NIAGARA COUNTY HUMAN RESOURCES DEPARTMENT

STATE OF NEW YORK
County of Niagara

NEW EMPLOYEE ORIENTATION FORMS CHECKLIST
FORMS MUST BE COMPLETED USING BLACK INK

You should print and complete the following forms **USING BLACK INK ONLY**. Bring the forms and supporting documents to your orientation appointment. If you have questions please contact Human Resources at 438-4070.

_____ Direct Deposit Authorization Form – optional

- Complete this form if you wish to enroll in direct deposit. **You must attach a voided check or copy of a bank statement.**
- AFSCME union members are required to sign up for direct deposit

_____ Emergency Contact Information Form – required for all employees

_____ I-9 Employment Eligibility Verification – required for all employees

- **You must bring to your orientation one selection from List A or a combination of one selection from List B and one selection from List C**

_____ IT-2104 NY State Employee's Withholding Allowance Certificate – required for all employees

- The complete seven page form with instructions and tax tables can be found on the New Employees web-page.

_____ W-4 Federal Employee's Withholding Allowance Certificate – required for all employees

_____ Notification Requirements for Optional Members of NYS Employees' Retirement System - required for all employees

- Membership in the retirement system is optional for temporary, provisional, and/or part-time employees
- Indicate whether or not you decline or accept membership

_____ RS 5420 Employees' Retirement System Membership Registration - required for all permanent, full-time employees

- **YOU MUST USE BLACK INK AND PRINT LEGIBLY**
- Complete the sections labeled "To Be Completed by the Employee"
- Employees with estimated annual wages of $75,000 or more may be eligible to join the NYS Voluntary Defined Contribution Plan (VDC) in lieu of the NYS Employees' Retirement System Membership. For the VDC Enrollment Guide please visit www.vdc.ny.gov to learn if you qualify and for instructions if you wish to participate.

NIAGARA COUNTY
HUMAN RESOURCES
DEPARTMENT

STATE OF NEW YORK
County of Niagara

EMERGENCY CONTACT INFORMATION FORM

Date: _____

Employee Name (Print): _____

Primary Contact: _____ Relationship: _____

Primary Phone Number: _____ Type: _____

Secondary Phone Number: _____ Type: _____

Secondary Contact: _____ Relationship: _____

Primary Phone Number: _____ Type: _____

Secondary Phone Number: _____ Type: _____

Additional Information: _____

REVISED 8/1/2019

Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No.1615-0047

Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.

Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	Other Last Names Used (if any)

Address (Street Number and Name)	Apt. Number (if any)	City or Town	State	ZIP Code

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number

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.):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See Instructions.)
- ☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)
- ☐ 4. An alien 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)					
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)					

Additional Information

☐ 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
County of Niagara	**111 Main Street-Suite G2 Lockport, NY 14094**

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

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.
* Documents extended by the issuing authority are considered unexpired.
Employees may present one selection from List A or a
combination of one selection from List B and one selection from List C.
Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
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, sex, 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, sex, 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 **Section 7** and **Section 13** of the M-274 on **uscis.gov/i-9-central**. The Form I-766, Employment Authorization Document, is a List A, **Item Number 4.** document, not a List C document.
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		**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		

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.
For receipt validity dates, see the M-274.

• 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.

Form **W-4**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0074

2026

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) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **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.)

Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.

TIP: Consider using the estimator at *www.irs.gov/W4App* to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

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 the 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 Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(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):

(a) Multiply the number of qualifying children under age 17 by $2,200 . . . . . **3(a)** $

(b) Multiply the number of other dependents by $500 . . . **3(b)** $

Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here . . . . . **3** $

Step 4: 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. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . **4(b)** $

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . . **4(c)** $

Exempt from withholding

I claim exemption from withholding for 2026, and I certify that I meet **both** of the conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027 . ☐

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)

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 ☐ Married ☐
		Married, but withhold at higher single rate ☐
City, village, or post office	State / ZIP code	**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 *Note*, 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 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 ***0*** 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 our website at *www.tax.ny.gov* (search: *it-2104-i)* or scan the QR code.

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 our website at *www.tax.ny.gov* (search: *it-2104-i)* or scan the QR code.

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 *(mmddyyyy) (see Box B instructions)*:

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

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

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

If *Yes*, enter the date the employee qualifies *(mmddyyyy)*:

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

www.tax.ny.gov/r/it2104i-2026

Niagara County Treasurer's Office
59 Park Avenue
Lockport, New York 14094

DIRECT DEPOSIT AUTHORIZATION FORM

Niagara County allows employees to direct deposit their net wages into a maximum of two bank accounts.

I hereby consent to and authorize Niagara County to deposit my net wages in the account in my name, at the bank(s) indicated below, and authorize said bank(s) to credit such amounts to my account(s):

ACCOUNT #1:

INDICATE TYPE OF ACCOUNT (CHECK ONE): CHECKING ☐ SAVINGS ☐		AMOUNT OF DEPOSIT $_____
NAME OF BANK OR SAVINGS ASSOCIATION	ACCOUNT NUMBER	TRANS/ABA#
BRANCH	CITY/STATE/ZIP	

ACCOUNT #2

INDICATE TYPE OF ACCOUNT (CHECK ONE): CHECKING ☐ SAVINGS ☐		AMOUNT OF DEPOSIT $_____
NAME OF BANK OR SAVINGS ASSOCIATION	ACCOUNT NUMBER	TRANS/ABA#
BRANCH	CITY/STATE/ZIP	

EMPLOYEE EXPENSE REIMBURSMENTS

Should you expect to receive reimbursement of employee expenses, please select your preferred bank account listed above for the County to direct deposit your employee expense reimbursements, otherwise the default account will be Account #1.

