



**Human Resources**

Borough of Manhattan Community College  
The City University of New York  
[www.bmcc.cuny.edu](http://www.bmcc.cuny.edu)

199 Chambers Street  
New York, NY 10007-1097  
tel. 212-220-8300  
fax 212-220-2364

Dear New Employee

Welcome to BMCC. Attached are a variety of documents concerning your appointment to the college that you need to be aware of or must complete. Please read these materials carefully and provide all of the requested information as quickly as possible.

The offer of this employment is conditional upon satisfactory completion of all verifications, including but not limited to confirmation employment and background checks.

We hope you will enjoy your experience at the college. Best wishes for a productive and successful career at BMCC.

Sincerely,

Gloria M. Chao  
Director of Human Resources

/New Employee

### Full Time Classified Managerial Staff Packet Checklist

When you accept an offer of employment with the Borough of Manhattan Community College, you must present ORIGINAL documents as outlined below.

- Completed** New Hire Packet
- Proof of Identity and Employment Eligibility**  
*Under federal law you must complete an Employment Verification (I-9) form in the presence of an HR officer. Be sure to bring appropriate proof of identity/eligibility to HR before your first day of work.*
- Social Security Card (for Payroll Purposes)**
- NYCERS Tier 6 Application Form**

**If applicable, complete and return:**

- BMCC [Computer System Accounts](#)
- [Park-N-Ride Plan](#)
- [Direct Deposit of Net Pay Enrollment](#)
- [TRANSITBENEFIT Plan](#)

**Please take time to familiarize yourself with the following:**

- Appointment Processing and Fees (located in the New Hire Packet)
- [Acceptable Use of Computers](#) (located on the HR Policies page)

The timing of your initial pay check will be based on the process and our receipt of the above documents. If you have any questions about your appointment or payroll process, please call us at 212-220-8300.

**By signing below, I acknowledge that I have received, and familiarized myself with the above policies by viewing them through the links provided to the BMCC website, and agree to abide by their requirements.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Please review the following important Policies and Procedures by opening the links provided.

- CUNY [Sexual Misconduct](#) Policy
- [Notice of Non-Discrimination](#)
- [CUNY Policies and Procedures on Non-Discrimination](#)
- [Reasonable Accommodation Policy](#)
- Office of Compliance and Diversity [Informational Packet](#)
- CUNY [Lactation Room](#) Policy
- Annual Security [Report](#)
- [CUNY Policy on Drug and Alcohol](#)
- [Acceptable use of computer resources](#)
- [Children on Campus](#)
- [Time Off for Religious Observance](#)
- [Student Bill of Rights](#)

Additional [Policies and Procedures](#) are available on the BMCC/HR and [Office of Diversity](#) websites for your examination.

The college is committed to ensuring a discriminatory free environment, where all persons are treated fairly and with respect regardless of his/her protected status. The [Office of Compliance & Diversity](#) is dedicated to promoting an open and inclusive environment, addressing complaints as they arise, creating programs which promote diversity and awareness and ensuring that the college complies with all applicable policies and laws.

Odelia Levy, Esq. is the college's Chief Diversity Officer. She also serves as the Coordinator for Title 504. You may reach Ms. Levy at [olevy@bmcc.cuny.edu](mailto:olevy@bmcc.cuny.edu) or (212) 220-1236.

Theresa B. Wade, Esq. is the college's Deputy Director of Diversity & Title IX Compliance and can be reached at [twade@bmcc.cuny.edu](mailto:twade@bmcc.cuny.edu) or (212) 220-1273.

To file a complaint of unlawful discrimination or harassment, including sexual harassment, please contact Ms. Levy or Ms. Wade.

**By signing below, I acknowledge that I have received, accessed, and familiarized myself with the above policies and reviewed the additional policies available on the BMCC website before commencing employment and agree to abide by their requirements.**

---

Signature

Date

---

Print Name



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199 Chambers Street  
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To: Supervisors, Office Heads, and Applicants to the Classified Staff

From: Human Resources

Date: March 13, 2020

Subject: Appointment Processing and Fees

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For all applicants to the position of Full Time Classified Managerial Staff, the following requirements **must** be completed prior to the first day of employment.

