



**CITY OF ALBANY  
DEPARTMENT OF RECREATION  
DEPARTMENT OF YOUTH AND WORKFORCE SERVICES**

**Kathy M. Sheehan**  
Mayor

**Jonathan P. Jones**  
Commissioner

Dear Albany's LIGHT summer employment applicant:

Thank you for applying for a summer position in the *City of Albany's LIGHT Program for Learning, Initiative and Gaining Headway Together*. Albany's LIGHT Program will run from Monday, July 9<sup>th</sup> through Friday, August 10<sup>th</sup>, 2018, five days a week.

If you are between the ages of 14 and 18 on or before March 24, 2018, attending a middle or high school in the City of Albany, and reside in the City of Albany, you are eligible to work in Albany's LIGHT program. Please note, youth applying for the Albany Police and/or Fire Cadets program must complete an additional application to be considered.

***Dropped off and/or mailed applications will not be accepted – you must attend a registration session (dates and locations listed below). Work assignments will not be made at this time. Assignment letters will be mailed to enrolled youth employees on June 25, 2018. Application corrections will not be accepted after Friday, March 30th.***

Applications **will not be accepted** without all required documentation:

|   |  |
|---|--|
| Application packet – completed and signed at x's                                  | <b><u>Albany City School District Original Working Paper card and a copy – if under 18 years old</u></b>                 |
| Payroll data sheet – marked at x's  | <b>Copy of Social Security Card</b>  |
| Report of Personnel Change – marked at x's  | <b>Copy of Birth Certificate</b>   |
| Employment Eligibility Verification form – marked at x's                          | <b>18 years old– Copy of Picture ID, Copy of Social Security Card, Copy of Birth Certificate</b>                         |
| Federal/State Tax Forms – completed – marked at x's                               | <b>Copy of alien resident card if you are not a US Citizen<br/>Must have registration number and date of entry to US</b> |
| Tax Exempt Form (if applicable) and Light Authorization signed by parent/guardian |  |
| NYS Retirement System Form – marked at x's  |  |
| Acknowledgment of Wage Rate – marked at x's                                       |  |

Applications will be available in your school's guidance office by Tuesday, February 27<sup>th</sup>. They can also be picked up at the City of Albany's Department of Youth and Workforce Services at 175 Central Avenue, 2<sup>nd</sup> floor, the City of Albany's Youth Opportunity Office at 382 Clinton Avenue, or the City of Albany's Department of Recreation Office at 7 Hoffman Avenue. Applications can be downloaded from the City's website at [www.albanyny.gov](http://www.albanyny.gov). Should you have any questions, contact the Program Coordinator at Bleecker Stadium at 518-438-1082.

**Registration days are as follows:**

- Saturday, March 10<sup>th</sup> – 9am-12pm
  - Wednesday, March 14<sup>th</sup> – 4pm-7pm
  - Wednesday, March 21<sup>st</sup> – 4pm-7pm
  - Saturday, March 24<sup>th</sup> – 9am-12pm
- TOAST School** - Lincoln Park Albany, NY 12202  
**Hackett MS** - 45 Delaware Ave., Albany, NY 12202  
**New Scotland ES (PS #19)** - 369 New Scotland Ave., Albany, NY 12208  
**Bleecker Stadium** - 721 Clinton Avenue Albany, NY 12206

As always, I wish you success in your last remaining months of school, and look forward to a rewarding summer for us all.

