

NEW Student Assistant Employment Authorization

If you have previously been on Student Payroll

Do not complete this packet.

Please complete a “Returning Student Assistant Employment Form”

Student Name: _____

Student Preferred First Name: (If Applicable): _____

Social Security No: _____

SUNY ID No. _____

Home Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Birth Date: _____ Home Phone No: _____

Student Signature: _____ Date: _____

Mailbox Number in Bouck Hall _____

SUPERVISOR MUST COMPLETE THIS SECTION

Position: _____ Line Item: _____

Effective Date: _____ End Date: _____

Hourly Rate \$ _____ Account No: _____

Supervisor-PRINT NAME _____

Supervisor Signature: _____ **Date:** _____

Budget Holder Signature (If Needed) _____

Maximum Earnings for Student (ACADEMIC YEAR) _____



PAYROLL EMPLOYMENT DATA FORM

Please complete the following and return it to the Payroll Office. This information is required for centralized personnel records. If you have any questions regarding completion of this form, please feel free to contact us at (518) 255-5423 or (518) 255-5412. You can also stop in Knapp Hall, Room 126.

Name: (First) _____ (Middle) _____ (Last) _____

Preferred Name: _____

Salutation: _____Mr. _____Ms. _____Dr.

Social Security Number: _____ 800 ID Number: _____

Birth date: (Month) _____ (Day) _____ (Year) _____

Birthplace: (State) _____ (City) _____ (Country) _____

Citizenship: (Country) _____ (Visa) _____

Gender: _____Male _____Female Gender Identity: _____Male _____Female _____Non-Binary

Mailing Address: (Street) _____ Apt # _____

(City) _____ (State) _____ (Zip Code) _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Do you identify as a member of the LGBTQI+ community?

Yes _____

No _____

Choose not to disclose _____

Ethnicity (Check **ONLY** one): _____ Not Hispanic or Latino _____ Hispanic or Latino

Race: You must select one, but please check **ALL** that apply:

____ American Indian or Alaska Native (Person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)

____ Asian

____ Black or African American (Person having origins in any of the black racial groups of Africa.)

____ Native Hawaiian and other Pacific Islanders

____ White (Person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Asian Groups: select all that apply

____ Asian Indian

____ Bangladeshi

____ Burmese

____ Chinese

____ Filipino

____ Japanese

____ Korean

___ None
___ Other Asian Group
___ Pakistani
___ Thai
___ Vietnamese

Pacific Islander Groups: select all that apply

___ Guamanian and Chamorro ___ Native Hawaiian
___ None ___ Other Pacific Island Group

Disability Status: ___ Not Disabled ___ Acoustically Impaired ___ Learning Disabled ___ Legally Blind

___ Visually Impaired (Not Legally Blind) ___ Mobility Impaired ___ Multiple Impairment ___ Other Impairment

Veteran Status: ___ Non-Veteran ___ Active Reserve ___ Viet Nam Era Veteran ___ Viet Nam Era Veteran from NY State

___ Disabled Veteran ___ Disabled Viet Nam Veteran ___ Disabled Viet Nam Veteran from NY State ___ National Guard Active

___ Veteran ___ Other Eligible Veteran ___ Special Disabled Veteran ___ Spouse of 100% Disabled Veteran

Military Separation Date: (Month) _____ (Year) _____

Classified employees must provide proof of service in order to receive veteran's credit for seniority)

Education: (Highest level of education completed) _____

(1) (Year) _____ (Month) _____ (Degree Type) _____
(State) _____ (City) _____ (College) _____
(Discipline) _____

(2) (Year) _____ (Month) _____ (Degree Type) _____
(State) _____ (City) _____ (College) _____
(Discipline) _____

Are you currently enrolled in college: ___ Yes ___ No **Degree in Progress:** _____
(State) _____ (City) _____ (College) _____
(Major) _____

Licenses: _____ **Specialization:** _____ **Year:** _____ **Month:** _____

Emergency Contacts:

(1) (First) _____ (Last) _____ (Relationship) _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

(2) (First) _____ (Last) _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone _____

