

## Summer WIA/TANF checklist

- \_\_\_ Application
- \_\_\_ Completed Tax forms and tax exempt forms
- \_\_\_ Income Verification
- \_\_\_ Proof of citizenship
- \_\_\_ Social Security Card
- \_\_\_ Proof of Address
- \_\_\_ Complaint guidelines
- \_\_\_ ISS
- \_\_\_ Working Papers/Photo ID (18+)
- \_\_\_ Selective Services Registration (males, 18+)

Other:

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### Income Information

Please ask your parent or guardian to assist you. We must have the information to consider your application.

Are you a foster child for whom State or Local payment are made? Yes  No

Are you currently disabled? Yes  No

Do you or a family member receive:

- a. TANF (Temporary Assistance for Needy Families)? Yes  No
- b. Safety Net (formerly Home Relief)? Yes  No
- c. SSI (Supplemental Security Income)? Yes  No
- d. Refugee Assistance? Yes  No
- e. Food Stamps? Yes  No
- f. Unemployment Insurance? Yes  No
- g. Free School Lunch? Yes  No

**Family Income Worksheet: Please read the following carefully and completely.**

You will be asked to provide documentation of the type of income you list in the table below. The following are examples of income and acceptable documentation.

INCOME	DOCUMENTATION
Wages, Salary, Military Support	Most Recent Check Stubs, Discharge Papers
Alimony or Child Support	Check Stubs or Court Order
Rent	Rent Receipts
Public Assistance	Social Services Complete Case Make-Up
Social Security	Social Security Award Letter
Unemployment Insurance	Department of Labor Documentation
Scholarships, Grants, Fellowships, Loans	Award Letters
Self Employment	Business Records, W-2's

Questions about income? Call Monday through Friday, 9:00 a.m. to 4:00 p.m. at 434-5723.

Name of Each Family Member Including You	Relationship of Each Family Member to You	Source(s) of Family Income	List of Each Family Member's Income for the Last 6 Months	Multipl the 6 Month Total (x) 2
				X2 =
				X2 =
				X2 =
				X2 =
				X2 =
				X2 =

Signature of Applicant: \_\_\_\_\_

Signature of Parent of Guardian of Applicant: \_\_\_\_\_

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

Report all personnel changes on this form at the time of change. Use separate form for each person reported. Form ACC-20 (rev. 02/99)

**REPORT OF PERSONNEL CHANGE**

To: Civil Service Commission, City Hall, Room 301, Albany, NY 12207

From: Department: Youth and Workforce Svcs Division: \_\_\_\_\_

Title of Position: Enrollee Budget Code: GD6 294 7170

X Name of Employee: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

X Home Address: \_\_\_\_\_ Grade: \_\_\_\_\_ Step: \_\_\_\_\_

X City: \_\_\_\_\_ State:  Zip:

X Social Security No.: \_\_\_\_\_ Ret. Reg. No.: \_\_\_\_\_

X Date of Birth: \_\_\_\_\_ Effective date of change or appointment: 7/6/09

Name of Last Employee in Position: \_\_\_\_\_

Exempt Vol. Fireman: Yes \_\_\_\_\_ No \_\_\_\_\_ Veteran: Yes \_\_\_\_\_ No \_\_\_\_\_

**APPOINTMENTS**

**PERMANENT APPOINTMENT**

- \_\_\_\_ Competitive Class (Return Certification of Eligibles and Canvass Letters)
- \_\_\_\_ Non-Competitive Class (Send Form ACC 14)
- \_\_\_\_ Exempt Class
- \_\_\_\_ Labor Class

**PROVISIONAL APPOINTMENT TO COMPETITIVE CLASS (Pending establishment of Eligible List)**

- \_\_\_\_ Open Competitive Examination
- \_\_\_\_ Promotional Examination
- \_\_\_\_ Non-Competitive Promotional Examination
- (Send application Form ACC-14 for each appointment)

