

S A M P L E HUNTER

The City University of New York

College Association Non-Tax Levy Payroll

Appointment/Reappointment Letter

(Not to be used for Teaching Appointments)

Account Name: College Association Club

Date: 08/08/2024

Account Number: UG0XXX-XXXX

Department: _____

Name: Mary Didi

Address: 30 Penn Road

New York NY 10322

City State Zip Code

Position Title: Tutor

Dear Mary _____ :

I am pleased to recommend you for (Appointment/Reappointment/Appointment Revision) to the Hunter College Non-Tax Levy Payroll beginning 08/02/24 and ending not later than 06/30/25.

The rate of compensation is \$17.00 per hour. The maximum total number of hours you may work during the appointment period is 400. The compensation will be paid bi-weekly. Compensation will be based upon number of hours worked as submitted on the attendance report and time sheet. Under the U.S. Fair Labor Standards Act, in this position, you are considered to be a Non-Exempt Employee (meaning, among other things, that you are entitled to overtime pay at the hourly rate equal to 1.5x your regular hourly rate for any hours you work in excess of 40 hour per week) an Exempt Employee (meaning you are not covered by certain FLSA provisions, including the overtime pay rules). If you are a Non-Exempt Employee, you will not be permitted to work in excess of 40 hours per week without obtaining advance approval.

Every Non-Tax Levy Employee is an employee-at-will. Such employee may be terminated by Hunter College at any time. No supervisor or other representative of Hunter College has the authority to enter into any employment agreement that would be contrary to this employment-at-will policy. Employment on the Non-Tax Levy Payroll does not bring with it any associated Hunter College privileges or benefits.

Please complete the following forms and submit with a copy of your Social Security Card (or present original for verification) to Human Resources. *

Form I-9 – U.S. Department of Justice (INS) Employment Eligibility Verification

Form W-4 – IRS Employee's Withholding Allowance Certificate

Form IT-2104 – New York State Employee's Withholding Allowance Certificate

Direct Deposit Authorization if you wish to enroll in direct deposit.

If you are in the United States on a Visa, please submit a copy of your Visa and an up to date work authorization. This recommendation will become effective only upon signature of all parties listed below and is contingent on valid US work authorization.

Authorized Signatory of Account

Employee Signature

Date

Employee SSN

COLLEGE ASSOCIATION
S A M P L E NON-TAX LEVY PAYROLL

APPLICANT INFORMATION

Name:	Didi	Mary	M
	Last	First	Middle
Home Address:	30 Penn Road		
	Street		
	New York	NY	10322
	City	State	Zip code
Telephone Number:	(800) - 555 - 5555		
	() -	-	-
Social Security Number:	1xx - xx - xxxx		
	1xx	- xx	- xxxx
E-Mail Address:	marydidi101@gmail.com		

The following forms; I-9, W-4, and IT-2104 are to be completed and submitted with a copy of your Social Security Card to Human Resources.

FOR COLLEGE USE ONLY

Position Title:	
Account Name:	
Account Number:	
Appointment Dates:	To
Appointment Rate:	
Account Signatory:	



S A M P L E 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) Didi		First Name (Given Name) Mary		Middle Initial (if any) M	Other Last Names Used (if any)	
Address (Street Number and Name) 30 Penn Road			Apt. Number (if any)	City or Town New York		State NY
Date of Birth (mm/dd/yyyy) 04/15/1985		U.S. Social Security Number 1 X X X X X X X X		Employee's Email Address marydidi101@gmail.com		Employee's Telephone Number 1-800-555-5555

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. 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
				Do Not Fill Out

Signature of Employee
Mary Didi

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		DO NOT FILL OUT SECTION		
Document Number (if any)				
Expiration Date (if any)				
Document Title 3 (if any)				
Issuing Authority				
Document Number (if any)				
Expiration Date (if any)				

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.

SAMPLE

Form **W-4**
 Department of the Treasury
 Internal Revenue Service

Employee's Withholding Certificate

OMB No. 1545-0074

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 Mary M	Last name Didi	(b) Social security number
	Address 30 Penn Road		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 New York NY, 10322		
	(c) <input checked="" 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: 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.

Multiple Jobs or Spouse Works 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.		
	Mary Didi Employee's signature (This form is not valid unless you sign it.)	08/15/2024 Date	

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

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

First name and middle initial Mary M	Last name Didi	Your Social Security number 1XX-XX-XXXX
Permanent home address (number and street or rural route) 30 Penn Road		Apartment number
City, village, or post office New York	State NY	ZIP code 10322

Single or Head of household Married
 Married, but withhold at higher single rate
 Note: If married but legally separated, mark an X in the Single or Head of household box.