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.****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 ☐
City, village, or post office	State	ZIP code
		Married, but withhold at higher single rate ☐
Note: If married but legally separated, mark an X in the <i>Single or Head of household</i> 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
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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 **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
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www.tax.ny.gov/it2104i-2026

DIRECT DEPOSIT FORM FOR NYS EMPLOYEES

RETURN COMPLETED FORM TO YOUR AGENCY/DEPARTMENT PAYROLL OR PERSONNEL OFFICE

AC 2772 (REV 12/2022)

SECTION A: EMPLOYEE INFORMATION (REQUIRED)

NAME (LAST, FIRST, MI)	NYS EMPLID N	LAST 4 SSN
PHONE (AREA CODE + PHONE NUMBER)	WORK EMAIL	
HOME ADDRESS (STREET, CITY, STATE, ZIP CODE)		

SECTION B: REQUEST FOR EXEMPTION FROM DIRECT DEPOSIT

I hereby request an exemption from the requirement to be paid by direct deposit pursuant to State Finance Law § 200(4)(a)(ii).

EMPLOYEE SIGNATURE _____ DATE _____

SECTION C: BALANCE ACCOUNT INFORMATION (REQUIRED)

Participating in full Direct Deposit requires one balance account; this account will receive any excess of funds after all other distributions are deposited as indicated. The balance account designated will be last in the deposit order. Non-payroll amounts, such as travel reimbursements, will be deposited in the balance account. If no other accounts are listed, the full net pay will be deposited into the balance account. The employee's name **must** appear on the account. A voided check or written verification from the financial institution showing the account number, routing number, and name(s) on the account must accompany this form for the balance account.

BALANCE ACCOUNT (REQUIRED)	ACTION	New	Change Account	Add/Change Joint Account Holder
TYPE Checking Savings	ACCOUNT #		ROUTING #	
FINANCIAL INSTITUTION		DISTRIBUTION ☒ Excess		

SECTION D: ADDITIONAL ACCOUNT INFORMATION (OPTIONAL)

Up to **seven** fixed amount or percentage deposits may be processed in addition to the balance account listed in Section B. The employee's name **must** appear on the account(s). (For more than five accounts, attach an additional AC 2772.) A voided check or written verification from the financial institution showing the account number, routing number, and name(s) on the account must accompany this form for each account listed.

DEPOSIT ORDER-1	ACTION	Add	Change Distribution	Add/Change Joint Account Holder	Cancel
TYPE Checking Savings	ACCOUNT #		ROUTING #		
FINANCIAL INSTITUTION		DISTRIBUTION \$_____ or _____%			
DEPOSIT ORDER-2	ACTION	Add	Change Distribution	Add/Change Joint Account Holder	Cancel
TYPE Checking Savings	ACCOUNT #		ROUTING #		
FINANCIAL INSTITUTION		DISTRIBUTION \$_____ or _____%			
DEPOSIT ORDER-3	ACTION	Add	Change Distribution	Add/Change Joint Account Holder	Cancel
TYPE Checking Savings	ACCOUNT #		ROUTING #		
FINANCIAL INSTITUTION		DISTRIBUTION \$_____ or _____%			
DEPOSIT ORDER-4	ACTION	Add	Change Distribution	Add/Change Joint Account Holder	Cancel
TYPE Checking Savings	ACCOUNT #		ROUTING #		
FINANCIAL INSTITUTION		DISTRIBUTION \$_____ or _____%			
DEPOSIT ORDER-5	ACTION	Add	Change Distribution	Add/Change Joint Account Holder	Cancel
TYPE Checking Savings	ACCOUNT #		ROUTING #		
FINANCIAL INSTITUTION		DISTRIBUTION \$_____ or _____%			

DIRECT DEPOSIT FORM FOR NYS EMPLOYEES

RETURN COMPLETED FORM TO YOUR AGENCY/DEPARTMENT PAYROLL OR PERSONNEL OFFICE

AC 2772 (REV 12/2022)

SECTION E: DIRECT DEPOSIT STATEMENT OPTIONS (OPTIONAL)