ACCOUNT #1 ☐ ACCOUNT #2 ☐

Employee expense reimbursements will be direct deposited for any employee enrolled in direct deposit. Provide an email address (county, state or personal) in order to receive confirmation for any and all expense reimbursement payments.

EMAIL ADDRESS_____

Niagara County shall be authorized to make withdrawals on this account to adjust for any overage only after written notice is provided to the employee of such overage. This authorization remains in effect for the duration of my employment, or until Niagara County wishes to discontinue the service, or has received a signed Termination Form. Termination Forms are available in the Payroll Office of the Niagara County Treasurer's Department or on the County Intranet. In the event of changes to my information, I understand that I must give advance notice to allow reasonable time for my instructions to be executed.

STAPLE YOUR VOIDED CHECK(S) OR SAVINGS BANK STATEMENT(S) FOR EACH ACCOUNT HERE

Affix a voided check (for checking accounts) or a bank statement (for savings accounts) showing employee name, account number and transit ABA routing number to this authorization. Send the original authorization agreement with documentation to Niagara County Payroll Department, 59 Park Avenue, Lockport, NY 14094. Please keep a copy for your records.

EMPLOYEE NAME (PLEASE PRINT)		**SOCIAL SECURITY NUMBER**
EMPLOYEE SIGNATURE	**DATE**	**EMPLOYEE #**

NIAGARA COUNTY HUMAN RESOURCE DEPARTMENT

STATE OF NEW YORK
County of Niagara

NOTIFICATION REQUIREMENTS FOR OPTIONAL MEMBERS OF NYS EMPLOYEES' RETIREMENT SYSTEM

IF YOUR EMPLOYMENT IS ON A PART-TIME, TEMPORARY OR PROVISIONAL BASIS, OR LESS THAN TWELVE (12) MONTHS PER YEAR, MEMBERSHIP IS OPTIONAL.

Chapter 878 of the Laws of 1986 imposes new requirements on employers hiring people whose Retirement System membership is optional. Such employers must, at the time of employment, notify the new employee, in writing, of their right to membership in the Employees' Retirement System. The Law also requires that such employee acknowledge having been given such notice by signing a copy of the acknowledgement and filing it with the employer. It is incumbent upon the employer to preserve such documents.

Membership for an employee will begin only upon the receipt of a membership application by the Retirement System. Optional memberships will not be backdated and once an employee elects to join the System, their membership cannot be withdrawn while the employee continues in service.

The contribution rate to the Retirement System is three percent (3%) of gross earnings to be deducted each pay period. Tier 6 member contribution rates range from 3% to 6% depending on the annual salary.

If you wish to join the Retirement System, applications are available in the Human Resources Department. Also, if you have any questions, please feel free to contact the Human Resources Department at 438-4070.

THIS IS TO CERTIFY THAT I HAVE READ THE ABOVE INFORMATION AND HAVE BEEN GIVEN THE OPPORTUNITY TO JOIN THE NYS EMPLOYEES' RETIREMENT SYSTEM. I UNDERSTAND MY OPTIONS AND I WISH TO:

_____**DECLINE** MEMBERSHIP IN THE NYS RETIREMENT SYSTEM

_____**ACCEPT** MEMBERSHIP IN THE NYS RETIREMENT SYSTEM

_____	_____	_____
Name (Print)	Signature	Date

FOR RETIREES ONLY **(check one)**

_____I wish to rejoin the retirement system from which I retired and become an active member under terms of Sections 101 or 401 of the RSSL.

_____Employer has had approval from the retirement system under Section 211 of the RSSL.

_____I am covered under Section 212 of the RSSL.

_____	_____	_____
Name (Print)	Signature	Date

Revised 5/26/2017

Office of the New York State Comptroller
NYSLRS
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

Received Date

Employees' Retirement System Membership Registration
RS 5420
(Rev. 12/23)

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

Registration Number

NYSLRS ID

Social Security 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
		☐ Male ☐ Female ☐ X

Are you receiving or about to receive a pension from a New York State or New York City public retirement system? ☐ Yes ☐ 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? ☐ Yes ☐ 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:
County of Niagara	716-439-7012
Employer's Address: 111 Main Street - Suite G2, Lockport, New York 14094	**Employer's Fax Number:** 716-439-7021

Job Code [1]	Employee Classification		
	☐ 12 Month ☐ 10 Month ☐ 12 M Provisional ☐ On Call ☐ Seasonal ☐ Substitute ☐ Per Diem	☐ Regular [2] ☐ Temporary	☐ Full Time ☐ 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. ☐ 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:

For important information and instructions – See Back Page

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	**Daily Employees**
12 month Employee: $_____ X _____ X 260 = $_____ Hourly Rate / Standard Workday / Days Worked / Annual Wage	12 month Employee: $_____ X 260 = $_____ Daily Rate / Days Worked / Annual Wage
10 month Employee: $_____X _____ X 180 = $_____ Hourly Rate / Standard Workday / 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.