**SEASONAL APPOINTMENT**

Expected to terminate: 8/14/09

- \_\_\_\_ Competitive Class \_\_\_\_ From List \_\_\_\_ No List
- \_\_\_\_ Non-Competitive Class (Send Form ACC-14)
- \_\_\_\_ Exempt
- \_\_\_\_ Labor Class

**TEMPORARY APPOINTMENT**

Expected to terminate: \_\_\_\_\_

- \_\_\_\_ Competitive Class \_\_\_\_ From List \_\_\_\_ No List
- \_\_\_\_ Non-Competitive class (Send Form ACC-14)
- \_\_\_\_ Exempt Class
- \_\_\_\_ Labor Class

**OTHER PERSONNEL CHANGES**

- \_\_\_\_ Military Leave
- \_\_\_\_ Pay Change From \$ \_\_\_\_\_ to \$ \_\_\_\_\_
- \_\_\_\_ Leave Without Pay\* From \_\_\_\_\_ To \_\_\_\_\_
- \_\_\_\_ Disciplinary Suspension\* From \_\_\_\_\_ To \_\_\_\_\_
- \_\_\_\_ Removal\*
- \_\_\_\_ Resignation (Attach letter of resignation)
- \_\_\_\_ Reassignment From \_\_\_\_\_
- \_\_\_\_ Change of Address
- \_\_\_\_ Retirement
- \_\_\_\_ Deceased
- \_\_\_\_ Termination of Seasonal or Temporary Appointment
- \_\_\_\_ Lay-off (Lack of work or funds)
- \_\_\_\_ Promotion from \_\_\_\_\_
- \_\_\_\_ Transfer from \_\_\_\_\_
- \_\_\_\_ Reinstatement

\*Attach additional comments/explanation on separate page.

APPOINTING OFFICER \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

# Form W-4 (2009)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or

dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

**Nonresident alien.** If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

**A** Enter "1" for **yourself** if no one else can claim you as a dependent. . . . . **A** \_\_\_\_\_

**B** Enter "1" if:   
 • You are single and have only one job; or   
 • You are married, have only one job, and your spouse does not work; or   
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. . . . . **B** \_\_\_\_\_

**C** Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . **C** \_\_\_\_\_

**D** Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return . . . . . **D** \_\_\_\_\_

**E** Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) . . . . . **E** \_\_\_\_\_

**F** Enter "1" if you have at least \$1,800 of **child or dependent care expenses** for which you plan to claim a credit . . . . . **F** \_\_\_\_\_   
 (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

**G** **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.   
 • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.   
 • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have six or more eligible children. . . . . **G** \_\_\_\_\_

**H** Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ **H** \_\_\_\_\_   
 For accuracy, complete all worksheets that apply.   
 • If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.   
 • If you have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.   
 • If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b> ▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		OMB No. 1545-0074 <b>2009</b>
<b>1</b> Type or print your first name and middle initial.		Last name		<b>2</b> Your social security number
Home address (number and street or rural route)		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		<b>4</b> If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
<b>5</b> Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		<b>5</b>		
<b>6</b> Additional amount, if any, you want withheld from each paycheck		<b>6</b> \$		
<b>7</b> I claim exemption from withholding for 2009, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability and</li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here		<b>7</b>		
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.				
<b>Employee's signature</b> (Form is not valid unless you sign it.) ▶		<b>Date</b> ▶		
<b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		<b>9</b> Office code (optional)	<b>10</b> Employer identification number (EIN)	



New York State Department of Taxation and Finance

# Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

# IT-2104

Print or type	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? ..... Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you a resident of Yonkers? ..... Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Complete the worksheet on page 3 before making any entries.</b>			
1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 20) .....			1.
2 Total number of allowances for New York City (from line 31) .....			2.
<b>Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.</b>			
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.