Check the box to opt out of receiving a printed copy of your direct deposit pay stub:

Go Paperless - I do not want a printed copy of my Direct Deposit pay stub sent to me. I understand that I will **not** receive a printed copy of my Direct Deposit pay stub. I understand that I can view and print my electronic pay stubs as well as change my Direct Deposit statement option with NYS Payroll Online (NYSPOL): <https://psonline.osc.ny.gov/>

SECTION F: AUTHORIZATION (REQUIRED)

The joint account holder for accounts listed in Sections B and C, if any, must sign on the corresponding line for new/additional accounts or changes in account holder(s). By signing this form, the employee and any joint account holder allows the State, through the financial institution, to debit the account in order to recover any salary to which the employee was not entitled or that was deposited to the account in error. This means of recovery shall not prevent the State from utilizing any other lawful means to retrieve salary payments to which the employee is not entitled.

BALANCE ACCOUNT JOINT ACCOUNT HOLDER	DATE
DEPOSIT ORDER-1 JOINT ACCOUNT HOLDER	DATE
DEPOSIT ORDER-2 JOINT ACCOUNT HOLDER	DATE
DEPOSIT ORDER-3 JOINT ACCOUNT HOLDER	DATE
DEPOSIT ORDER-4 JOINT ACCOUNT HOLDER	DATE
DEPOSIT ORDER-5 JOINT ACCOUNT HOLDER	DATE

I certify that I read and understand the instructions to this form, including the authorization for recovery. In signing this form, I authorize my NYS salary payment to be sent to the designated financial institution(s) to be deposited into the specified account(s), and all non-payroll amounts due to me to be sent to the designated financial institution to be deposited into the balance account designated. I understand that this form supersedes any previous elections I have made, and that changes may take up to two payroll periods to become effective.

EMPLOYEE SIGNATURE _____ DATE _____

CANCELLATIONS

The agreement represented by this authorization will remain in effect until canceled by the employee, the financial institution, or the State agency. Employees should maintain accounts canceled and replaced by new accounts until the new transaction is complete. If canceled accounts are not temporarily maintained until the new account receives the employee's direct deposit transaction, employees may experience a delay in payments. The financial institution may cancel the agreement by providing the employee and the State agency with a written notice 30 days in advance of the cancellation date. The financial institution cannot cancel the authorization without notification to both the employee and the State agency. The State agency may cancel an employee's direct deposits when internal control policies would be compromised by this form of salary payment.

NEW YORK STATE PERSONAL PRIVACY LAW NOTIFICATION

The New York State Office of the State Comptroller Bureau of State Payroll Services requests personal information on this form to operate the New York State Direct Deposit/Electronic Funds Transfer Program. This information is being requested pursuant to State Finance Law §200(4) and Part 102 of Title 2 of the New York Codes, Rules and Regulations. The information will be provided to the designated financial institution(s) and/or their agent(s) for the purpose of processing payments, and for other official business of the Office of the State Comptroller. No further disclosure of this information will be made unless such disclosure is authorized or required by law. An employee's failure to provide the requested information may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program. The information provided will be maintained in the State Payroll System under the direction of the Bureau of State Payroll Services.

New York State Employees' Retirement System

Please check one box.

☐

I would like to join the **NYS Employees Retirement System**.

Sign into www.retirementatwork.org/suny to register for retirement and complete membership application (paper) and submit to Payroll to complete membership enrollment.

☐

I understand that I am eligible to join the Employee's Retirement System, however, I choose NOT to join at this time. I also understand that if my employment status changes to full-time, I must join the Retirement System at that time. I certify that I have not been a member of the New York State Employees' Retirement System (ERS) in the last seven years, or, if a member, that I withdrew my contributions upon separation from service and no longer have an active membership with the system.

☐

I am a current member of the NYS Employees Retirement System.

Sign into www.retirementatwork.org/suny to provide membership information AND complete membership application (paper) to submit to Payroll to complete membership enrollment.

(Print name)

(Signature)

(Department)

(Date)

(Title)

You will need the equivalent of ten years of full-time State service to become eligible for pension benefits.

