



# Village of Mamaroneck Parks & Recreation

**Recreation Tel:** (914) 777-7784

**Parks Tel:** (914) 630-7158

**Email:** recreation@vomny.org

**P.O. Box 369  
Mamaroneck, NY 10543**

**Jason Pinto  
Superintendent of Recreation**

**Jeff Ahne  
General Foreman of Parks**

**Offices located in the  
Stephen E. Johnston Beach Pavilion  
Harbor Island Park**

## **NEW HIRE SEASONAL STAFF REQUIRED EMPLOYMENT FORMS CHECKLIST**

ORIGINAL EMPLOYMENT PACKAGE MUST BE COMPLETED IN ITS ENTIRETY AND DROPPED OFF AT THE PARKS & RECREATION OFFICES LOCATED IN THE STEPHEN E. JOHNSTON BEACH PAVILION BUILDING AT HARBOR ISLAND PARK.

Applicants must be 16 years of age to apply; 17 years old and under must submit an up-to-date copy of their working papers.

**\*Proof of immunizations or a doctor's note verifying up-to-date vaccinations is required for camp staff.**

**\*Lifeguards must provide two copies of certification training with waterfront skills, C.P.R. for the professional rescuer, standard First Aid Safety, and AED.**

- ☐ **COVER SHEET**
- ☐ **SEASONAL APPLICATION**
- ☐ **REFERENCES (2)**
- ☐ **1-9 FORM (PLEASE PROVIDE PROOF OF IDENTITY WITH THE FORM)**
- ☐ **W-4**
- ☐ **IT-2104**
- ☐ **PART-TIME DECLINATION RETIREMENT FORM**
- ☐ **NEW YORK STATE EMPLOYEE RETIREMENT SYSTEM FORM RS 5420 (complete if joining the retirement system)**
- ☐ **EMERGENCY CONTACT FORM**
- ☐ **SELF IDENTIFICATION FORM**
- ☐ **SSCI BACKGROUND CHECK FORM**
- ☐ **DIRECT DEPOSIT FORM**
- ☐ **WORKING PAPERS (GREEN 16-17)**

Village of



Mamaroneck

*Village Hall At The Regatta*

*P.O. Box 369*

*123 Mamaroneck Avenue*

*Mamaroneck, N.Y. 10543*

<http://www.villageofmamaroneck.org>

OFFICE OF  
DANIELLE GILLIARD  
HUMAN RESOURCES DIRECTOR

Tel (914) 777-7705

Fax (914) 777-7787

**TO: NEW PART-TIME EMPLOYEES**

Congratulations! Welcome to the Village of Mamaroneck! As you start your new role with the Village, attached please find the following documents for your review, your reference, and completion:

**Policies:** Policy of Non-Discrimination, Village Code of Ethics, Policy on Sexual Harassment, Policy of Smoking, Prohibition on Smoking in Village Vehicles, Rules & Regulations, Village of Mamaroneck Alcohol and Drug Testing Policy, Village of Mamaroneck Internet Usage Policy, Workplace Violence Policy, and NYS COVID-19 Paid Sick Leave.

**Mandatory:** W4\*  
IT-2104\*  
Employment Verification Form (Form I-9)\* - **Please present two forms of original identification to the Human Resources Department. The list of acceptable documents is attached.**  
Working Papers for anyone under the age of 18 (**Green 16-17** and **Blue 14-15**)  
New York State Employee's Retirement System Form\* (**If you elect to join the New York State and Local retirement System – an application must be completed.**)  
Emergency Contact Form\*  
Employee Voluntary EEO Self-Identification of Ethnicity/Race Form\*

**Optional:** Direct Deposit\*\* - **Payroll needs your bank account number and bank routing number. You can also include a voided check or a blank deposit slip.**  
Credit Union Kit\*\* - **If you are interested in enrolling, please stop by the Human Resources Department for more information.**

**Additional Information:** Payroll Calendar Schedule  
Employee Assistance Program (EAP)  
New Health Insurance Marketplace Coverage Options

\* Form must be completed and returned to the Human Resources Department.

\*\* Optional if you want to enroll

After you have reviewed the attached documentation, please return the signed forms to the Human Resources Department. In addition, please sign and date below to acknowledge that you have received and reviewed all the above information.

**YOUR CONTINUED EMPLOYMENT WITH THE VILLAGE REQUIRES THAT YOU SIGN AND RETURN THIS FORM.**

Thank you.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Department

\_\_\_\_\_  
Date Received



# Village of Mamaroneck Parks & Recreation

## SEASONAL EMPLOYMENT APPLICATION

### APPLICANT INFORMATION

☐ NEW HIRE☐ REHIRE

Last Name

First

M.I.

Street Address

Apartment/Unit #

City

State

ZIP code

Phone

Email

Availability

Social Security  
Number

Date of Birth

License # (if applicable)

License plate # (if applicable)

Position(s) applying for

☐ Camp Counselor ☐ Camp Lifeguard ☐ Camp Coordinator☐ Beach Lifeguard ☐ Beach Cashier ☐ Beach Attendant ☐ Parking Booth Cashier ☐ Events Team

Uniform size requests

Adult T-Shirt Small ☐ Medium ☐ Large ☐ X-Large ☐ 2X-Large ☐ 3X-Large ☐Adult Tank Top Small ☐ Medium ☐ Large ☐ X-Large ☐ 2X-Large ☐ 3X-Large ☐Polo Shirt Small ☐ Medium ☐ Large ☐ X-Large ☐ 2X-Large ☐ 3X-Large ☐Long sleeve Tee Small ☐ Medium ☐ Large ☐ X-Large ☐ 2X-Large ☐ 3X-Large ☐**Lifeguards Only:**Lifeguard sweatpants Small ☐ Medium ☐ Large ☐ X-Large ☐ 2X-Large ☐ 3X-Large ☐Lifeguard sweatshirts Small ☐ Medium ☐ Large ☐ X-Large ☐ 2X-Large ☐ 3X-Large ☐

Are you a citizen of the United States?