Sincerely,  
  
 Mayor Kathy Sheehan

CITY OF ALBANY, NEW YORK

Kathy M. Sheehan
Mayor

Jonathan P. Jones
Commissioner

Albany's LIGHT Summer Employment Program – 2018

Personal Information (Please print)

- 1. Social Security #:
2. Name: Last First MI
3. Home Address:
Mailing Address (if different than home address:
City: State: Zip Code:
4. Home phone: Cell/mobile: Email:
5. Date of Birth: Age:
6. Gender (check one): Male: Female:
7. Check One: U.S. Citizen: Alien Resident: Registration # Date of entry
8. Name of School: 2. Grade:
9. Do you expect to attend Summer School? Yes No
10. Does your family receive assistance from Social Services? Yes No
11. Do you require any special accommodations to work? Yes No ESL Assistance? Yes No
If yes, please specify (i.e. use a wheelchair)

Parent/Guardian to Contact in Case of an Emergency (Please Print):

Name:
Telephone: Home: Cell: Work:
Email: Home: Work:

Race/Ethnicity (this information is voluntary)

2. Check all categories that best identify your race/ethnicity. For example, if you identify yourself as Asian and Black, you would check 3 boxes – one for Black, one for Asian and one for Two or More Races.

Hispanic or Latino

Not Hispanic or Latino

American Indian/Alaska Native Asian Black/African American Native Hawaiian/Pacific Islander
Two or more races (NOT Hispanic or Latino) White I do not wish to identify

## Work History

1. Have you ever worked for the City of Albany's Summer Employment Program? Yes\_\_\_ No\_\_\_

If yes, Where: \_\_\_\_\_

When: \_\_\_\_\_

2. Please indicate **what type of position you are interested in**. You may indicate 3 choices. Use a number to indicate your order of preference: 1=1<sup>st</sup> choice, 2=2<sup>nd</sup> choice, 3=3<sup>rd</sup> choice. Every attempt will be made to assign you to one of your choices. However, we **cannot** guarantee that you will be assigned to a particular location or a particular position.

3. Please note that placement/worksites changes can **ONLY** be made for documented health concerns or documented summer school enrollment. If requesting a change, please note that one cannot be made without supporting documentation. Changes are subject to approval and availability.

\_\_\_ Camp Counselor

\_\_\_ Elder Care

\_\_\_ Office/Medical

\_\_\_ Maintenance

\_\_\_ Police/Fire Cadets (additional application required for consideration)

\_\_\_ Arts \_\_\_\_\_ (please specify)

\_\_\_ Gardening/Ecology

\_\_\_ Science/Technology

\_\_\_ Day Care

\_\_\_ Business/Entrepreneurship

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

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

- I grant permission for my child/ward to be photographed under the auspices of the Summer Youth Employment Program. Yes\_\_\_ No\_\_\_
- I grant permission for my child/ward to be transported, if needed, under the auspices of the Summer Youth Employment Program. Yes\_\_\_ No\_\_\_
- I acknowledge that **ORIENTATION is MANDATORY for ALL participants** in the Summer Youth Employment Program. **Parents/guardians are strongly encouraged to attend as well. "No Call/No Show" for orientation will jeopardize youth job assignment.** Orientation will be held on Saturday, May 19, 2018 at Thomas O'Brien Academy of Science and Technology (T.O.A.S.T.) located in Lincoln Park Albany, NY 12202. You will be notified of your scheduled time. **Student Initials** \_\_\_\_\_

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

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



CITY OF ALBANY  
PAYROLL DATA SHEET

Effective Date of Change \_\_\_\_\_  
Effective Payroll Date 07-09-18

- |                                       |   |  |              |
|---------------------------------------|---|--|--------------|
| <input type="checkbox"/> New Employee | <input type="checkbox"/> Military Leave   | <input type="checkbox"/> Address/Name Change | Reason _____ |
| <input type="checkbox"/> Re-Employed  | <input type="checkbox"/> Term/Resignation | <input type="checkbox"/> Status Change A/I   | Reason _____ |
| <input type="checkbox"/> Transfer     | <input type="checkbox"/> Retirement       | <input type="checkbox"/> Promotion           | Reason _____ |
| <input type="checkbox"/> Grade Change |   | <input type="checkbox"/> Data Change         | Reason _____ |