Upon meeting eligibility requirements, you will be entitled to a lifetime pension at age 55 or a disability pension at an earlier age if you become permanently and totally disabled from gainful employment.

SUNY Cobleskill

Confidentiality and Security Compliance Agreement

I understand that I may be granted access to information and data that may contain records subject to federal or state regulations ("regulated data") regarding privacy and confidentiality, and that I may handle other information considered Personal, Private, and Sensitive. My continued access to this information is based on my agreement to comply with the following terms and conditions regardless of my SUNY Cobleskill employment, internship or volunteer status:

- I will comply with all state and federal laws and college policies that govern access to and use of information about employees, interns, volunteers, applicants, students, donors and vendors.
- My right to access this is strictly limited to the specific information and data that is relevant and necessary for me to perform my job-related duties.
- I am prohibited from accessing, using, copying or otherwise disseminating regulated data that is not relevant and necessary for me to perform my job-related duties.
- I will not share regulated data unless explicitly authorized to do so, and in no instance will I share regulated data with third parties without appropriate authorization.
- I will sign-out of electronic records systems when I am not actively using them.
- I will keep my account credentials (e.g., UserID, password) confidential, and will not disclose or share them with anyone. A request for someone else to use your Cobleskill password(s) is considered fraudulent activity.
- If issued keys or other means of entry, I will not copy or share them with anyone and I will report lost or stolen keys immediately to my supervisor.

New York State Cyber Security Policy P03-002: Information Security Policy, Rev. Date: August 1, 2007 Personal, Private, and Sensitive Information (PPSI):

Any information where unauthorized access, disclosure, modification, destruction or disruption of access to or use of such information could severely impact the College, its critical functions, its employees, its customers, third parties, or citizens of New York. This term shall be deemed to include, but is not limited to, the information encompassed in existing statutory definitions, e.g. General Business Law §§399-dd; 399-h(1)(c),(d),(e); 899-aa(1)(a)(b); Public Officers Law, §§86(5); 92(7), (9); State Technology Law §§202(5); 208(1)(a).

PPSI includes, but is not limited to:

- Information concerning a person which, because of name, number, personal mark or other identifier, can be used to identify that person, in combination with:
- Social Security Number or any number derived from the Social Security Number;
- Driver's license number or non-driver identification card number; or
- Mother's maiden name; financial services account number or code; savings account number or code; checking account number or code; debit card number or code; automated teller machine number or code; electronic serial number.
- Other information which could be used to assume a person's identity or gain access to a person's financial resources or credit.
- Information used to authenticate the identity of a person or process (e.g., PIN, password, passphrase, and biometric data). This does not include distribution of one-time-use PINs, passwords, or passphrases.

- Information that identifies specific structural, operational, or technical information, such as maps, mechanical or architectural drawings, floor plans, operational plans or procedures, or other detailed information relating to electric, natural gas, steam, water supplies, nuclear or telecommunications systems or infrastructure, including associated facilities, including, but not limited to:
 - Training and security procedures at sensitive facilities and locations as determined by the Office of Homeland Security (OHS);
 - Descriptions of technical processes and technical architecture;
 - Plans for disaster recovery and business continuity; and
 - Reports, logs, surveys, or audits that contain sensitive information.
 - Security related information (e.g., vulnerability reports, risk assessments, security logs).
 - Other information that is protected from disclosure by law or relates to subjects and areas of concern as determined by the College's executive management.

Family Educational Rights and Privacy Act (FERPA)

The Family Educational Rights and Privacy Act (FERPA) is a federal law enacted in 1974 that protects the confidentiality of a student's records. As an employee of SUNY Cobleskill, you must become familiar with the basic provisions of FERPA to comply with this federal law. All employees, including full-time, part-time, hourly, and student employees, have the same responsibilities under FERPA. Student educational records must only be accessed if there is a legitimate educational reason to do so.