Are you a resident of New York City (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	1
2 Total number of allowances for New York City (from line 31, if using worksheet)	2	1

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 Mary Didi	Date 08/15/2024
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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
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Scan here



SAMPLE

HUNTER COLLEGE - NON TAX LEVY PAYROLL DIRECT DEPOSIT REQUEST/AUTHORIZATION

SECTION "A" AND "B" TO BE COMPLETED BY THE EMPLOYEE

SECTION A: EMPLOYEE INFORMATION

FIRST NAME Mary MI M LAST NAME Didi

SOCIAL SECURITY NUMBER # (LAST 4 DIGITS) XXXX

PERMANENT ADDRESS 30 Penn Road APT# _____

CITY New York STATE NY ZIP CODE 10322

TELEPHONE NUMBER 1-800-555-5555

NAME OF FINANCIAL INSTITUTION Capital One

ACCOUNT TYPE (PLEASE CHECK ONE)

CHECKING (attach voided check to section C, or have section C completed by your financial institution)

SAVINGS (Section C must be completed by financial institution)

SECTION B: AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize Hunter College to deposit my net pay directly into my checking or savings account as requested. I also grant authorization for the reversal of a credit to my account in the event the credit was made in error. I understand that, under the "National Automated Clearing House Association" operating guidelines and rules, Hunter College can only reverse the amount of the incorrect direct deposit. I agree that this authorization will remain in effect until I provide to my agency a written cancellation to terminate the service.

Employee Signature Mary Didi Date 08/15/2024

SECTION C: TO BE COMPLETED BY YOUR FINANCIAL INSTITUTION

Account Type Savings Checking

Depositor's Account Number _____ ABA Number _____

As representative of the above named financial institution, I certify that this financial institution is ACH capable and agrees to receive and deposit funds to the account shown above.

Print or type Representative's Name _____ Signature of Representative _____ Telephone Number _____ Date _____

CANCELLATION

I hereby authorize Hunter College to cancel my direct deposit agreement.

Employee Signature _____ Date _____

AGENCY PAYROLL SECTION

Agency Representative: Name _____ Signature _____ Date _____

SAMPLE

New Employee On-Boarding & Existing Employee Orientation for IT Security

Why is IT Security important at CUNY?

- We must ensure our academic and administrative systems continue to be available to run the business of the University and to serve our faculty, students, and staff.
- We must maintain accurate University data and prevent unauthorized changes (e.g., grades, financial aid information).
- We must be reputable custodians and are required by law to protect the privacy of personal data belonging to our faculty, students, and staff.

What are the IT Security risks to CUNY?

- Don't be phished. Phishing is a scam in which an email message directs you to click on a link that takes you to a web site where you are prompted for personal information such as passwords, social security number, bank account number or credit card number. Both the link and web site may closely resemble an authentic web site, but they are not legitimate.
- Don't disclose personal information to someone you don't know. Social engineering is an approach to gain access to information through misrepresentation. It is the conscious manipulation of people to obtain information without their realizing that a security breach is occurring. It may take the form of impersonation via telephone or in person, and through e-mail.
- Don't disclose personal information within CUNY unless it is absolutely necessary. The need for disclosing your social security number outside of the Human Resource (HR) department would be unusual. When in doubt, contact the HR department directly to verify the legitimacy of the request.
- Protect your user ID and password and never share them. Your user ID is your identification, and it is what links you to your actions on CUNY's computer systems. Your password authenticates your user ID. Use passwords that are difficult to guess and change them regularly.
- You are responsible for actions taken with your ID and password. Log off or lock your computer when you are away from your workstation. In most cases, hitting the "Control-Alt-Delete" keys and then selecting "Lock Computer" will keep others out. You will need your password to sign back in, but doing this several times a day will help you to remember your password.
- E-mail and portable devices are not secure. Do not ship personal information belonging to you or CUNY faculty, students, and staff to portable devices (e.g., portable hard drives, memory) or send or request to be sent such personal information in an e-mail text or as an email attachment without encryption.
- Be careful when using the Internet. Malicious code can take forms such as a virus, worm or Trojan and can be hidden behind an infected web page or a downloaded program. Keep anti-virus and anti-malware programs and the software on your workstation up-to-date at all times. Only install software authorized by your department, and never disable or change security programs and their configuration.

Where are the CUNY IT Security information resources?

- Security.cuny.edu is available 24 hours a day from any Internet accessible location without a user ID and password. All relevant policies, procedures, and advisories, the IT Security awareness program and materials, and links to external IT Security information resources are located here.
- Find the Policy on Acceptable Use of Computer Resources under Info Security Policies.

- Find the IT Security Procedures – General under Info Security Policies.
- To take the IT Security Awareness tutorial, approximately 30 minutes, click on the padlock on the home page of security.cuny.edu.

Who to contact for help with IT Security at CUNY?

- Your supervisor.
- Your College web-site.
- security.cuny.edu
- The College IT Security Manager (click on Campus Security Managers Contact Information at security.cuny.edu under Contact Us).
- The College Chief Information Officer or equivalent in the Central Office department.
- The CUNY Central IT Security Office at security@mail.cuny.edu; or the Contact Us page at security.cuny.edu; or the Who to Contact for Help page at security.cuny.edu.

Where are some external resources for help with IT Security located?

- New York State Office of Cyber Security and Critical Infrastructure Coordination (CSCIC) at www.cscic.state.ny.us
- Federal Trade Commission at www.ftc.gov
- Privacy Rights Clearinghouse - Nonprofit Consumer Information and Advocacy Organization at www.privacyrights.org
- Anti-Phishing Working Group – Committed to wiping out Internet scams and fraud at www.antiphishing.org
- Microsoft Malware Protection Center, Threat Research and Response at www.microsoft.com_security/portal

What is required of me as an employee of CUNY?