SECTION A

EMPLOYEE # \_\_\_\_\_ SOCIAL SECURITY# X DATE OF BIRTH \_\_\_\_\_ DATE OF EMPLOYMENT 07-09-18

EMPLOYEE NAME X \_\_\_\_\_

STREET X \_\_\_\_\_

CITY ALBANY, STATE N.Y. ZIP X

SECTION B

DEPT 6290 SUB-DEPT 0300 Transfer to Dept \_\_\_\_\_ Transfer to Sub-Dept \_\_\_\_\_

PAY CHANGE: from \$ \_\_\_\_\_ to \$ \_\_\_\_\_

POSITION \_\_\_\_\_ HOURS/WEEK 20 HR.

SALARY \$ \_\_\_\_\_ WEEKLY \$ \$208.00 HOURLY \$ \$10.40 OT \$ \_\_\_\_\_

SECTION C

|             |             |                                |          |
|-------------|-------------|--------------------------------|----------|
| LABOR UNION | DUES AMOUNT | POLICE EXPENSE                 | AMOUNT   |
| B BLUE      | \$ _____    | <input type="checkbox"/> START | \$ _____ |
| C CWA       |             | <input type="checkbox"/> STOP  |          |
| F FIRE      |             |                                |          |
| P POLICE    |             | LONGEVITY YEARS                | _____    |
| I IUOE      |             |                                |          |
| T TEAMSTERS |             | LONGEVITY AMOUNT \$            | _____    |

(circle one)

Charge to BUDGET ITEM: A7140.0300

X \_\_\_\_\_ X

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

Department Head \_\_\_\_\_ Date \_\_\_\_\_

Audit & Control Approval \_\_\_\_\_ Date \_\_\_\_\_

Albany Municipal Civil Service Commission  
Report of Personnel Change

*Report All Personnel Changes On This Form.*

From: City  Housing Authority  Library  School District

Department: **YOUTH & WORKFORCE SERVICES**

X Name of Employee: \_\_\_\_\_ X Social Security Number: \_\_\_\_\_

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

Title of Position: **SUMMER SEASONAL – YOUTH** Salary: **\$10.40**

Name And Title of Last Employee In Position : \_\_\_\_\_

Non-Veteran  Veteran  Disabled Veteran  Exempt Volunteer Firefighter

| Appointments   | Check Nature Of Personnel Change                 | Effective Date |             | Action Necessary By Appointing Officer |
|--|--|----------------|-------------|--|
|  | <input type="checkbox"/> Permanent               |                |             |  |
| <input type="checkbox"/> Provisional                             |  |                |             | Attach Application                     |
| <input checked="" type="checkbox"/> Temporary (6 months maximum) |  | 07-09-18       | to 08-10-18 | State Length of Employment             |
| <input type="checkbox"/> Substitute (ASD)                        |  | From           | To          | Give Facts Under Remarks               |
| <input type="checkbox"/> For Term of Office                      |  | From           | To          | Give Facts Under Remarks               |
| <input type="checkbox"/> Permanent Promotion                     |  |                |             | Return Report of Certification         |
| <input type="checkbox"/> Provisional Promotion                   |  |                |             | Attach Nomination                      |
| <input type="checkbox"/> Non-Competitive Class                   |  |                |             | Attach Application                     |
| <input type="checkbox"/> Exempt Class                            |  |                |             | Attach Nomination                      |
| <input type="checkbox"/> Labor Class                             |  |                |             | Attach Nomination                      |
| Terminations   | <input type="checkbox"/> Resignation             |                |             | Submit Signed Resignation              |
| <input type="checkbox"/> Retirement                              |  |                |             | Give Effective Date                    |
| <input type="checkbox"/> Deceased                                |  |                |             | Indicate Date                          |
| <input type="checkbox"/> Removal                                 |  |                |             | Attach Copy of Proceedings             |
| <input type="checkbox"/> Layoff (lack of work or funds)          |  |                |             | Give Facts Under Remarks               |
| Other Changes  | <input type="checkbox"/> FMLA (12 weeks maximum) | From           | To          | Attach official documentation from Dr. |
| <input type="checkbox"/> Military Leave of Absence               |  | From           | To          | Give Facts Under Remarks               |
| <input type="checkbox"/> Other Leave of Absence                  |  | From           | To          | Give Facts Under Remarks               |
| <input type="checkbox"/> Transfer                                |  |                |             | Give Facts Under Remarks               |
| <input type="checkbox"/> Suspension                              |  |                |             | Give Facts Under Remarks               |
| <input type="checkbox"/> Reinstatement                           |  |                |             | Give Facts Under Remarks               |
| <input type="checkbox"/> Change in Classification                |  |                |             | Give Facts Under Remarks               |
| <input type="checkbox"/> New Position                            |  |                |             | Submit Form MSD 222                    |
| <input type="checkbox"/> Change in Salary                        |  |                |             | Indicate New Salary                    |
| <input type="checkbox"/> Change in Name                          |  |                |             | Give Facts Under Remarks               |
| <input type="checkbox"/> Other                                   |  |                |             | Give Facts Under Remarks               |