YES ☐NO ☐

If no, are you authorized to work in the U.S.?

YES ☐NO ☐

Have you ever worked for the Village of Mamaroneck?

YES ☐NO ☐

If so, when?

Have you ever been convicted of a felony?

YES ☐NO ☐

If yes, explain

Have you ever been convicted of a misdemeanor?

YES ☐NO ☐

If yes, explain

**EMERGENCY CONTACT**

Contact name

Relationship

Phone number

**EDUCATION**

High School

Address

From

To

Did you graduate?

YES ☐NO ☐

Degree

College

Address

From

To

Did you graduate?

YES ☐NO ☐

Degree

Other

Address

From

To

Did you graduate?

YES ☐NO ☐

Degree

**CERTIFICATIONS** (if applicable) Camp lifeguards and staff must renew CPR & AED annually. Applications must include copy of certifications.

Type of certification (i.e. lifeguard, CPR, teacher, etc.)

Certifying organization

Certification expiration date

Type of certification (i.e. lifeguard, CPR, Teacher, etc.)

Certifying organization

Certification expiration date

Type of certification (i.e. lifeguard, CPR, Teacher, etc.)

Certifying organization

Certification expiration date

**REFERENCES** PLEASE COMPLETE THE TWO REFERENCE FORMS WITHIN THIS APPLICATION IN A SEALED ENVELOPE WITH REFERENCE

**MILITARY SERVICE (if applicable)**

Branch \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Rank at Discharge \_\_\_\_\_ Type of Discharge \_\_\_\_\_

If other than honorable, explain \_\_\_\_\_

**PREVIOUS EMPLOYMENT**

Company \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Salary \$ \_\_\_\_\_

Responsibilities \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Salary \$ \_\_\_\_\_

Responsibilities \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Salary \$ \_\_\_\_\_

Responsibilities \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

May we contact your previous supervisor for a reference? YES ☐ NO ☐

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete. If this application leads to employment, I understand that false or misleading information in my application or interview will result in termination. An email confirmation is required prior to getting on any work schedule. The email will confirm your effective hire date status.

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



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**Offices located in the**  
**Stephen E. Johnston Beach Pavilion**  
**Harbor Island Park**

This form is to be completed by an applicant's reference. This form must be submitted in a sealed envelope with reference's signature over the seal. References will only be accepted from former or current employers, teachers, or guidance counselors. References from relatives will not be accepted.

Applicant name: \_\_\_\_\_

Reference's name: \_\_\_\_\_ Title: \_\_\_\_\_

Daytime phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicants will be working closely with children. It is important that we have a clear picture of the applicant's abilities, personality and background. Please circle the number on the scale which best represents the qualities that you have observed in the applicant. All information given is confidential.

	Unobserved	Poor	Average	Excellent
Accepts criticism	0	1	2	3
Cooperation with others	0	1	2	3
Customer service	0	1	2	3
Dependability	0	1	2	3
Enthusiasm	0	1	2	3
General appearance	0	1	2	3
Honestly & Integrity	0	1	2	3
Initiative & Follow-up	0	1	2	3
Leadership Ability	0	1	2	3
Maturity	0	1	2	3
Punctuality	0	1	2	3
Responsibility	0	1	2	3
Self confidence	0	1	2	3

Can you think of any reason why the applicant would not be appropriate for a position working with children?

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

How long and in what capacity have you known the applicant? \_\_\_\_\_

If you previously employed this individual, would you re-hire them? \_\_\_\_\_

Additional comments: Strengths or weaknesses? \_\_\_\_\_

\_\_\_\_\_

For office use only

Phone reference confirmed by \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



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Applicant name: \_\_\_\_\_

Reference's name: \_\_\_\_\_ Title: \_\_\_\_\_

Daytime phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicants will be working closely with children. It is important that we have a clear picture of the applicant's abilities, personality and background. Please circle the number on the scale which best represents the qualities that you have observed in the applicant. All information given is confidential.

	Unobserved	Poor	Average	Excellent
Accepts criticism	0	1	2	3
Cooperation with others	0	1	2	3
Customer service	0	1	2	3
Dependability	0	1	2	3
Enthusiasm	0	1	2	3
General appearance	0	1	2	3
Honestly & Integrity	0	1	2	3
Initiative & Follow-up	0	1	2	3
Leadership Ability	0	1	2	3
Maturity	0	1	2	3
Punctuality	0	1	2	3
Responsibility	0	1	2	3
Self confidence	0	1	2	3

Can you think of any reason why the applicant would not be appropriate for a position working with children?

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

How long and in what capacity have you known the applicant? \_\_\_\_\_

If you previously employed this individual, would you re-hire them? \_\_\_\_\_

Additional comments: Strengths or weaknesses? \_\_\_\_\_

\_\_\_\_\_

For office use only

Phone reference confirmed by \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_





# 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)		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
<b>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.</b>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
		<input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2. and 3. above</b> ) authorized to work until (exp. date, if any)				
		If you check <b>Item Number 4.</b> , 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	
<b>Document Title 1</b>						
Issuing Authority						
Document Number (if any)						
Expiration Date (if any)						
<b>Document Title 2 (if any)</b>		<b>Additional Information</b>				
Issuing Authority						
Document Number (if any)						
Expiration Date (if any)						
<b>Document Title 3 (if any)</b>						
Issuing Authority		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
Document Number (if any)						
Expiration Date (if any)						
<b>Certification:</b> 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.						
Last Name, First Name and Title of Employer or Authorized Representative				First Day of Employment (mm/dd/yyyy):		
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.