- Fingerprinting Fee of \$88.75 will be required from all applicants who are **Classified Staff** (please see the Procedures for Candidates Fingerprinting Using L-1 Identity Solutions Letter).
- Applicants may need to pay a CUNY Application Processing Fee. Your HR Representative will advise you on the amount due. The processing fee, is payable by cash or a money order made out to BMCC. You must bring the processing fee **and** the HR form to the Bursars Office (S330). After paying the processing fee, you **must** return the receipt signed by the Bursars Officer to HR to place in your Personnel file.
- All applicants **MUST** be verified for Compliance with the Immigration Reform and Control Act (IRCA) within three days of your appointment for both identity and the required employability certification. See the Reverse side of this Memorandum of IRCA documentation.
- Applicants **MUST** provide an original social security card, needed for payroll purposes.

Thank you.



**Human Resources**

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199 Chambers Street  
New York, NY 10007-1097  
tel. 212-220-8300  
fax 212-220-2364

To: Bursar's Office

From: Human Resources

Subject: CUNY Application Processing Fee-payable by **Cash or Money Order**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Last 4 of SS# \_\_\_\_\_

Title: \_\_\_\_\_

Fee: \_\_\_\_\_

.....

**The Bursar's Receipt must be brought to HR to provide proof of payment.**

**Procedures for Candidates Fingerprinting**  
**Morphotrust USA Enrollment Services (formerly L1 Enrollment Services)**

As part of the background check, the next step in the hiring process is for you to provide The University with fingerprints. To do so, please follow the instructions here:

1. You are required to pre-register prior to going to fingerprint location by:
  - a) Calling 1-877-472-6915 to speak with a Customer Service Representative (CSR) so they can capture demographic data. **All credit card payments (\$88.50) must be made onsite at the time of the fingerprinting session.**
  - or
  - b) Visit MorphoTrust USA website at [www.identogo.com](http://www.identogo.com) and submit your demographic data. **All credit card payments must be made onsite at the time of the fingerprinting session. (\$88.50)**

2. At the time of registration, you will need to provide the following information:

**CUNY Service Code #: 156J7Y**

**Name of College you are applying to: BMCC**

**College ID Code you are applying to: 466**

3. At the fingerprint location, you are required to take this notice and two forms of identification. Please note: a *photo ID* is ***required*** before any applicant can be fingerprinted (acceptable forms of photo ID are either state or federally issued, i.e. Drivers License, State ID, Passport, Alien Registration Card, Unexpired Foreign Passport, School or College ID, Unexpired Employment Authorization with photo, or Photo ID Card issued by Federal, State, or Local Gov't). Along with a Social Security Card, Voter Registration Card, US Military Card or Draft Record, Military Dependents ID, Coast Guard Merchant Mariner ID, Native America Tribal Document, Canadian Drivers License, Permanent Resident Card, US Passport (expired or unexpired), Alien Registration Receipt Card, Unexpired Foreign Passport, Photo ID Card issues by Federal, State or Local Gov't, Original or Certified Copy of Birth Certificate, Certificate of Birth Abroad (issued by US), or a US Citizen ID Card.
4. Once you have been fingerprinted, the fingerprint technician will transmit the fingerprint records electronically to the Division of Criminal Justice Services. The fingerprint technician also issues a receipt for the fingerprinting service to you. The Division of Criminal Justice Services processes the background check for the state of New York. When the background check is completed, the results are returned directly to The City University of New York.

5. Payment for fingerprinting services is required at the time of the fingerprinting session. MorphoTrust USA accepts personal check, money order, business check, credit card, e-check, and escrow account transactions.