Remarks: \_\_\_\_\_

Appointing Officer: \_\_\_\_\_

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

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

Certificate valid until: \_\_\_\_\_ Date: \_\_\_\_\_

*This certifies that the above employment is in accordance with Law and Rules made in pursuance to Law.  
Subject to any limitation or condition specified above.*

Secretary to the Commission: \_\_\_\_\_ Date: \_\_\_\_\_



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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

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

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

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

|  |   |   |   |
|--|---|---|---|
| <input checked="" type="checkbox"/> Last Name (Family Name)          | <input checked="" type="checkbox"/> First Name (Given Name)     | <input checked="" type="checkbox"/> Middle Initial            | <input type="checkbox"/> Other Last Names Used (if any)           |
| <input checked="" type="checkbox"/> Address (Street Number and Name) | <input checked="" type="checkbox"/> Apt. Number                 | City or Town<br><b>ALBANY,</b>                                | State <input checked="" type="checkbox"/> ZIP Code<br><b>N.Y.</b> |
| <input checked="" type="checkbox"/> Date of Birth (mm/dd/yyyy)       | <input checked="" type="checkbox"/> U.S. Social Security Number | <input checked="" type="checkbox"/> Employee's E-mail Address | <input checked="" type="checkbox"/> Employee's Telephone Number   |

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

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

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

|   |   |
|---|---|
| <input checked="" type="checkbox"/> Signature of Employee | <input checked="" type="checkbox"/> Today's Date (mm/dd/yyyy) |
|---|---|

**Preparer and/or Translator Certification (check one):**

|  |  |
|--|--|
| <input type="checkbox"/> I did not use a preparer or translator. | <input type="checkbox"/> A preparer(s) and/or translator(s) assisted the employee in completing Section 1. |
|--|--|

*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

|                                     |                           |       |          |
|-------------------------------------|---------------------------|-------|----------|
| Signature of Preparer or Translator | Today's Date (mm/dd/yyyy) |       |          |
| Last Name (Family Name)             | First Name (Given Name)   |       |          |
| Address (Street Number and Name)    | City or Town              | State | ZIP Code |

Employer Completes Next Page

# Form W-4 (2018)

**Future developments.** For the latest information about any future 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.** 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.** You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of all federal income tax withheld because you had **no tax liability, and**
- For 2018 you expect a refund of all federal income tax withheld because you expect to have **no tax liability.**

If you're exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**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 might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

**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

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:** Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