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<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 an individual temporarily authorized to work for a specific employer because of his or her status or parole:               <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 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.</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>		<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><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>	<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               <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="http://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4.</b> document, not a List C document.</p> </li> </ol>
<b>Acceptable Receipts</b> May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.			
<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	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.





**Supplement A,  
Preparer and/or Translator Certification for Section 1**

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

**USCIS  
Form I-9  
Supplement A  
OMB No. 1615-0047  
Expires 07/31/2026**

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
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**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**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		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**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		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**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		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**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		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code



**Supplement B,**  
**Reverification and Rehire (formerly Section 3)**

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

**USCIS**  
**Form I-9**  
**Supplement B**  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name (Family Name) from <b>Section 1.</b>	First Name (Given Name) from <b>Section 1.</b>	Middle initial (if any) from <b>Section 1.</b>
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**Instructions:** This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

<b>Date of Rehire (if applicable)</b>	<b>New Name (if applicable)</b>		
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
<b>Reverification:</b> If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)	
<b>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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

<b>Date of Rehire (if applicable)</b>	<b>New Name (if applicable)</b>		
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
<b>Reverification:</b> If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)	
<b>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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

<b>Date of Rehire (if applicable)</b>	<b>New Name (if applicable)</b>		
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
<b>Reverification:</b> If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)	
<b>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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

**Employee's Withholding Certificate**  
Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.  
**Give Form W-4 to your employer.**  
Your withholding is subject to review by the IRS.

OMB No. 1545-0074

**2024**

<b>Step 1:</b> <b>Enter Personal Information</b>	(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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input 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](http://www.irs.gov/W4App).

<b>Step 2:</b> <b>Multiple Jobs or Spouse Works</b>	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 <b>only one</b> of the following.
	(a) Use the estimator at <a href="http://www.irs.gov/W4App">www.irs.gov/W4App</a> for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; <b>or</b>
	(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; <b>or</b>
	(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 <span style="float:right"><input type="checkbox"/></span>

**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 Dependent and Other Credits</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 for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$	
	<b>Step 4 (optional):</b> <b>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 pay period . . . . .		<b>4(c)</b>	\$	

<b>Step 5:</b> <b>Sign Here</b>	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)

## General Instructions

Section references are to the Internal Revenue Code.

### Future Developments

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

### Purpose of Form

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

**Exemption from withholding.** You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

**Your privacy.** Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

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

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

## Specific Instructions

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

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

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

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



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

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

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

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

**Step 2(b) — Multiple Jobs Worksheet** (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

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

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** \$ \_\_\_\_\_
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
  - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** \$ \_\_\_\_\_
  - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . **2b** \$ \_\_\_\_\_
  - c** Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** \$ \_\_\_\_\_
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . **3** \_\_\_\_\_
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . **4** \$ \_\_\_\_\_

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

- 1** Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income . . . . . **1** \$ \_\_\_\_\_
- 2** Enter: 

{	• \$29,200 if you're married filing jointly or a qualifying surviving spouse
	• \$21,900 if you're head of household
	• \$14,600 if you're single or married filing separately

 . . . . . **2** \$ \_\_\_\_\_
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . **3** \$ \_\_\_\_\_
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . . **4** \$ \_\_\_\_\_
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5** \$ \_\_\_\_\_

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



**Married Filing Jointly or Qualifying Surviving Spouse**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230



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 <input type="checkbox"/> Married <input type="checkbox"/>
City, village, or post office	State	ZIP code
		Married, but withhold at higher single rate <input type="checkbox"/>
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	
2 Total number of allowances for New York City (from line 31, if using worksheet)	2	

**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	Date
----------------------	------

**Employee:** Give this form to your employer and keep a copy for your records. Remember to review this form once a year and update it if needed.**Note:** Single taxpayers with one job and zero dependents, enter **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](http://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](http://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](http://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
---	--------------------------------

Scan here

<https://www.tax.ny.gov/it2104i-2024>

Village of



Mamaroneck

*Village Hall At The Regatta*

*P.O. Box 369*

*123 Mamaroneck Avenue*

*Mamaroneck, N.Y. 10543*

<http://www.villageofmamaroneck.org>

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HUMAN RESOURCES DIRECTOR

Tel (914) 777-7705

Fax (914) 777-7787

**TO NEW PART TIME AND SEASONAL VILLAGE EMPLOYEES**

Pursuant to Section 450 of the Retirement and Social Security Law, all employees have a right to membership in the New York State Employee's Retirement System. If you join, a Three Percent (3%) deduction will be made from your gross pay.

Please check one of the options below, date, sign, and return this form to your Supervisor or the Human Resources Department. If you wish to join, the necessary form will be sent to you for completion

I acknowledge having been given notice of my option to join the New York State Employee's Retirement System, and my decision is:

\_\_\_\_\_ Yes – I wish to join. **If Yes, you must fill out the Employee's Retirement System Membership Registration and Beneficiary Form.**

\_\_\_\_\_ No – I do not wish to join.

\_\_\_\_\_ I am already enrolled in NYSLRS with the Village.