*Final Note: Fees for fingerprint services vary depending on the type of background check required. The fees assessed by MorphoTrust USA include the fingerprint rolling charges and any fingerprint processing charges levied by the Department of State. MorphoTrust USA collects the fee for each applicant and makes the appropriate payments to the Division of Criminal Justice Services on behalf of the applicants.*

**Appointments are required at all locations - please proceed to the appointment registration page and set up an appointment time for your fingerprinting or call toll-free 877-472-6915**

**Location listing is accurate as of Friday, February 07, 2014 locations are subject to change without notice.**

## NEW YORK METRO

Bronx - E 149Th St	Bronx, NY. (349 E 149th St, Ste 605) [ <a href="#">Map (opens new browser)</a> ]	Mon, Tue, Thu & Fri 9:00 - 5:00; Wed 9:00 - 6:00; E/O Sat 10:00 - 2:00
Bronx - E 149th St - 2nd System	Bronx, NY. (349 E 149th St, Ste 605) [ <a href="#">Map (opens new browser)</a> ]	Mon - Thu 9:00 - 2:00 & 2:30 - 4:00
Bronx - Third Ave - 2nd System	Bronx, NY. (2804a Third Ave) [ <a href="#">Map (opens new browser)</a> ]	Mon, Tue, Thu & Fri 9:00 - 5:00; Wed 9:00 - 7:00; Sat 9:00 - 2:00
Bronx - Third Ave - Between 147th & 148th St	Bronx, NY. (2804a Third Ave) [ <a href="#">Map (opens new browser)</a> ]	Mon, Tue, Thu & Fri 9:00 - 5:00; Wed 9:00 - 7:00; Sat 9:00 - 2:00
Brooklyn	Brooklyn, NY. (2174 Fulton St) [ <a href="#">Map (opens new browser)</a> ]	Mon - Thu 9:00 - 5:00; Fri 9:00 - 7:00; E/O Sat 9:00 - 3:00
Brooklyn - Flatbush	Brooklyn, NY. (1772 Flatbush Ave - Between Ave's J & K) [ <a href="#">Map (opens new browser)</a> ]	Mon - Fri 9:00 - 12:00 & 12:30 - 9:00; Sat 10:00 - 12:00 & 12:30 - 6:00
Brooklyn - Flatbush - 2nd System	Brooklyn, NY. (1772 Flatbush Ave Between Ave's J & K) [ <a href="#">Map (opens new browser)</a> ]	Mon - Fri 10:00 - 3:30 & 4:00 - 7:00
Glendale	Glendale, NY. (79-63 Myrtle Ave) [ <a href="#">Map (opens new browser)</a> ]	Mon, Tue, Thu & Fri: 9:00 - 12:00 & 1:00 - 5:00; Wed 9:00 - 12:00 & 1:00 - 7:00; Sat 10:00 - 2:00
New York - Broadway	New York, NY. (1412 Broadway, 17th Fl) [ <a href="#">Map (opens new browser)</a> ]	Mon - Fri 9:25 - 1:00 & 2:00 - 4:45
New York - W 35th St	New York, NY. (247 W 35th St, Ste 201) [ <a href="#">Map (opens new browser)</a> ]	Mon - Fri 9:00 - 1:30 & 2:30 - 5:20; Sat 10:00 - 4:00
New York - W 35th St - 2nd System	New York, NY. (247 W 35th St, Ste 201) [ <a href="#">Map (opens new browser)</a> ]	
New York - W 35th St - 3rd System	New York, NY. (247 W 35th St, Ste 201) [ <a href="#">Map (opens new browser)</a> ]	
New York - W 35th St - Commercial Apps Only		

New York - William St - 2nd System	New York, NY. (130 William St, Ste 900) [ <a href="#">Map (opens new browser)</a> ]	Mon & Thu 9:00 - 6:00; Tue & Fri 9:00 - 5:00; Wed 9:00 - 7:00; 3rd Sat 9:00 - 1:00
New York - William St - Across from Dept of State	New York, NY. (130 William St, Ste 900) [ <a href="#">Map (opens new browser)</a> ]	Mon & Thu 9:00 - 6:00; Tue & Fri 9:00 - 5:00; Wed 9:00 - 7:00; 3rd Sat 9:00 - 1:00
New York - William St - Commercial Apps Only	New York, NY. (130 William St, Ste 900, Ninth Flr) [ <a href="#">Map (opens new browser)</a> ]	Mon - Fri 9:00 - 5:00
Queens - Jamaica	Jamaica, NY. (9024 161st St) [ <a href="#">Map (opens new browser)</a> ]	Mon - Fri 7:00 - 8:00; Sat 8:30 - 3:00
Queens - Jamaica - 2nd System	Jamaica, NY. (9024 161st St) [ <a href="#">Map (opens new browser)</a> ]	Mon - Fri 7:00 - 8:00; Sat 8:30 - 3:00
Staten Island	Staten Island, NY. (159 New Dorp Plz, Ste 201) [ <a href="#">Map (opens new browser)</a> ]	Mon & Wed 11:00 - 5:00; Tue & Thu 9:00 - 3:00; Fri 9:00 - 3:00; E/O Sat 10:00 - 3:00
Yonkers	Yonkers , NY. (5 Seminary Ave, Ste 4) [ <a href="#">Map (opens new browser)</a> ]	Mon, Tue, Wed & Fri 10:00 - 2:30 & 3:30 - 5:00; Thu 10:00 - 2:30 & 3:30 - 7:00; Sat 10:00 - 2:00