**Line F. Credit for other dependents.** When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

|   |   |   |        |   |
|---|---|---|--------|---|
| Form <b>W-4</b><br>Department of the Treasury<br>Internal Revenue Service   |   | <b>Employee's Withholding Allowance Certificate</b>   |        | OMB No. 1545-0074                       |
|   |   | ▶ Whether you're 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.  |        | <b>2018</b>                             |
| 1   | Your first name and middle initial<br><b>X</b>  | Last name<br><b>X</b>   | 2      | Your social security number<br><b>X</b> |
| Home address (number and street or rural route)<br><b>X</b>   |   | 3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate.<br>Note: If married filing separately, check "Married, but withhold at higher Single rate." |        |   |
| City or town, state, and ZIP code<br><b>X</b>   |   | 4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>   |        |   |
| 5   | Total number of allowances you're claiming (from the applicable worksheet on the following pages)   | 5   |        |   |
| 6   | Additional amount, if any, you want withheld from each paycheck   | 6   | \$     |   |
| 7   | I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶ |   |        | 7                                       |
| 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>X</b> Employee's signature<br>(This form is not valid unless you sign it.) ▶   |   |   | Date ▶ |   |
| 8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.) |   |   | 9      | First date of employment                |
|   |   |   | 10     | Employer identification number (EIN)    |





# Employee's Withholding Allowance Certificate

# IT-2104

New York State • New York City • Yonkers

|   |   |           |   |                             |   |  |   |  |   |  |   |  |   |  |
|---|---|-----------|---|-----------------------------|---|--|---|--|---|--|---|--|---|--|
| X   | First name and middle initial                             | Last name | X | Your social security number |   |  |   |  |   |  |   |  |   |  |
| X   | Permanent home address (number and street or rural route) |           | X | Apartment number            |   |  |   |  |   |  |   |  |   |  |
| X   | City, village, or post office                             |           |   | State ZIP code              |   |  |   |  |   |  |   |  |   |  |
| Are you a resident of New York City? ..... Yes <input type="checkbox"/> No <input type="checkbox"/><br>Are you a resident of Yonkers? ..... Yes <input type="checkbox"/> No <input type="checkbox"/><br><b>Complete the worksheet on page 3 before making any entries.</b><br>1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 18) ..... <table border="1"><tr><td>1</td><td></td></tr></table><br>2 Total number of allowances for New York City (from line 29) ..... <table border="1"><tr><td>2</td><td></td></tr></table><br><b>Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.</b><br>3 New York State amount ..... <table border="1"><tr><td>3</td><td></td></tr></table><br>4 New York City amount ..... <table border="1"><tr><td>4</td><td></td></tr></table><br>5 Yonkers amount ..... <table border="1"><tr><td>5</td><td></td></tr></table> |   |           |   |                             | 1 |  | 2 |  | 3 |  | 4 |  | 5 |  |
| 1   |   |           |   |                             |   |  |   |  |   |  |   |  |   |  |
| 2   |   |           |   |                             |   |  |   |  |   |  |   |  |   |  |
| 3   |   |           |   |                             |   |  |   |  |   |  |   |  |   |  |
| 4   |   |           |   |                             |   |  |   |  |   |  |   |  |   |  |
| 5   |   |           |   |                             |   |  |   |  |   |  |   |  |   |  |

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

|   |                      |   |      |
|---|----------------------|---|------|
| X | Employee's signature | X | Date |
|---|----------------------|---|------|

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

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

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

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

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

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

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

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

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

## Instructions

### Changes effective for 2018

Form IT-2104 has been revised for tax year 2018. The worksheet on page 3 and the charts beginning on page 4, used to compute withholding allowances or to enter an additional dollar amount on line(s) 3, 4, or 5, have been revised. If you previously filed a Form IT-2104 and used the worksheet or charts, you should complete a new 2018 Form IT-2104 and give it to your employer.

### Who should file this form

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

If 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 moved into or out of NYC or Yonkers.
- 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 \$107,650 or more during the tax year.
- The total income of you and your spouse has increased to \$107,650 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.



# Certificate of Exemption from Withholding

New York State • New York City • Yonkers

# IT-2104-E

This certificate will expire on April 30, 2019.