\_\_\_\_\_ I am already enrolled in NYSLRS with another employer:  
Retirement #: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Please Print

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

Department: \_\_\_\_\_

Once you are enrolled in the NYSLRS, it takes five (5) years of service credits for you to be vested. For additional information on Optional Membership, please visit the website:

<https://www.osc.state.ny.us/retirement/employers/membership-enrollment/optional-membership>



New York State and Local Retirement System

110 State Street, Albany, New York 12244-0001

Fax Number: (518) 486-4382

For questions concerning Member

Enrollment call: (518) 474-3081

NYSLRS ID

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Received Date

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# Employees' Retirement System Membership Registration

RS 5420

(Rev. 10/18)

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

Social Security Number \*

--	--	--	--	--	--	--	--	--	--

Registration Number

--	--	--	--	--	--	--	--	--	--

Part 1: Employee – Read information provided on page 2. Complete part 1 and sign at the bottom of the form.

Employee's Last Name:		First Name:		Middle Initial:
Employee's Address:	Apt	City	State	Zip Code
Former Name: (if applicable)		Date of Birth (mm/dd/yyyy)		Gender
				<input type="checkbox"/> Male <input type="checkbox"/> Female

Are you receiving or about to receive a pension from a New York State or New York City public retirement system?

☐ Yes ☐ No

If yes, please indicate name of system: \_\_\_\_\_

Are you inactive or withdrawn from a New York State or New York City public retirement system?

☐ Yes ☐ No

If yes, please indicate name of system: \_\_\_\_\_

(NYS Teachers', NYS Employees', NYS Police and Fire, NYC Police Pension Fund, NYC Fire Pension Fund, NYC Board of Education, NYC Teachers', NYC Employees')

Part 2: Employer – See page 2 for additional information and instructions regarding the completion of this form.

Employer's Name:						Employer's Telephone:						
Employer's Address:						Employer's Fax Number:						
Job Code [1]				Employee Classification				<input type="checkbox"/> Regular [2]		<input type="checkbox"/> Full Time		
				<input type="checkbox"/> 12 Month <input type="checkbox"/> 10 Month <input type="checkbox"/> 12 M Provisional <input type="checkbox"/> On Call <input type="checkbox"/> Seasonal <input type="checkbox"/> Substitute <input type="checkbox"/> Per Diem				<input type="checkbox"/> Temporary		<input type="checkbox"/> Part Time		
Hire Date [3a]			Date of Full-Time Permanent Appointment [3b]			Location Code			Standard Workday [4]		For State Agency Use Only – Agency Code	
Month	Day	Year	Month	Day	Year							
						For a substitute, seasonal, on call or per diem employee, please check if he/she is working on the day the application is being submitted. <input type="checkbox"/> Yes						

## Frequency of Payment

☐ Weekly ☐ Bi-Weekly ☐ Semi - Monthly ☐ Monthly ☐ Quarterly ☐ Semi- Annually ☐ Annually ☐ Other- Please Specify \_\_\_\_\_

## Projected Annualized Wage [5]

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Tier 6 requires employers to determine the Annualized Wage for individuals who work part-time, seasonal, or on an hourly, daily, or unit of work basis. We ask that you use this calculation for all other tiers as well. See page 2 for examples.

**Important: If your employment is on a part-time, temporary or provisional basis, or less than 12 months a year, membership is optional. If your membership is optional, you must sign and date below to affirm Retirement System Membership.**

I acknowledge that my membership in the New York state and Local Retirement System is governed by provisions of Article 15 of the Retirement and Social Security Law and that I am entitled to all the benefits thereof. I understand that, as required by law, a deduction will be made from my salary or compensation for retirement contributions.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee's Telephone Number:

Employee's Email Address:

## Part 1 – Employee Instructions

**Important:** If your employment is on a part-time, temporary or provisional basis, or less than 12 months a year, membership is optional. If your membership is optional and you **do not wish** to join the Retirement System, do not complete this application.

**Warning:** If you are receiving or are about to receive a pension from another New York State or New York City public retirement system, contact us directly before enrolling in NYSLRS. Enrollment may result in suspension of your pension benefit. NYSLRS retirees should contact us directly before enrollment to discuss working after retirement and possible restoration of membership.

### Membership Information:

- If you are currently an active or vested member of any other public retirement system in New York State, you should contact that system concerning the advantages of transferring your membership to this System. Failure to contact that system could cause loss of the privilege of transferring membership and may affect contribution cessation dates.
- **If you were previously a member of any public retirement system in New York State, and your membership was terminated or withdrawn, you may be eligible for a reinstatement of that membership. It is highly recommended that if you have a prior Tier 1 or 2 membership in any New York public retirement system that you complete the Tier Reinstatement application, RS5506 and include it with your membership registration application.**
- You may also be eligible to receive credit for public service earned with a participating employer before your current date of membership. This additional service may impact your future benefits.
- You are covered by the Death Benefit allowed by law for your tier and plan status. If you have not already done so, complete an RS5127 Designation of Beneficiary with Contingent Beneficiaries form to designate beneficiary(ies) to receive an Ordinary Death Benefit. If there is no RS5127 Designation of Beneficiary with Contingent Beneficiaries on file with this System, your Ordinary Death Benefit will become payable to your estate.