Name

Position

College

Dept.

**THE CITY UNIVERSITY OF NEW YORK EMPLOYMENT APPLICATION - PART TWO  
POST-CONDITIONAL OFFER OF EMPLOYMENT**

**This form should be completed only after a conditional job offer has been made.**

**Post-Conditional Offer Verifications and Checks**

**Employment Eligibility and Identity Documents Verification**

Newly hired employees must complete Section 1 of the Dept. of Homeland Security/U.S. Citizenship & Immigration Services I-9 Form no later than the first day of employment. CUNY is required to verify evidence of identity and employment authorization within 3 business days of the employee's first day of employment.

**Verification of Credentials**

Academic and professional credentials, as submitted in CUNY Employment Application Part 1, will be verified by the college.

**Criminal Background Check**

As a candidate with a conditional offer of employment, you must provide criminal background information. For some positions, a criminal history report may also be required. CUNY will consider your criminal history in accordance with Article 23-A of the New York State Correction Law and the NYC Fair Chance Act. (FCA).

A conviction record will not necessarily disqualify you from the position for which you are applying. However, failure to provide truthful responses will, when discovered, automatically result in the withdrawal of the conditional offer of employment or your termination, following any applicable disciplinary procedures, if employed.

Before any adverse action is taken based on a previous criminal conviction, CUNY will

- provide a written Article 23-A analysis to the candidate in a form determined by the New York City Commission on Human Rights (NYCCHR), together with any and all supporting information and/or documents that formed the basis and for the adverse action; and
- after providing the candidate with the required documentation, allow the candidate at least **5 business days to respond** and, during that time, hold the position open for the candidate.

**Credit History Check, Medical Certification, Medical Examination, Drug Screening, and Physical Agility and Fitness Assessment**

For some positions, a credit history, medical certification, medical examination, drug test, and/or physical agility and fitness assessment may be required as a condition of employment. CUNY processes all information per applicable laws.

**Accommodation required to perform Essential Job Functions**

It is the University's policy to provide reasonable accommodations to individuals with disabilities, individuals observing religious practices, employees who have pregnancy or child-birth related medical conditions, or employees who are victims of domestic violence/stalking/sex offenses.

If you require an accommodation to perform the essential job functions for the position for which you have received a conditional offer of employment, please contact the HR Director at the college or unit where you have received the conditional offer of employment.

**THE CITY UNIVERSITY OF NEW YORK  
APPLICATION FOR EMPLOYMENT - PART TWO**

**Application for Employment - Part Two (Confidential Background Information)  
Only candidates who have received a conditional job offer should complete this form.**

For questions and concerns, candidates may request guidance from the Office of Human Resources.

**The completed form should be submitted to the Office of Human Resources only.**

College	<input type="text"/>	Job ID#	<input type="text"/>	<input type="checkbox"/> Full-time
Position	<input type="text"/>			<input type="checkbox"/> Part-time
Contract Title	<input type="text"/>			A.M. <input type="text"/>
				P.M. <input type="text"/>

**Personal Information**

Last Name  First Name  Middle Initial

If known by another name, please provide

Address  Apt. #

City  State  Zip Code  Daytime Phone #

e-mail  Evening Phone #

**Please complete Page 3**

**Confidential Criminal Background Information:**

1. Have you ever been convicted of a crime (felony or misdemeanor)?  Yes  No

**DO NOT include the following: conviction for an offense classified as a "violation", a criminal action that has been adjourned in contemplation of dismissal ("ACD"), adjudication as a youthful offender, conviction of a non-criminal offense, as defined by a law of another state, conviction that has been sealed pursuant to the criminal procedure law.**