All student information gained from student records (whether the files are paper or computer generated) or from conversations heard in the course of your work are strictly confidential. As such, you may not share this information with anyone. In addition, no files or copies of records are ever allowed to leave the office or department. Files or copies of records are not to be left unattended in public areas for others to view.

You must avoid acquiring student information that you do not need to do your job, nor should you exchange information about students that you may have learned while performing your job unless there is legitimate educational reason to do so. Disclosure of information (for example, telling another person of a student's class schedule) is considered a violation.

I understand that violations of this agreement may result in the revocation of my access privileges to college information systems, appropriate administrative action, including but not limited to disciplinary action and termination, and may also subject me to prosecution by federal or state authorities. I certify that I have read all of the above information pertaining to Personal, Private, and Sensitive Information (PPSI) and I agree to comply with the above terms and conditions.

Print Name

Signature

Date



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. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)					
		If you check Item Number 4. , enter one of these:					
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance	
Signature of Employee					Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C	
Document Title 1						
Issuing Authority						
Document Number (if any)						
Expiration Date (if any)						
Document Title 2 (if any)		Additional Information				
Issuing Authority						
Document Number (if any)						
Expiration Date (if any)						
Document Title 3 (if any)						
Issuing Authority		☐ Check here if you used an alternative procedure authorized by DHS to examine documents.				
Document Number (if any)						
Expiration Date (if any)						
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 SUNY Cobleskill			Employer's Business or Organization Address, City or Town, State, ZIP Code 106 Suffolk Circle, Cobleskill, NY 12043			

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

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



State University of New York
BI-WEEKLY COLLEGE WORKSTUDY and STUDENT ASSISTANT
 2026 – 2027 Payroll Schedule

PR NO.	Bi-weekly Work Period	Electronic Time Record Due <u>Thursday</u>	Payment Issued On <u>Thursday</u>
9	7/16 – 7/29/2026	7/30/2026	8/20/2026
10	7/30 – 8/12/2026	8/13/2026	9/3/2026
11	8/13 – 8/26/2026	8/27/2026	9/17/2026
12	8/27 – 9/9/2026	9/10/2026	10/1/2026
13	9/10 – 9/23/2026	9/24/2026	10/15/2026
14	9/24 – 10/7/2026	10/8/2026	10/29/2026
15	10/8 – 10/21/2026	10/22/2026	11/12/2026
16	10/22 – 11/4/2026	11/5/2026	11/26/2026
17	11/5 – 11/18/2026	11/19/2026	12/10/2026
18	11/19 – 12/2/2026	12/3/2026	12/23/2026
19	12/3 – 12/16/2026	12/17/2026	1/7/2027
20	12/17 – 12/30/2026	12/31/2026	1/21/2027
21	12/31 – 1/13/2027	1/14/2027	2/4/2027
22	1/14 – 1/27/2027	1/28/2027	2/18/2027
23	1/28 – 2/10/2027	2/11/2027	3/4/2027
24	2/11 – 2/24/2027	2/25/2027	3/18/2027
25	2/25 – 3/10/2027	3/11/2027	4/1/2027
26	3/11 – 3/24/2027	3/25/2027	4/15/2027
1	3/25 – 4/7/2027	4/8/2027	4/29/2027
2	4/8 – 4/21/2027	4/22/2027	5/13/2027
3	4/22 – 5/5/2027	5/6/2027	5/27/2027
4	5/6 – 5/19/2027	5/20/2027	6/10/2027
5	5/20 – 6/2/2027	6/3/2027	6/24/2027
6	6/3 – 6/16/2027	6/17/2027	7/8/2027
7	6/17 – 7/1/2027	7/1/2027	7/22/2027
8	7/1 – 7/14/2027	7/15/2027	8/5/2027
9	7/15 – 7/28/2027	7/29/2027	8/19/2027
10	7/29 – 8/11/2027	8/12/2027	9/2/2027
11	8/12 – 8/25/2027	8/26/2027	9/16/2027

Electronic time records are due by Thursday C.O.B. following completion of the pay period (Thursday - Wednesday), unless otherwise indicated.

Due to strict deadlines, late time records will be processed in the **FOLLOWING** pay period.