## Part 2 – Employer Instructions - Field Explanation and information:

- [1] Job Code– As the employer, you will need to reference our job code list to determine which job code is applicable to the employee's job title. If the title is accountant, auditor, physician, attorney, engineer or architect, please submit documentation as indicated at [https://www.osc.state.ny.us/retire/employers/employer\\_reporting\\_basics/emp-membership-basics/independent\\_vs\\_employee.php](https://www.osc.state.ny.us/retire/employers/employer_reporting_basics/emp-membership-basics/independent_vs_employee.php).
- [2] Regular is the same as Permanent or Probationary. Temporary is anything other than regular.
- [3a] Hire Date is the first time the employee was hired for the job criteria entered.
- [3b] Full-Time permanent appointment box must only be completed if at anytime the employee is appointed to a (permanent or probationary) 12 month, full-time position earning no less than current state minimum wage
- [4] Standard Workday – A standard workday (hrs/day) applies to all tiers. The minimum number of hours that can be established for a standard workday is six, while the maximum is eight. A standard workday is the denominator to be used for the days worked calculation; it is not necessarily the number of hours the person actually works. For example, if a bus driver works four hours a day, you must still establish a standard workday between six and eight hours as the denominator for their days worked calculation. When entering the information on the Employer Retirement Online, you will need to select "Daily" for Work Period and then enter the standard work day in the standard day field.
- [5] Projected Annualized Wage – Examples of Tier 6 annual wage for individuals paid at an Hourly, Daily or Unit of Work basis of compensation:

<b>Hourly Employees</b> 12 month Employee: \$ _____ X _____ X 260 = \$ _____ Hourly Rate Standard Workday Days Worked Annual Wage  10 month Employee: \$ _____ X _____ X 180 = \$ _____ Hourly Rate Standard Workday Days Worked Annual Wage	<b>Daily Employees</b> 12 month Employee: \$ _____ X 260 = \$ _____ Daily Rate Days Worked Annual Wage  10 month Employee: \$ _____ X 180 = \$ _____ Daily Rate Days Worked Annual Wage
<b>Unit of Work Employees</b> \$ _____ X _____ = _____ Unit Rate # of Events** Annual Wage  **Estimated or Actual	<b>Unit of Work Employee Example: Paid \$50 per Meeting</b> \$ 50 X 12 Meetings = \$ 600 Unit Rate # of Events*** Annual Wage  ***An estimate of the number of events is acceptable

**Note:** Any questions regarding annualized wage, please contact the Retirement System.

### \*Social Security Disclosure Requirement

In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of your Social Security account number is mandatory pursuant to Sections 11, and 34 of the Retirement and Social Security Law. The number will be used in identifying retirement records and in the administration of the Retirement System.

### Personal Privacy Protection Law

The Retirement System is required by law to maintain records to determine eligibility for and calculate benefits. Failure to provide information may interfere with the timely payment of benefits. The System may be required to provide certain information to participating employers. The official responsible for record maintenance is the Director of Member and Employer Services, NYS and Local Retirement System, Albany, NY 12244; call toll-free at 1-866-805-0990 or 518-474-7736 in the Albany Area.



Village of



Mamaroneck

*Village Hall At The Regatta*

*P.O. Box 369*

*123 Mamaroneck Avenue*

*Mamaroneck, N.Y. 10543*

<http://www.villageofmamaroneck.org>

OFFICE OF  
JERRY BARBERIO  
VILLAGE MANAGER

Tel (914) 777-7703

Fax (914) 777-7760

**Emergency Contact Information Form**

**This information is extremely important in the event of an accident or medical emergency.  
Please be sure to sign and date this form**

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

Home Phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Home Email Address: \_\_\_\_\_

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

\_\_\_\_\_

**Emergency Contact Information**

Primary Emergency Contact's Name: \_\_\_\_\_

First Name

Last Name

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

Home Phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\_\_\_\_\_

Secondary Emergency Contact's Name: \_\_\_\_\_

First Name

Last Name

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

Home Phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Please notify the Village Manager's Office immediately if you would like to change any of your personal information (Address, Emergency Contacts, Tax Exemptions, Beneficiaries, etc.).**

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

Village of



Mamaroneck

*Village Hall At The Regatta*

*P.O. Box 369*

*123 Mamaroneck Avenue*

*Mamaroneck, N.Y. 10543*

<http://www.villageofmamaroneck.org>

OFFICE OF  
DANIELLE GILLIARD  
HUMAN RESOURCES MANAGER

Tel (914) 777-7703

Fax (914) 777-7760

## Employee Voluntary EEO Self-Identification of Ethnicity/Race Form

### CONFIDENTIAL

The Village of Mamaroneck is an Equal Opportunity Employer. Our employment decisions are made without regard to race, color, religion, gender, national origin, age, disability, marital status, veteran or military status, or any other legally protected status. The purpose of this Employee *EEO Self-Identification Form* is to comply with federal government record-keeping and reporting requirements. Responses will remain confidential with the Human Resources Department. Periodic reports are made to the government on the following information for required reporting purposes.  
Completion of this form is optional and voluntary.

Employee's Name: \_\_\_\_\_

#### Race/Ethnic Identification (Please Select One)

- ☐ **Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- ☐ **White (not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- ☐ **Black or African American (Not Hispanic or Latino)** – A person having origins in any of the Black racial groups of Africa.
- ☐ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ **American Indian or Alaskan Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community recognition.
- ☐ **Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.
- ☐ **I Do Not Wish to Disclose** – If you choose not to self-identify, the federal government requires The Village of Mamaroneck to determine this information by survey and/or other available information.

**Thank You for Your Participation!**

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

## Village of Mamaroneck National Background Screening Consent Form

Applicant's **Legal** Name (printed)

\_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Applicant's Address

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I, \_\_\_\_\_, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Local & National Criminal background records/information
- All 50 State Sex Offender Registries
- Full Address Trace
- Social Security Verification

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

By signing this document, I am providing the above named Organization my consent for an initial background check as well as any subsequent background checks deemed necessary.