2. Are there any criminal charges currently pending against you?  Yes  No

3. Please explain below **all** past convictions or currently pending criminal charges against you (as specified in Questions 1 and 2 above). **Attach additional pages, as necessary.**

Offense	<input type="text"/>	Date of conviction	<input type="text"/>	Name and location of Court	<input type="text"/>	Disposition including incarceration	<input type="text"/>
Offense	<input type="text"/>	Date of conviction	<input type="text"/>	Name and location of Court	<input type="text"/>	Disposition including incarceration	<input type="text"/>
Offense	<input type="text"/>	Date of conviction	<input type="text"/>	Name and location of Court	<input type="text"/>	Disposition including incarceration	<input type="text"/>
Offense	<input type="text"/>	Date of conviction	<input type="text"/>	Name and location of Court	<input type="text"/>	Disposition including incarceration	<input type="text"/>

**Applicant Attestation:**

By my signature below, I declare and affirm that I have read and fully understand that:

Any misrepresentation or material omission of facts on this form shall be sufficient cause to end further consideration of my candidacy for the position for which I have received a conditional offer of employment or shall be sufficient cause for disciplinary action up to and including termination, in the event I am hired.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**COLLEGE USE ONLY**

Received by the Director of Human Resources

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

## 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.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	<b>OR</b>	<b>LIST B</b> <b>Documents that Establish Identity</b>	<b>AND</b>	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

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

**Refer to the instructions for more information about acceptable receipts.**



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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

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

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

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

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

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

**I attest, under penalty of perjury, that I am (check one of the following boxes):**

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

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
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**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 <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

**STOP**    *Employer Completes Next Page*    **STOP**



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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

**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.")*

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

**Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.**

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

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

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

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.**

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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**Borough of Manhattan Community College  
Office of Human Resources  
Personnel Information Form**

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**Name (print)** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_

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**Title** \_\_\_\_\_ **Department** \_\_\_\_\_ **Date of Appointment** \_\_\_\_\_

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Female       Male       Other \_\_\_\_\_      **Date of Birth** \_\_\_\_\_

**Ethnicity:**

African American     Alaskan Native       American Indian       Asian

Black                     Hispanic                 Italian American

Pacific Islander       Puerto Rican           White                     Other \_\_\_\_\_

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U.S. Citizen:     Yes       No      **If you are not a U.S. Citizen,**

**Of what country are you a citizen?** \_\_\_\_\_

**What type of VISA are you holding:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

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**Are you a Veteran?**     Yes       No      **If you are a veteran, please specify:**

Active Reserve       Disabled                 Disabled Vietnam Era

Inactive Reserve     Retired                     Vietnam Era

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**Home Address:** \_\_\_\_\_  
(print) \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **E-Mail Address** \_\_\_\_\_

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**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Alternate Phone Number:** \_\_\_\_\_

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<b>Education:</b>	<b>Degree</b>	<b>Major</b>	<b>Date Earned</b>	<b>Institution</b>

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**To be completed by the Office of Human Resources**

**I-9 Date:** \_\_\_\_\_ **Work Authorization Expiration Date:** \_\_\_\_\_ **Staff Initial** \_\_\_\_\_ **Date:** \_\_\_\_\_



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Borough of Manhattan Community College 199 Chambers Street  
The City University of New York New York, NY  
10007-1097 www.bmcc.cuny.edu tel 212-220-8300  
fax 212-220.2364

**Primary:**

Name of Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Business Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

**Secondary:**

Name of Emergency Contact \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Business Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

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Name (Print) \_\_\_\_\_ Department \_\_\_\_\_

---

Signature \_\_\_\_\_ Date \_\_\_\_\_





**Human Resources**

Borough of Manhattan Community College  
The City University of New York  
www.bmcc.cuny.edu

199 Chambers Street  
New York, NY 10007-1097  
tel. 212-220-8300  
fax 212-220-2364

**AMENDED CONSTITUTIONAL OATH UPON APPOINTMENT**

(In compliance with Section 62 of the New York State Civil Service Law)

“I hereby pledge and declare that I will support the Constitution of the United States and the Constitution of the State of New York and that I will faithfully discharge the duties of the Position of \_\_\_\_\_ according to the best of my ability”

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date:** \_\_\_\_\_

THE CITY UNIVERSITY OF NEW YORK  
CONVICTION NOTICE AND LICENSE

Upon appointment, this form will be used to verify your claims; convictions will be verified with the New York State Division of Criminal Justice Services.