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 the conditions in either Group A or Group B:

**Group A**

- 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 2017; and
- you do not expect to have a New York income tax liability for 2018 (for this purpose, you have a tax liability if your return shows tax before the allowance of any credit for income tax withheld).

**Group B**

- you meet the conditions set forth under the Servicemembers Civil Relief Act (SCRA), as amended by the Military Spouses Residency Relief Act. See *Military spouses*.

If you do not meet all of the conditions in either Group A or Group B above, stop; you cannot claim exemption from withholding (see Note below).

|   |   |                  |   |                          |   |  |
|---|---|------------------|---|--------------------------|---|--|
| X | First name and middle initial                 | Last name        | X | Social security number   | X | Filing status: Mark an X in only one box<br>A Single <input type="checkbox"/> B Married <input type="checkbox"/><br>C Qualifying widow(er) with dependent child, or head of household with qualifying person..... <input type="checkbox"/> |
|   | Mailing address (number and street or PO box) | Apartment number | X | Date of birth (mmddyyyy) |   |  |
|   | City, village, or post office                 | State            | X | ZIP code                 |   |  |

Are you a full-time student?..... Yes  No

Are you a military spouse exempt under the SCRA? .... Yes  No

I certify that the information on this form is correct and that, for the year 2018, I expect to qualify for exemption from withholding of New York State income tax under section 671(a)(3) of the Tax Law or under the SCRA. I will notify my employer within 10 days of any change requiring revocation of the exemption from withholding as explained in the instructions.

|   |  |   |      |
|---|--|---|------|
| X | Employee's signature (give the completed certificate to your employer) | X | Date |
|---|--|---|------|

**Employer: complete this section only if you must send a copy of this form to the NYS Tax Department (see instructions).**

|                           |                                |
|---------------------------|--------------------------------|
| Employer name and address | Employer identification number |
|---------------------------|--------------------------------|

Mark an X in the box if a newly hired employee or a rehired employee .....

First date employee performed services for pay (mmddyyyy) (see instructions):

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

If Yes, enter the date the employee qualifies (mmddyyyy): .....

## Instructions

### Employee

**Who qualifies** – 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 the conditions in either Group A or Group B:

**Group A**

- 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 2017; and
- you do not expect to have a New York income tax liability for 2018 (for this purpose, you have a tax liability if your return shows tax before the allowance of any credit for income tax withheld).

**Group B**

- you meet the conditions set forth under the Servicemembers Civil Relief Act (SCRA), as amended by the Military Spouses Residency Relief Act. See *Military spouses*.

If you meet the conditions in Group A or Group B, 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 \$3,100.

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.

**Note:** If you do not qualify for exemption, or you want New York State, New York City, or Yonkers personal income tax withheld from your pay, 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.



CITY OF ALBANY  
Albany's LIGHT Summer Youth Employment Program  
Bleecker Stadium  
721 Clinton Avenue  
Albany, NY 12206

Kathy M. Sheehan  
Mayor

Jonathan P. Jones  
Commissioner

Albany's LIGHT Program – 2018

**TAX EXEMPT AUTHORIZATION**

I authorize my child/ward X \_\_\_\_\_  
to be exempt from federal and state income withholding taxes. I understand  
that other mandatory taxes will be withheld.

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

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

## New Employee Affirmative Action Data Collection Form

The City of Albany has been and shall continue to be an equal opportunity employer. No employee or applicant for employment shall be discriminated against because of race, color, religion, national origin, gender, age, disability, Vietnam Era Veteran status, sexual orientation, or marital status. We shall take affirmative action to ensure that applicants for employment, employees, and minority and women-owned business are treated without regard to these characteristics.