Print Name:

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

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

**SSCI – America's #1 Choice in Background Screening for Parks and Recreation**

Phone: 1-866-996-7412 Website: [www.ssci2000.com](http://www.ssci2000.com)



## **DIRECT DEPOSIT AUTHORIZATION**

I hereby authorize the Village of Mamaroneck, through ADP (its payroll service provider), to deposit any amounts owed me by initiating credit entries to my account(s) at the financial institutions indicated on this form.

**BANK NAME**

**ACCOUNT#**

**ROUTING #**

**AMOUNT**

(indicate either checking or savings)

(for full amount write "FULL")

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**For each bank account indicated above, you must attach a voided check, or a letter from your bank containing account and routing numbers.**

This authorization is to remain in effect until the Village and Bank(s) have received written notice from me of its termination in such time and in such manner as to afford the Village and Bank(s) reasonable opportunity to act on it.

**NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

(Please print)

**SIGNATURE** \_\_\_\_\_

\_\_\_\_\_ **I WISH TO CANCEL DIRECT DEPOSIT FOR ACCOUNT #** \_\_\_\_\_

\_\_\_\_\_ **I DO NOT WISH TO ENROLL IN DIRECT DEPOSIT**



Always Designing  
for People™

# 2024 Payroll Calendar

## January

S	M	T	W	T	F	S
1	1	2	3	4	5	6
2	7	8	9	10	11	12
3	14	15	16	17	18	19
4	21	22	23	24	25	26
5	28	29	30	31		

## February

S	M	T	W	T	F	S
5				1	2	3
6	4	5	6	7	8	9
7	11	12	13	14	15	16
8	18	19	20	21	22	23
9	25	26	27	28	29	

## March

S	M	T	W	T	F	S
					1	2
10	3	4	5	6	7	8
11	10	11	12	13	14	15
12	17	18	19	20	21	22
13	24	25	26	27	28	29
14	31					

## April

S	M	T	W	T	F	S
14	1	2	3	4	5	6
15	7	8	9	10	11	12
16	14	15	16	17	18	19
17	21	22	23	24	25	26
18	28	29	30			

## May

S	M	T	W	T	F	S
18				1	2	3
19	5	6	7	8	9	10
20	12	13	14	15	16	17
21	19	20	21	22	23	24
22	26	27	28	29	30	31

## June

S	M	T	W	T	F	S
						1
23	2	3	4	5	6	7
24	9	10	11	12	13	14
25	16	17	18	19	20	21
26	23	24	25	26	27	28
27	30					

## July

S	M	T	W	T	F	S
27	1	2	3	4	5	6
28	7	8	9	10	11	12
29	14	15	16	17	18	19
30	21	22	23	24	25	26
31	28	29	30	31		

## August

S	M	T	W	T	F	S
31				1	2	3
32	4	5	6	7	8	9
33	11	12	13	14	15	16
34	18	19	20	21	22	23
35	25	26	27	28	29	30

## September

S	M	T	W	T	F	S
36	1	2	3	4	5	6
37	8	9	10	11	12	13
38	15	16	17	18	19	20
39	22	23	24	25	26	27
40	29	30				

## October

S	M	T	W	T	F	S
40		1	2	3	4	5
41	6	7	8	9	10	11
42	13	14	15	16	17	18
43	20	21	22	23	24	25
44	27	28	29	30	31	

## November

S	M	T	W	T	F	S
					1	2
45	3	4	5	6	7	8
46	10	11	12	13	14	15
47	17	18	19	20	21	22
48	24	25	26	27	28	29

## December

S	M	T	W	T	F	S
49	1	2	3	4	5	6
50	8	9	10	11	12	13
51	15	16	17	18	19	20
52	22	23	24	25	26	27
53	29	30	31			

- = ADP processing week number (Sunday - Thursday)
- = ADP processing week number (Friday & Saturday)

If you make a schedule change, please check your Payroll Schedule to be sure you use the correct week number.

- = ADP, Federal Reserve, and banks are closed. Allow an extra day for direct deposit.
- = Federal Reserve is closed. Most banks closed. Allow an extra day for direct deposit.







# Retirement Benefit Summary for Tier 6 Employees' Retirement System Members

Welcome to the New York State and Local Retirement System (NYSLRS). NYSLRS is made up of two retirement systems; you are in the Employees' Retirement System (ERS). This summary is designed to help you understand your ERS retirement benefits and become familiar with the services we offer.



Comptroller Thomas P. DiNapoli  
is administrator of NYSLRS  
and trustee of the  
Common Retirement Fund

## Your Retirement Plan

We strongly encourage you to review your retirement plan publication for a complete description of your benefits. To find your retirement plan publication, visit our website at [web.osc.state.ny.us/retire/plan-info/index.php](http://web.osc.state.ny.us/retire/plan-info/index.php) and follow the steps listed on the page. You can also request your plan publication using the secure contact form on our website at [www.emailNYSLRS.com](http://www.emailNYSLRS.com).

## About Your Membership

Full-time, permanent, 12-month employees of New York State or a participating employer are automatically enrolled in the New York State and Local Employees' Retirement System (ERS) by their employer. Employers are also responsible for offering ERS membership to employees whose membership is optional.

## Your Tier

When you join ERS, you are assigned to a tier based on your date of membership. ERS members who joined on or after April 1, 2012 are in Tier 6. Your tier determines:

- Your eligibility for service or disability retirement benefits;
- The formula used to calculate your pension benefits;
- Death benefit coverage;
- Your membership contributions; and
- Eligibility for loans from the Retirement System.

## Contributions

You are required to contribute a specific percentage of your gross reportable earnings for all your years of public service after your date of membership (except State Correction Officers, whose contributions are limited to 30 years).

