.

I agree to maintain the confidentiality and privacy of all records of students, faculty, staff, and applicants, during and after the period of my employment.

I shall not, directly or indirectly, communicate to any person other than my supervisor or his or her superiors, or an individual approved by my supervisor, any information concerning such records. I understand that any such prohibited disclosure may be grounds for termination of my employment, denial of future employment, and possible student disciplinary action including suspension or expulsion.

I have read and understand my responsibilities in the protection of student information under FERPA. I acknowledge that failure to adhere to the code above, intentional or otherwise, may result in a failing grade, termination of employment and/or referral to Student Conduct for disciplinary action, and could subject me to criminal and or civil penalties.

Signature__________________________ Print Name ______________________________

Date: ______________
**Direct Deposit Form for NYS Employees**

*(To be used for enrollment, changes and cancellations)*

**Section A: Employee Information**

NAME (LAST, FIRST, MI) _______________________________ WORK PHONE # (___) _______

LAST FOUR DIGITS OF SOCIAL SECURITY # ________ AGENCY/DEPT CODE ________

For more than three accounts or if you prefer to list each Financial Institution on a separate form, use additional forms as necessary. Up to seven fixed amount or percentage deposits may be processed as well as one excess (net pay) deposit.

**Section B: Account Type**

<table>
<thead>
<tr>
<th>New or Additional *</th>
<th>Change Joint Account Holder *</th>
<th>Change Amount or Percentage</th>
<th>Cancel</th>
<th>Name of Financial Institution</th>
<th>Account Number</th>
<th>Amount, Percentage or Excess</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Savings</td>
<td>□ Checking</td>
<td>(✓)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Savings</td>
<td>□ Checking</td>
<td>(✓)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Savings</td>
<td>□ Checking</td>
<td>(✓)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*For new/additional accounts with joint account holders or to add a joint account holder to existing accounts, both signatures are required in Section D.

**Section C: This section must be completed by your financial institution for new/additional accounts when directing funds into a savings account or into a checking account if a voided personal check is not attached. The employee’s name MUST appear on the account(s).**

As a representative of the below named financial institution, I certify that this institution is ACH capable and agree to receive and deposit the salary to the account shown above in accordance with Part 102 of the Codes, Rules, and Regulations of the State of New York and to be bound by such rules. Salary credited to the account below will be available to the depositor on payday.

| 1. NAME OF FINANCIAL INSTITUTION │ Account Type | □ Savings | □ Checking |
|----------------------------------|--------------|-----------|------------|
| Depositor’s Account Number (EFT Format) | Routing Number |           |            |

Print or Type Representative’s Name Signature of Representative Telephone Number Date

| 2. NAME OF FINANCIAL INSTITUTION │ Account Type | □ Savings | □ Checking |
|----------------------------------|--------------|-----------|------------|
| Depositor’s Account Number (EFT Format) | Routing Number |           |            |

Print or Type Representative’s Name Signature of Representative Telephone Number Date

| 3. NAME OF FINANCIAL INSTITUTION │ Account Type | □ Savings | □ Checking |
|----------------------------------|--------------|-----------|------------|
| Depositor’s Account Number (EFT Format) | Routing Number |           |            |

Print or Type Representative’s Name Signature of Representative Telephone Number Date

**Section D: Employee/Joint Account Holders Certification:** I certify that I read and understand the instructions to this form, including the authorization for recovery. In signing this form, I authorize my salary payment to be sent to the designated financial institution(s) to be deposited into the specified account(s). The joint account holder for accounts listed in Section B, if any, must sign on the corresponding line for new/additional accounts or account holder(s).

Employee Signature ___________________________ Date ____________

B-1 Joint Account Holder ___________________________ Date ____________

B-2 Joint Account Holder ___________________________ Date ____________

B-3 Joint Account Holder ___________________________ Date ____________
INSTRUCTIONS: Please complete the form as described below, and then forward it to your agency/department payroll or personnel office. You can also contact that office for assistance in completing the form.

NEW/ADDITIONAL ACCOUNT OR CHANGES IN ACCOUNT HOLDERS: Employee must complete Sections A, B, and D for each new/additional account or for changes in account holders. See instructions below for Section C.

Section A: Indicate your name, work phone number and Agency/Department code. For your personal privacy, enter only the last four digits of your social security number.