### SECTION 1- Mandatory

\*NAME: \_\_\_\_\_  
 \*TITLE OR POSITION: SUMMER SEASONAL – YOUTH  
 \*DEPARTMENT: YOUTH & WORKFORCE SERVICES

### SECTION 2- Voluntary

**GENDER-** (check ONE box):  Male  Female

**RACE/ NATIONAL ORIGIN-** Check all boxes that best identify your race/ ethnicity. For example, if you identify yourself as Asian and Black, you would check 3 boxes- one for Black, one for Asian, and one for Two or More Races.

| Race/ Ethnic Category  | Definition of Category   |
|--|--|
| <input type="checkbox"/> Hispanic or Latino                        | A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.  |
| <b>NOT Hispanic or Latino</b>                                      |  |
| <input type="checkbox"/> White                                     | A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.  |
| <input type="checkbox"/> Black or African American                 | A person having origins in any of the black racial groups of Africa.   |
| <input type="checkbox"/> Asian                                     | 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. |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.   |
| <input type="checkbox"/> American Indian or Alaska Native          | A person having origins in any of the original people of North and South America (including Central America), and who maintain tribal affiliation or community attachment.   |

001-EEO/AA 10/2010

Please be advised, pursuant to section 709(c), Title VII of the Civil Rights Act of 1964, this office is required by federal law to collect data relating to employee race and ethnicity. Therefore, should you choose not to provide this information, this office will be required to record this information to the best of our ability by visual surveys or use of post employment records.



CITY OF ALBANY  
 DEPARTMENT OF HUMAN RESOURCES  
 24 EAGLE ST. RM.301  
 ALBANY, NEW YORK 12203  
 TELEPHONE (518) 434-5049

KATHY M. SHEEHAN  
 MAYOR

DIRECTOR OF HUMAN RESOURCES

TO: Summer, Seasonal and Part-Time 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. You must check one of the boxes below to acknowledge that you are aware of your right to become a member of the New York State Retirement System.

I am currently (or have been in the past) a member of the New York State Employees Retirement System.

I understand by checking yes to this box, I must immediately contact Administrative Services at (518) 434-5049 to discuss my status in the New York State Retirement System. I further understand that I must complete a new Membership Registration Application in City Hall, Room 301, even if I joined through a different employer.

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

I understand by checking yes to this box, I wish to become a member of the New York State Retirement System. I understand that it is my responsibility to complete the NYS Employees' Retirement Membership Registration Application in City Hall, Room 301. I further understand that if I fail to complete the necessary enrollment form, I will not be a member of the retirement system.

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

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

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

X XXX-XX- \_\_\_\_\_  
 Social Security Number (last four digits only)

LOCATION: Seasonal and Summer

Rev.      02/01/12  
           11/28/12  
           02/06/13  
           01/01/14



CITY OF ALBANY  
 DEPARTMENT OF HUMAN RESOURCES  
 CITY HALL, ROOM 301  
 ALBANY, NEW YORK 12207  
 TELEPHONE (518) 434-5049

KATHY M. SHEEHAN  
 Mayor

**New York State Labor Law Section 195(1) Notice and Acknowledgement of Wage Rate and Designated Payday Hourly Rate Plus Overtime**

|   |  |
|---|--|
| <p>City of Albany<br/>         City Hall Room 301<br/>         Albany, New York 12207<br/>         Phone: (518) 434-5284<br/>         FEIN: 14-6002058</p> <p>Prepared By: _____</p> <p>_____</p> <p><u>Human Resources Representative</u><br/>         Title</p> | <p><input checked="" type="checkbox"/> Employee's Name and Address:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input checked="" type="checkbox"/> Employee's Phone Number</p> <p>_____</p> |
| <p>Hourly Rate of Pay: \$ <u>10.40</u> per hour.</p> <p>Overtime Rate of Pay: \$ <u>XXX</u> per hour.</p> <p>Designated pay day: Employees are paid weekly on Friday.</p>   |  |

I hereby certify that I have read the above and the information contained in this form is true and accurate to the best of my knowledge and belief. Any false statements knowingly made are punishable as a class A misdemeanor (Section 210.45 of the New York State Penal Law).

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

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