During your first three years of membership, your contribution rate is based on your annual wage, as provided by your employer at enrollment (see the following chart). For part-time employees, your rate is based on an annualized wage, also provided by your employer, but your contribution amount is determined by applying your rate to your actual earnings. After three years, your contribution rate is based on what you actually earned in all public employment two years prior. Contribution rates are set on April 1 of each year.

Annual Wage	Contribution Rate
\$45,000 or less	3.00%
\$45,000.01 to \$55,000	3.50%
\$55,000.01 to \$75,000	4.50%
\$75,000.01 to \$100,000	5.75%
More than \$100,000	6.00%

## Service Retirement Benefit

As a Tier 6 member, you will be vested once you have five years of credited service. This means you are entitled to a retirement benefit even if you leave public employment before you are old enough to retire. Most Tier 6 members are eligible for a service retirement benefit at age 63, or they can choose to retire as early as age 55 with a reduced benefit. Most correction officers and security hospital treatment assistants are in special plans that allow them to retire after completing 25 years of creditable service, regardless of age. Most sheriffs are in 20-year plans.

The amount of your benefit will be based on your retirement plan, service credit, final average earnings and, for most members, your age. Your retirement benefit is a pension that is payable to you for your lifetime. It may also provide a payment to a beneficiary after your death, depending on the pension payment option you choose at retirement. Read your retirement plan publication for more information.

## Service Credit

You receive retirement service credit for your public employment (paid service as an employee or officer of an employer that participates in ERS). One year of full-time employment is the same as one year of retirement service credit. Part-time service is prorated.

## Final Average Earnings

Your Final Average Earnings (FAE) will be the average of your highest five consecutive years of earnings in New York public employment, subject to certain limitations. Usually, this period is the five years of employment immediately before you retire, but it can occur at any time during your career.

For a complete explanation of how your FAE is determined, including limitations on earnings and overtime and payments that can be included, please review your retirement plan publication.

## Disability Retirement Benefit

If you become unable to perform your duties because of a permanent physical or mental incapacity, you may be eligible for a disability retirement benefit — a lifetime pension based on your FAE, service credit and age at retirement. If your disability results from an on-the-job accident, not due to your own negligence, no minimum amount of service credit is required; otherwise, you must have ten years of service credit to qualify. There are also specific filing requirements that must be met.

## Death Benefits

If you die while you are in public service, your beneficiary may be entitled to a death benefit payment. If your death is due to an on-the-job accident, no minimum amount of service credit is required. Otherwise, most members in regular plans are eligible after one year of service, and some members in special plans are eligible after 90 days of service. Your member contributions, plus interest, are also payable to your beneficiary.

If you leave public employment with at least ten years of service credit, 50 percent of the ordinary death benefit may still be payable. If you die after retirement, your beneficiary may be entitled to a post-retirement death benefit payment.

## Receiving Benefits

You must apply to receive Retirement System benefits. They are not paid automatically. To apply, file the appropriate application with the Office of the State Comptroller in a timely manner.

The Retirement System can only pay benefits that are authorized by law. If you do not meet all the filing and eligibility requirements established by law, you will not receive a benefit. If you apply for a benefit and believe it was incorrectly denied or improperly calculated, you may request a hearing and re-determination to be held before an independent hearing officer.

Please note: Under the New York State Constitution and the Public Integrity Reform Act, members convicted of a felony related to their public service may have their retirement benefits reduced or revoked.

## Retirement Online

*Retirement Online* is a convenient and secure way to review your benefits, update account information and make requests. In many cases, you can use *Retirement Online* instead of mailing forms or calling. You can view your benefit information, update contact information, view and update beneficiaries, apply for a loan, estimate your pension, request to purchase service credit, apply for retirement and more. Learn more at [web.osc.state.ny.us/retire/retirement\\_online/customers.php](http://web.osc.state.ny.us/retire/retirement_online/customers.php), then take a few moments to create your new account.

## Ways to Learn More

- Visit our website ([www.osc.state.ny.us/retirement/members](http://www.osc.state.ny.us/retirement/members)) for the most up-to-date NYSLRS information and retirement planning tools.
- Sign up for *E-News*, our email newsletter, for the latest retirement news. To enroll, go to our website ([web.osc.state.ny.us/retire/e-news/sign-up/index.php](http://web.osc.state.ny.us/retire/e-news/sign-up/index.php)).
- Subscribe to our blog, *New York Retirement News* ([www.nyretirementnews.com](http://www.nyretirementnews.com)), where you'll find tools to help you understand your benefits and important retirement news.
- Like us on Facebook ([www.facebook.com/NYSLRS](http://www.facebook.com/NYSLRS)) and follow us on Twitter ([www.twitter.com/NYSLRS](http://www.twitter.com/NYSLRS)) for quick tips and updates on a variety of retirement topics.

## How to Contact Us:

- Review commonly asked questions at [www.contactNYSLRS.com](http://www.contactNYSLRS.com);
- Email us using the secure contact form on our website at [www.emailNYSLRS.com](http://www.emailNYSLRS.com);
- Contact our Call Center toll-free at 866-805-0990, or at 518-474-7736 in the Albany, New York area; or
- Write to us at:  
NYSLRS  
110 State Street  
Albany, NY 12244-0001

## MEMORANDUM

*Village of Mamaroneck*



To: All employees and volunteers of the  
Village of Mamaroneck

From: Jerry Barberio, Village Manager

Re: Policy of Non-Discrimination

Date: April 1, 2019

P 914-777-7703

F 914-777-7760

[www.villageofmamaroneck.org](http://www.villageofmamaroneck.org)

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The Village of Mamaroneck is bound by applicable laws and committed to the principle of equal opportunity as provided under and protected by the United States Constitution.