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

**Employee: detach this page and give it to your employer; keep page 3 for your records.**

**Employers only:** Please mark an X in the appropriate box(es) to indicate why you are sending a copy of this form to New York State:

Employee is a new hire  Employee claimed more than 14 exemption allowances for New York State

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

### Who should file this form

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

If you do not file Form IT-2104, your employer may use the same number of allowances you claimed on federal Form W-4. Due to differences in tax law, this may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers. Complete Form IT-2104 each year and file it with your employer if the number of allowances you may claim is different from federal Form W-4 or has changed. Common reasons for completing a new Form IT-2104 each year include the following:

- You started a new job.
- You are no longer a dependent.
- Your individual circumstances may have changed (for example, you were married or have an additional child).
- You itemize your deductions on your personal income tax return.
- You claim allowances for New York State credits.
- You owed tax or received a large refund when you filed your personal income tax return for the past year.

- Your wages have increased and you expect to earn \$100,000 or more during the tax year.
- The total income of you and your spouse has increased to \$100,000 or more for the tax year.
- You have significantly more or less income from other sources or from another job.
- You no longer qualify for exemption from withholding.
- You have been advised by the Internal Revenue Service that you are entitled to fewer allowances than claimed on your original federal Form W-4, and the disallowed allowances were claimed on your original Form IT-2104.

### Exemption from withholding

You cannot use Form IT-2104 to claim exemption from withholding. To claim exemption from income tax withholding, you must file Form IT-2104-E, *Certificate of Exemption from Withholding*, with your employer. You must file a new certificate each year that you qualify for exemption. This exemption from withholding is allowable only if you had no New York income tax liability in the prior year, you expect none in the current year, and you are over 65 years of age, under 18, or a full-time student under 25. If you are a dependent who is under 18 or a full-time student, you may owe tax if your income is more than \$3,000.



New York State Department of Taxation and Finance

# Certificate of Exemption from Withholding

New York State • New York City • Yonkers

# IT-2104-E

This certificate will expire on April 30, 2010.

To claim exemption from withholding for New York State personal income tax (and New York City and Yonkers personal income tax, if applicable), you must meet all of the following conditions:

- you must be under age 18, or over age 65, or a full-time student under age 25; and
- you did **not** have a New York income tax liability for 2008; and
- you do **not** expect to have a New York income tax liability for 2009.

If you do **not** meet all of the above conditions, **stop**; you cannot claim exemption from withholding.

X  
X  
X

Print or type	First name and middle initial	Last name	Social security number	Filing status: Mark an X in only one box	
	Mailing address (number and street or rural route)	Apartment number	Date of birth (mm-dd-yyyy)	A Single <input type="checkbox"/>	B Married <input type="checkbox"/>
	City, village, or post office	State	ZIP code	C Qualifying widow(er) with dependent child, or head of household with qualifying person <input type="checkbox"/>	
I certify that the information on this form is correct and that, for the year 2009, I expect to qualify for exemption from withholding of New York State income tax under section 671(a)(3) of the Tax Law. I will notify my employer within 10 days of any change requiring revocation of the exemption from withholding as explained in the instructions.			Employee's signature	Date	
Employer name and address (Employer: complete this section only if you must send a copy to the NYS Tax Department; see instructions)			Employer identification number	Mark an X if a newly hired employee <input type="checkbox"/>	

X

----- Cut here and give the above certificate to your employer -----

## Instructions

### Employee

**Who qualifies** — You may claim exemption from withholding if: (1) you are under age 18, over age 65, or a full-time student under age 25, and (2) you had no New York income tax liability for 2008, and (3) expect none for the year 2009. (For this purpose, you have a tax liability if your return shows tax before the allowance of any credit for income tax withheld.)

If you meet these conditions, file this certificate, Form IT-2104-E, with your employer. Otherwise, your employer must withhold New York State income tax (and New York City and Yonkers personal income tax, if applicable) from your wages. Do not send this certificate to the Tax Department.

Generally, as a resident, you are required to file a New York State income tax return if you are required to file a federal income tax return, or if your federal adjusted gross income plus your New York additions is more than \$4,000, regardless of your filing status. However, if you are single and can be claimed as a dependent on another person's federal return, you must file a New York State return if your federal adjusted gross income plus your New York additions is more than \$3,000.

If you are a nonresident and have income from New York sources, you must file a New York return if the sum of your federal adjusted gross income and New York additions to income is more than your New York standard deduction.