- Acknowledge, by signature below, receipt of the Policy on Acceptable Use of Computer Resources.
- Acknowledge, by signature below, receipt of the IT Security Procedures – General.
- Complete the IT Security Awareness tutorial within the first 30 days of employment.
- Maintain compliance with the Policy on Acceptable Use of Computer Resources and the IT Security Procedures at all times.

If you discover or suspect a security breach, you should report the incident to your supervisor, the College IT Security Manager (click on Contact Us at security.cuny.edu) and the CUNY Central IT Security Office (security@mail.cuny.edu) immediately.

I hereby acknowledge receipt of the Policy on Acceptable Use of Computer Resources and the IT Security Procedures – General.

Mary Didi
(printed name)

Mary Didi
(signed)

Hunter College
(College/business area)

08/15/2024
(date)

One copy for personnel file.
One copy to employee.
V02, July 2010

S A M P L E

STOP

READ BELOW BEFORE CONTINUING

YOU ARE NOT REQUIRED TO FILL OUT A POI FORM IF YOUR JOB DOES NOT REQUIRE A HUNTER COLLEGE STAFF EMAIL OR ACCESS TO M365. FOR EXAMPLE, CUNY STUDENTS, TAX LEVY EMPLOYEES, AND GRADUATE ASSISTANTS ALREADY HAVE ACCESS TO M365 AND AN 8 DIGIT EMPL ID.

Pre Application Questionnaire

Mary Didi	
Full Name	Department

Please answer the following questions thoroughly. Indicate N/A if not applicable.

1. Provide a brief description of why access is needed.

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2. Are you currently a CUNY student or employee? Please describe.

UG0XXX-XXXX

3. **Active Hunter College Students:** If you already have an active student hunter email(@myhunter), does your job also require a Hunter College staff email address? Please describe.

Mary Didi

4. **Graduate Teaching Fellows:** If you have an active Graduate Center email address email, does your job also require a Hunter College staff email address?

30 Penn Road

5. Do you have a Hunter College Net ID?

New York

6. Did you have a Hunter College Staff email prior M365 Email Merge?

NY

Personal Data Form

Clear Form

Biographical Details:

Prefix:

Ms.

Last Name:

Didi

First Name:

Mary

Middle Name:

M

Date of Birth: 04/15/1985

Gender: Female (F) NonConf Unspecif
Male (M) Transgdr
Non Binry (X) NtListed

Marital Status:

Single Married
 Divorced Widowed
 Legally Separated

SSN: 1X-XXX-XXXX

CUNYFirst Empl ID (if applicable):

Contact Information:

Address:

30 Penn Road

City/State/Zip Code:

New York / NY / 10322

Home Number:

1-800-555-5555

Cell Phone Number:

1-800-555-5555

Work Phone Number:

1-800-555-5555

Email:

marydidi101@gmail.com

Highest Educational Level

- Less than HS Graduate
- HS Graduate or Equivalent
- Technical School
- 2-Year College Degree
- Bachelor's Level Degree
- Master's Level Degree
- Doctorate (Academic)
- Doctorate (Professional)
- Post-Doctorate
- Other

*Ethnic Group

Are you Hispanic or Latino?

Yes No

What is your Race or Ethnicity? Select any that apply.

- American Indian or Alaska Native
- Asian
- Black or African American
- Italian American
- Native Hawaiian or Other Pacific Islander
- Puerto Rican
- White

What is your ancestry or Ethnicity?

Select one

Military Status

- No Military Status
- Disabled Veterans
- Recently Separated Veteran
- Active Duty Wartime/Campaign Badge Veteran
- Armed Forces Service Medal Veteran
- Protected Veteran- Chose not to self-identify the classification
- Not a protected veteran
- I am NOT a veteran

*We are required by law to monitor our Affirmative Action Program, and to collect ethnic data on all employees under Federal Executive Order #11246.

Submission of this information is voluntary

Citizenship Status:

Are you a U.S Citizen: Yes No Resident Alien Non- Resident Alien

If No: Country of Origin:

Do you have clearance to work in the U.S? Yes No Type of Visa:

Emergency Contacts Information:

Name/ Relationship:

Address:

City/ State/ Zip Code:

Home Number:

Cell Number:

Name/ Relationship:

Address:

City/ State/ Zip Code:

Home Number:

Cell Number:

I hereby certify that the information provided is accurate:

Signature: Mary Didi

Date: 08/15/2024

*We are required by law to monitor our Affirmative Action Program, and to collect ethnic data on all employees under Federal Executive Order #11246.
Submission of this information is voluntary

Name:
First Last Middle

Social Security #:

CUNY Employee ID:

Department:

Effective Start Date

Effective End Date:

POI Type:

HCF

Non Tax Levy

Other:

Department Approval

HR Approval

Name:

Name:

Title:

Title:

Department: Didi

Approved: Denied:

Approved: Denied:

Signature:

Signature:

Date:

Date:

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