The Village of Mamaroneck does not discriminate against individuals on the basis of race, color, religion, sex, sexual orientation, gender identity, disability, age or national or ethnic origin, or any other such classification protected by law.

All employees and volunteers of the Village are advised that such behavior and comments are inappropriate, intolerable, and they reflect poorly on the Village of Mamaroneck as well as on the Mamaroneck community. This memorandum and order reminds everyone who is an employee or volunteer of the Village that you are prohibited against any such behavior and comments while you are acting in an official capacity representing the Village, either during or after your regular hours.

Failure to comply with such laws will result in immediate applicable and appropriate action by the Village.

Employer's Name: Village of Mamaroneck, NY

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**Appendix 1 Part 800.6(e)(1)**

**Workplace Violence Prevention Policy Statement**

**The Village of Mamaroneck** is committed to the safety and security of our employees. Workplace violence presents a serious occupational safety hazard to our agency, staff, and clients. Workplace Violence is defined as any physical assault or acts of aggressive behavior occurring where a public employee performs any work-related duty in the course of his or her employment including but not limited to:

- An attempt or threat, whether verbal or physical, to inflict physical injury upon an employee;
- Any intentional display of force which would give an employee reason to fear or expect bodily harm;
- Intentional and wrongful physical contact with a person without his or her consent that entails some injury;
- Stalking an employee with the intent of causing fear of material harm to the physical safety and health of such employee when such stalking has arisen through and in the course of employment.

Acts of violence against **Village of Mamaroneck** employees where any work related duty is performed will be thoroughly investigated and appropriate action will be taken, including summoning criminal justice authorities when warranted. All employees are responsible for helping to create an environment of mutual respect for each other as well as clients and visitors, following all policies, procedures and program requirements, and for assisting in maintaining a safe and secure work environment.

This policy is designed to meet the requirements of NYS Labor Law 27b and highlights some of the elements that are found within our Workplace Violence Prevention Program. The process involved in complying with this law included a workplace evaluation that is designed to identify the workplace violence hazards our employees could be exposed to. Authorized Employee Representative(s) will, at a minimum, be involved in:

- The evaluation of the physical environment;
- The development of the Workplace Violence Prevention Program and;
- The review of workplace violence incident reports at least annually to identify trends in the types of incidents in the workplace and review of the effectiveness of the mitigating actions taken.
- All employees will participate in the annual Workplace Violence Prevention Training Program.
- The goal of this policy is to promote the safety and well-being of all people in our workplace. All incidents of violence or threatening behavior will be responded to immediately upon notification.
- All **Village of Mamaroneck** personnel are responsible for notifying the contact person designated below of any violent incidents, threatening behavior, including threats they have witnessed, received, or have been told that another person has witnessed or received.

Designated contact persons	Village Manager's Office & All Depts.	Village Manager's Office & All Depts.	Human Resources Department	Police Department	Public Works Department
Name	Jerry Barberio	Dan Sarnoff	Danielle Gilliard	Sandra DiRuzza	James Barney
Title	Village Manager	Deputy Village Manager	Human Resources Director	Police Chief	DPW General Foreman

Department	Manager's Off. / All Depts	Manager's Off. / All Depts	All Depts	Police Dept	Public Works Dept.
Phone	914-777-7703	914-777-7703	914-777-7705	914-777- 1122, ext. 3	914-777-7745
E-mail	<a href="mailto:jbarberio@vomny.org">jbarberio@vomny.org</a>	<a href="mailto:dsarnoff@vomny.org">dsarnoff@vomny.org</a>	<a href="mailto:dgilliard@vomny.org">dgilliard@vomny.org</a>	<a href="mailto:sdiruzza@vompd.com">sdiruzza@vompd.com</a>	<a href="mailto:JAMES.BARNEY@vmfd.org">JAMES.BARNEY@vmfd.org</a>

Date: January 12, 2023



Employer's Name Village of Mamaroneck, NY

**APPENDIX 5 Part 800.6(i)(3)**

**Workplace Violence Incident Report**

1. Date of Incident \_\_\_\_\_
2. Time of day/shift when incident occurred \_\_\_\_\_
3. Workplace location where incident occurred \_\_\_\_\_
4. Provide a detailed description of the incident including:  
Events leading up to the incident and how the incident ended;  
Name and job title of involved employee(s);  
Name or other identifier of other individuals involved and;  
Name(s) of witnesses

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Name of Employee Reporting the Incident (Optional)

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Note: Refer to 12 NYCRR Part 800.6 Section (i)(3)(ii) for special instruction on privacy concern cases. Print additional sheets if necessary.

Date \_\_\_\_\_



# Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 12-31-2026)

## PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings on your premium that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

### Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit, that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%<sup>1</sup> of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.<sup>1,2</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

<sup>1</sup> Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

<sup>2</sup> An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

# When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

## What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

## How Can I Get More Information?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Village of Mamaroneck		4. Employer Identification Number (EIN) 13-6007303	
5. Employer address 123 Mamaroneck Avenue		6. Employer phone number 914-777-7705	
7. City Mamaroneck	8. State NY	9. ZIP code 10543	
10. Who can we contact at this job? Danielle Gilliard			
11. Phone number (if different from above)		12. Email address dgilliard@vomny.org	

You are not eligible for health insurance coverage through this employer. You and your family may be able to obtain health coverage through the Marketplace, with a new kind of tax credit that lowers your monthly premiums and with assistance for out-of-pocket costs.