A penalty of \$500 may be imposed for furnishing false information that decreases your withholding amount.

**When to claim exemption from withholding** — File this certificate with your employer if you meet all the conditions listed above. **You must file a new certificate each year if you wish to continue to claim the exemption.**

**Liability for estimated tax** — If, as a result of this exemption certificate, your employer does not withhold income tax from your wages and you later fail to qualify for exemption from tax, you may be required to pay estimated tax and be subject to penalty if it is not paid. For further information, see Form IT-2105, *Estimated Income Tax Payment Voucher for Individuals*.

**Multiple employers** — If you have more than one employer, you may claim exemption from withholding with each employer as long as your total expected income will not cause you to incur a New York income tax liability for the year 2009 and you had no liability for 2008.

**Revocation by employee** — You must revoke this exemption certificate (1) within 10 days from the day you expect to incur a New York income tax liability for the year 2009, or (2) on or before December 1, 2009, if you expect to incur a tax liability for 2010.

If you are required to revoke this certificate, if you no longer meet the age requirements for claiming exemption, or if you want income tax withheld from your pay (because, for example, you expect your income to exceed \$3,000), you **must** file Form IT-2104, *Employee's Withholding Allowance Certificate*, with your employer. Follow the instructions on Form IT-2104 to determine the correct number of allowances to claim for withholding tax purposes.

**Filing status** — Mark an X in one box on Form IT-2104-E that shows your present filing status for federal purposes.

**Need help?** — If you need help completing this form, call toll free 1 800 225-5829 (for employees) or 1 877 698-2910 (for employers). From areas outside the U.S. and outside Canada, call (518) 485-6800.

### Employer

Keep this certificate with your records. If an employee who claims exemption from withholding on Form IT-2104-E usually earns more than \$200 per week, you **must** send a copy of that employee's Form IT-2104-E to: **NYS Tax Department, Income Tax Audit Administrator, Withholding Certificate Coordinator, W A Harriman Campus, Albany NY 12227.**

The Tax Department will not accept this form if it is incomplete. We will review these certificates and notify you of any adjustments that must be made.

Due dates for sending certificates received from employees who claim exemption and earn more than \$200 per week are:

Quarter	Due date	Quarter	Due date
January – March	April 30	July – September	October 31
April – June	July 31	October – December	January 31

**Revocation by employer** — You must revoke this exemption within 10 days if, on any day during the calendar year, the date of birth stated on the certificate filed by the employee indicates the employee no longer meets the age requirements for exemption. The revocation must be in the form of a written notice to the employee.

**New hires** — If you are submitting a copy of this form because you are choosing to use this form to comply with New York State's New Hire Reporting Program, mark an X in the box and mail a copy of the completed form, within 20 days of hiring, to:

**NYS TAX DEPARTMENT, NEW HIRE NOTIFICATION  
PO BOX 15119, ALBANY NY 12212-5119**

To report newly-hired employees online go to [www.nynewhire.com](http://www.nynewhire.com).

**Privacy notification** — The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 5-a, 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Director of Records Management and Data Entry, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the United States and outside Canada, call (518) 485-6800.

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

**Form I-9, Employment Eligibility Verification**

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification.** To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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

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

- A citizen or national of the United States
- A lawful permanent resident (Alien #) A \_\_\_\_\_
- An alien authorized to work until \_\_\_\_\_  
(Alien # or Admission #) \_\_\_\_\_

Employee's Signature	Date (month/day/year)
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**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

**Section 2. Employer Review and Verification.** To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

**CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)**

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

**Section 3. Updating and Reverification.** To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.		
Signature of Employer or Authorized Representative		Date (month/day/year)

City of Albany  
State of New York  
**SUMMER YOUTH EMPLOYMENT PROGRAM**  
Bleecker Stadium  
721 Clinton Avenue  
Albany, NY 12206  
518.438.1082

Gerald D. Jennings  
Mayor

Faye C. Andrews  
Commissioner

Nancy Rocco  
Coordinator

**2009 Summer Youth Employment Program**

**TAX EXEMPT AUTHORIZATION**

I authorize my child  X \_\_\_\_\_

to be exempt from federal and state income withholding taxes.