PLEASE ANSWER ALL QUESTIONS:

Social Security Number: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Please list below any other name you may be known by (this includes maiden name)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street Address \_\_\_\_\_ Apt No. \_\_\_\_\_

City or Town \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

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**License or Professional Registration:**

(If required for position or as stated in the vacancy notice or exam announcement, such as driver's license, etc.)

1. Name of License/Registration valid in NYC \_\_\_\_\_ License No. \_\_\_\_\_

Name of Issuing Agency \_\_\_\_\_

Date Originally Issued \_\_\_\_\_ Date Last Renewed \_\_\_\_\_

Renewal No. (If any) \_\_\_\_\_ Date of Expiration \_\_\_\_\_

Have you ever has a license, certificate of permit suspended or revoked?  Yes  No If Yes give full details

\_\_\_\_\_  
\_\_\_\_\_

2. Name of License/Registration valid in NYC \_\_\_\_\_ License No. \_\_\_\_\_

Name of Issuing Agency \_\_\_\_\_

Date Originally Issued \_\_\_\_\_ Date Last Renewed \_\_\_\_\_

Renewal No. (If any) \_\_\_\_\_ Date of Expiration \_\_\_\_\_

Have you ever has a license, certificate of permit suspended or revoked?  Yes  No If Yes give full details

\_\_\_\_\_  
\_\_\_\_\_

# Employee's Withholding Certificate

**2022**

▶ **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.**

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> <b>Single</b> or <b>Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly</b> or <b>Qualifying widow(er)</b> <input type="checkbox"/> <b>Head of household</b> (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, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), 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](http://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 2022 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.)

<b>Step 3:</b> <b>Claim Dependents</b>	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 and enter the total here . . . . .		<b>3</b>	\$ _____
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> 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 . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> . . . . .	<b>4(c)</b>	\$ _____

**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**

<b>Employers Only</b>	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

# IT-2104

First name and middle initial	Last name	Your Social Security number
Permanent home address (number and street or rural route)		Apartment number
City, village, or post office		State ZIP code
Are you a resident of New York City? ..... Yes <input type="checkbox"/> No <input type="checkbox"/> Are you a resident of Yonkers? ..... Yes <input type="checkbox"/> No <input type="checkbox"/>		Single or Head of household <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher single rate <input type="checkbox"/> <b>Note:</b> If married but legally separated, mark an <b>X</b> in the <i>Single or Head of household</i> box.
<b>Complete the worksheet on page 4 before making any entries.</b> <b>1</b> Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 19) ..... <b>1</b> <input type="text"/> <b>2</b> Total number of allowances for New York City (from line 31) ..... <b>2</b> <input type="text"/>		
<b>Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.</b> <b>3</b> New York State amount ..... <b>3</b> <input type="text"/> <b>4</b> New York City amount ..... <b>4</b> <input type="text"/> <b>5</b> Yonkers amount ..... <b>5</b> <input type="text"/>		

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Employee's signature	Date
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**Penalty** – A penalty of \$500 may be imposed for any false statement you make that decreases the amount of money you have withheld from your wages. You may also be subject to criminal penalties.

**Employee: detach this page and give it to your employer; keep a copy for your records.**

**Employer: Keep this certificate with your records.**

Mark an **X** in box A and/or box B to indicate why you are sending a copy of this form to New York State (see instructions):

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

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

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

If Yes, enter the date the employee qualifies (mm-dd-yyyy):

Employer's name and address (Employer: complete this section only if you are sending a copy of this form to the NYS Tax Department.)	Employer identification number
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## Instructions

### Important information

The 2021-2022 New York State budget was signed into law on April 19, 2021. Changes to New York State personal income tax have caused withholding tax changes for taxpayers with taxable income:

- more than \$2,155,350, and who are married filing jointly or a qualified widow(er);
- more than \$1,077,550, and who are single or married filing separately; or
- more than \$1,616,450, and who are head of household.