Section B: To enroll in direct deposit or add an account, place a check mark in the account type (checking or savings) and in the “New or Additional” column. For changes in account holders, place a check mark in the account type and in the appropriate “Change” column. Indicate the name of the financial institution, account number, and amount or percentage to be deposited.

- Employees may choose up to seven fixed amount or percentage deposits, as well as one excess (net pay) deposit. This form accommodates up to three accounts. For more than three accounts or if you prefer to list each financial institution on a separate form, use additional forms as necessary.
- Account number is obtained from a personal check, bank statement, or the financial institution.
- To deposit a fixed amount, enter a specific amount (may include cents, e.g. $100.25). To deposit a portion of the paycheck, enter a specific percent (must be a full percentage, e.g. 50%). Write the word “excess” to deposit the remainder of monies after all other distributions.

Section C: For Savings Accounts, this section must be completed by your financial institution(s). For Checking Accounts, this section must be completed by your financial institution(s) if you are not attaching a voided personal check. The employee’s name must appear on the account.

Section D: The Employee/Joint Account Holder Certification must be signed by the employee in all instances and any joint account holder if this is a new/added account. By signing this form, the employee and any joint account holder each allows the State, through the financial institution, to debit the account in order to recover any salary to which the employee was not entitled or that was deposited to the account in error. This means of recovery shall not prevent the State from utilizing any other lawful means to retrieve salary payments to which the employee is not entitled.

CHANGES TO MONEY OR PERCENTAGE AMOUNT: Employees may add, change or cancel the money or percentage amount deposited to an account by completing Sections A, B, and D of a new Direct Deposit Form. Section C does not need to be completed for these changes. In Section B, place a check mark in the appropriate “Change” column. New fixed amount or percentage direct deposits will be assigned a lesser priority than existing fixed amount or percentage direct deposits. For example, if an employee’s pay is not sufficient to cover all direct deposits, the most recently designated direct deposit(s) will not be taken.

To change direct deposit priorities, please contact your agency payroll or personnel office. Financial institution changes may take up to two payroll periods to become effective. Employees should maintain accounts canceled and replaced by new accounts until the new transaction is complete. If canceled accounts are not temporarily maintained until the new account receives the employee’s direct deposit transaction, employees may experience a delay in payments. Joint account holder’s signature is not required for these transactions.

CANCELLATIONS: The agreement represented by this authorization will remain in effect until canceled by the employee, the financial institution, or the State agency. To cancel the agreement, the employee must complete Sections A, B and D of a new Direct Deposit Form for the transaction(s) to be canceled. Joint account holder’s signature is not required. The financial institution may cancel the agreement by providing the employee and the State agency with a written notice 30 days in advance of the cancellation date. The financial institution cannot cancel the authorization without notification to both the employee and the State agency. The State agency may cancel an employee’s direct deposits when internal control policies would be compromised by this form of salary payment.

NOTE: Direct deposit advice statements are distributed by the enrollee’s agency. If the statement is unclaimed, it will be held by the agency for thirty (30) days after which time the statement will be destroyed.

Additional Information

The information on this form is required pursuant to Part 102 of the Codes, Rules and Regulations of New York State (NYCRR 102). This form is a legal document and cannot be altered by the agency, employee or financial institution. If there are any changes, the employee must complete a new form. The information supplied by the employee will be provided only to the designated financial institution(s) and/or their agent(s) for the purpose of processing payments. Failure by the employee to provide the requested information may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program of the Bureau of State Payroll Services, NYS Office of the State Comptroller.
Federal Work Study Payroll Rights and Responsibilities

Please check:

☐ I understand that my payroll funds will be remitted to me by Direct Deposit.

☐ I also understand that a “check notification” will be issued each pay period, containing information regarding the disposition of my payroll funds (withholding amounts, etc.).

☐ I understand that it is my responsibility to pick up the notification in the Financial Aid Office on the Thursday during the week following the submission of the timesheet.

☐ I give my permission to have the notification mailed to me at the address that appears on it, in the case that I neglect to pick it up within a week of its issuance.

☐ I understand that I am responsible to notify either the Financial Aid Office or the Payroll Office of any change of address.

☐ In the case that I fail to do so, and the “check advice” is returned as a result of a bad address, I understand that it will be considered unclaimed property and will be sent to the New York State Department of Tax and Finance, Division of Treasury.

Signature _______________________________ Date _______________