X \_\_\_\_\_  
Parent/Guardian Signature

X \_\_\_\_\_  
Date



CITY OF ALBANY  
OFFICE OF THE PERSONNEL DIRECTOR  
CITY HALL, ALBANY, NEW YORK 12207  
(518) 434-5049  
FAX: (518) 434-5269

Gerald D. Jennings  
Mayor

Elizabeth A. Lyons  
Personnel Director

TO: Summer and Seasonal Employees  
SUBJECT: New York State Employees Retirement System

As an employee of the City of Albany, you are eligible to join the New York State Employees Retirement System. If you decide to do so, you will be required to contribute 3% of your salary.

Yes, I want to join the New York State Employees Retirement System.

**If you checked yes, you MUST complete the appropriate paperwork to enroll in the NYS Retirement System. Please come to City Hall – Room 301 to sign these forms.**

No, I do not want to join the New York State Employees Retirement System.

X \_\_\_\_\_  
Signature of employee Date

X \_\_\_\_\_  
Print name

X \_\_\_\_\_  
Social Security Number

LOCATION: Seasonal and Summer

- New Employee
- Re-Employed
- Transfer

- Data Change
- Re-Employed & Transferred
- Termination

Employee #  Social Security #

NOTE: FEDERAL W-4 AND/OR STATE IT-2104 MUST BE ATTACHED.

Date of Birth  Date of Employment  070609

X Employee Name: First MI Last Sex

X Street: Check here for a CHANGE of NAME or ADDRESS

X City: State zip

Budget Line # Current Dept. # Current Division Transfer To Dept. # Transfer To Division

Position Hrs/Wk Annual Weekly Hourly Overtime

- Tax Status
- 1 - Fully Taxable
  - 2 - No FICA
  - 3 - No STATE
  - 4 - No FEDERAL
  - 5 - No STATE OR FEDERAL
  - 6 - No TAXES
- 0 - Salaried  
1 - Hourly

PLEASE ATTACH WITHHOLDING FORMS

M/S Dependents Fixed Amount

Federal \$ \_\_\_\_\_

State \$ \_\_\_\_\_

	Type	Dues/Amount
B-Blue		
C-PSO	Labor Union	\$ _____
F-Fire		
P-Police	Credit Union	\$ _____
W-White	SEFCU	\$ _____

Hospitalization

Date Of Coverage \_\_\_\_\_

Code \_\_\_\_\_

Amount \$ \_\_\_\_\_

Life Insurance 1-Police 2-Fire 3-Metro

Life Insurance Deduction

Dental Plan 1-Single 2-Family

Police Expense 1-Start 2-Stop

Longevity

Retirement Number Rate Normal Loans Arrears

Charge to BUDGET ITEM: 6062947170

Have you ever been employed by the City Of Albany or C.E.T.A.? \_\_\_\_\_  
a transfer, previous department's authorization: \_\_\_\_\_

X \_\_\_\_\_ X  
EMPLOYEE SIGNATURE DATE

DEPARTMENT HEAD DATE

COMPTROLLER'S OFFICE APPROVAL DATE

City of Albany Department of Youth and Workforce Services  
175 Central Avenue ♦ Albany, New York 12206  
Phone 518/ 434-5723

Workforce Investment Act (WIA) Complaint Guidelines

The City of Albany, Department of Youth and Workforce Services, as a designated One Stop Operator, is prohibited from discriminating against any individual on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and against any beneficiary of programs financially assisted under Title I of the Workforce Investment Act of 1998 (WIA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States or his or her participation in any WIA Title I financially assisted program or activity. Sexual harassment is prohibited. Sexual harassment is an unlawful discriminatory practice, appropriate disciplinary action will be taken against any individual who engages in this practice. This agency complies with the Americans with Disabilities Act of 1990 (ADA).