Accordingly, if you previously filed a Form IT-2104 and earn more than the amounts listed above, you should complete a new 2022 Form IT-2104 and give it to your employer.

### Changes effective for 2022

Form IT-2104 has been revised for tax year 2022. The worksheet on page 4 and the charts beginning on page 5, used to compute withholding allowances or to enter an additional dollar amount on line(s) 3, 4, or 5, have been revised. If you previously filed a Form IT-2104 and used the worksheet or charts, you should complete a new 2022 Form IT-2104 and give it to your employer.

### Who should file this form

This certificate, Form IT-2104, is completed by an employee and given to the employer to instruct the employer how much New York State (and New York City and Yonkers) tax to withhold from the employee's pay. The more allowances claimed, the lower the amount of tax withheld.

If the federal Form W-4 you most recently submitted to your employer was for tax year 2019 or earlier, and you did not file Form IT-2104, your employer may use the same number of allowances you claimed on your federal Form W-4. Due to differences in federal and New York State tax law, this may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers.

For tax years 2020 or later, withholding allowances are no longer reported on federal Form W-4. Therefore, if you submit a federal Form W-4 to your employer for tax year 2020 or later, and you do not file Form IT-2104, your employer may use zero as your number of allowances. This may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers.

Complete Form IT-2104 each year and file it with your employer if the number of allowances you may claim is different from federal Form W-4 or

## Full Time Classified Managerial Staff Benefits and Union Membership

### Benefits

#### **Health Benefits**

You are eligible for health benefits and need to provide the [Health Benefits Application form](#) ASAP to the Benefits Manager. As a new employee for the first year (365 days) of employment, you will be enrolled in **Emblem Health HIP HMO Preferred Plan**. Within the 335<sup>th</sup> and 365<sup>th</sup> days of employment, you will have the option of either remaining in the HIP HMO Preferred Plan or selecting a different health plan. For detailed information, please contact the Benefits Office in S717.

#### **Retirement Benefits**

You are eligible to enroll in the New York City's Employees' Retirement System (NYCERS), or the ORP (TIAA). For enrollment forms and further information, please contact the HR Benefits Office in S717.

#### **Tax-Deferred Annuity Plans**

You may participate in a tax-deferred annuity (TDA) plan with TIAA-CREF, or the Teachers' Retirement System of the City of New York (TRS) if you are a TRS member. The TDA plan allows you to set aside pre or post-tax dollars in a supplemental retirement account subject to the annual maximum IRS limit. For additional information on TIAA-CREF, please contact the Benefits office. For information regarding the TRS TDA plan, please contact TRS directly at 888-869-2877.

#### **Transit Benefits**

The Transit Benefit allows you to reserve pre-tax dollars for your travel needs. For additional information please reference the HR Benefits website or contact the HR Benefits office in Room S717. Enrollment forms for the [TRANSITBENEFIT Plan](#), or the [Park-N-Ride Plan](#) may be found on the HR Benefits website.

#### **CUNY Work/Life Program**

The CUNY Work/Life Program presented by CCA@Your Service is a confidential, 24/7 employee assistance program provider. For additional information refer to the program flyer and their list of services. Call TOLL-FREE: 800-833-8707 or log on /WEBSITE: [www.myccaonline.com/](http://www.myccaonline.com/) Company Code: CUNY This employee assistance program

is a voluntary, free and confidential benefit for employees and their family members. Services are available 24 hours a day, 7 days a week.

#### **Jury Duty**

Employees summoned to Jury Duty in New York State/New York State Courts will be paid their full time salary.

#### **Union Membership**

As Full Time Classified Managerial Staff, you are excluded from union membership. However, your Dental, Optical, Vision and Prescriptions is provided by the Union's Welfare Fund. For further information regarding which union covers your Welfare Fund Benefits, please contact the HR Benefits Office in S717.