This system does not prevent the use of other available legal avenues. All discrimination complaints must be filed directly with the US Department of Labor Counsel for Civil Rights, 200 Constitution Avenue, Washington, DC 20210.

A grievance officer is available to assist you at all stages. And, while not usually necessary, you may bring an attorney or someone else to hearings. You are entitled to:

1. An impartial hearing officer
2. Confidential treatment of information in your case
3. Have copies of relevant records and documents available to you
4. Bring your own witness
5. Question witness
6. Revise a complaint
7. Cancel a hearing request or seek hearing reschedule under certain circumstances.

CRIMINAL COMPLAINTS: Report alleged fraud, abuse or other criminal action IMMEDIATELY to: 1) the U.S. Secretary of Labor, Washington, D.C. 20210 and 2) to NYS Department of Labor, Job Service and Training, State Office Building #12, State Campus, Albany, New York 12240.

NON-CRIMINAL COMPLAINTS: Your written request must be made within 180 days of occurrence as outlined below: SEND ONLY CERTIFIED MAIL WITH RETURN RECEIPT REQUESTED. Your notices will be sent the same way.

1. INFORMAL LEVEL: Try to solve problems first by talking with those involved. This is the step where most disputes are settled.

2. CITY LEVEL: This level should be used if the informal level is unsuccessful or unsatisfactory. Send a certified letter return receipt requested within 5 working days to the appropriate County grievance officer as follows: Commissioner, City of Albany, Department of Youth and Workforce Services, 175 Central Avenue, Albany, New York 12206. You will be advised when a hearing is scheduled, how it will be conducted and the issue to be decided. A decision is due 5 working days after the hearing.

3. STATE LEVEL: If a Step #2 decision takes more than 60 days, or is unsatisfactory, you may seek State review of the case. Send certified letter return receipt requested within 10 days to: Director, Division of Equal Opportunity Development, NYS Department of Labor, State Office Building Campus #12, Room 540, Albany, New York 12240. The State review and final decision should follow within 30 days.

4. FEDERAL LEVEL: If you have filed with the NYSDOL DEOD, you must wait until a decision has been issued or until 90 have passed, whichever comes first, before filing a complaint at the Federal level. If you receive a decision from NYSDOL DEOD and are dissatisfied with the resolution of your complaint, you may file at the federal level within 30 days of the date you receive NYSDOL DEOD's decision. Send a certified letter return receipt requested to: Civil Rights Center, US Department of Labor, 200 Constitution Avenue, NW, Room N-4123, Washington, D.C. 20210.

All discrimination complaints are held with strict confidentiality.

I have received a copy of the WIA Complaint Guidelines.

\_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(DATE)

**YOUTH INDIVIDUAL SERVICE STRATEGY  
ALBANY SUMMER YOUTH EMPLOYMENT**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Currently attending school? Yes No Name of School: \_\_\_\_\_

Grade: \_\_\_\_\_ H.S. Graduate/GED: Yes No

Will you have to attend summer school this year? Yes No

What are your likes and dislikes about attending school? \_\_\_\_\_

\_\_\_\_\_

What are your educational goals? \_\_\_\_\_

\_\_\_\_\_

Occupational Goals? \_\_\_\_\_

\_\_\_\_\_

Why do you want to be in the Summer Youth Employment Program and what do you expect? \_\_\_\_\_

\_\_\_\_\_

What are your goals for the next 2 years? \_\_\_\_\_

\_\_\_\_\_

Hobbies and Interests? \_\_\_\_\_

\_\_\_\_\_

Have you ever had a job before? If so what kind and where? \_\_\_\_\_

\_\_\_\_\_

What type of transportation is available to you for this program? \_\_\_\_\_

If you have children, do you have adequate daycare to participate in the program? \_\_\_\_\_

Do you have any special needs that require special conditions at your worksite this summer? (If yes, please explain) \_\_\_\_\_  
\_\_\_\_\_

Assessment:

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

Worksite Placement:

\_\_\_\_\_

\_\_\_\_\_  
Case Manager

\_\_\_\_\_  
Date