

CITY OF ALBANY, NEW YORK

Kathy M. Sheehan
Mayor

Jonathan P. Jones
Commissioner

Albany's LIGHT Summer Employment Program – 2020

(Blue or Black ink only)

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: _____ Non-Disclosed: _____

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, allergies, etc) _____

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)

Check all categories that best identify your race/ethnicity.

Hispanic or Latino ___ Non 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=1st choice, 2=2nd choice, 3=3rd 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/worksite 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

___ Day Care

___ Arts _____ (please specify)

___ Gardening/Ecology

___ Science/Technology

___ STEP (additional application required for consideration)

___ Police/Fire Cadets (additional application required for consideration)

___ LPP (additional application required for consideration)

___ 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 16, 2020 at TOAST. 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 07/13/2020
Effective Payroll Date 07/24/2020

<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 X _____ DATE OF EMPLOYMENT 07/13/2020

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 \$ \$236.00 HOURLY \$ \$11.80 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		LONGEVITY AMOUNT \$	_____
T TEAMSTERS			

(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 <input checked="" type="checkbox"/> Housing Authority <input type="checkbox"/> Library <input type="checkbox"/> School District <input type="checkbox"/>				
Department: YOUTH & WORKFORCE SERVICES				
Name of Employee:		Social Security Number: X		
Address:				
Title of Position: SUMMER SEASONAL – YOUTH			Salary: \$11.80	
Name And Title of Last Employee In Position:				
Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Exempt Volunteer Firefighter <input type="checkbox"/>				
Appointments	Check Nature Of Personnel Change		Effective Date	Action Necessary By Appointing Officer
	<input type="checkbox"/> Permanent			Return Report of Certification
	<input type="checkbox"/> Provisional			Attach Application
	<input checked="" type="checkbox"/> Temporary (6 months maximum)	From 07/13/20	To 08/14/2020	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
Terminations	<input type="checkbox"/> Labor Class			Attach Nomination
	<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
Other Changes	<input type="checkbox"/> Layoff (lack of work or funds)			Give Facts Under Remarks
	<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:	
<i>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.</i>				
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.)*

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

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.

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

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

X Signature of Employee	X Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

Signature of Preparer or Translator		Today's Date (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



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.**

2020

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

**Step 2:
Multiple Jobs
or Spouse
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____		
	Multiply the number of other dependents by \$500 ▶ \$ _____		
	Add the amounts above and enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. 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	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	X	X	
	Employee's signature (This form is not valid unless you sign it.)		Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
	CITY of ALBANY ALBANY, NEW YORK 12207	07/13/2020	F.I.D. 14-6002058



Department of Taxation and Finance

Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

IT-2104

First name and middle initial X	Last name	Your Social Security number X
Permanent home address (number and street or rural route) X	Apartment number	X Single or Head of household <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher single rate <input type="checkbox"/>
City, village, or post office X	State	ZIP code
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"/>		
Complete the worksheet on page 4 before making any entries.		
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 35)	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.

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

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

Employer: Keep this certificate with your records.

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

A Employee claimed more than 14 exemption allowances for NYS A

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

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

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

Employer's name and address (Employer: complete this section only if you are sending a copy of this form to the NYS Tax Department.)	Employer identification number
CITY of ALBANY ALBANY, NEW YORK 12207	

Instructions

Changes effective for 2020

Form IT-2104 has been revised for tax year 2020. The worksheet on page 4 and the charts beginning on page 5, used to compute withholding allowances or to enter an additional dollar amount on line(s) 3, 4, or 5, have been revised. If you previously filed a Form IT-2104 and used the worksheet or charts, you should complete a new 2020 Form IT-2104 and give it to your employer.

Who should file this form

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

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

For tax years 2020 or later, withholding allowances are no longer reported on federal Form W-4. Therefore, if you submit a federal Form W-4 to your

employer for tax year 2020 or later, and you do not file Form IT-2104, your employer may use zero as your number of allowances. This may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers.

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



Certificate of Exemption from Withholding

IT-2104-E

New York State • New York City • Yonkers

This certificate will expire on April 30, 2021.

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 2019; and
- you do not expect to have a New York income tax liability for 2020 (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 and the Veterans Benefits and Transition 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).

First name and middle initial X	Last name	Social Security number X	Filing status: Mark an X in only one box A Single <input type="checkbox"/> B Married <input type="checkbox"/> C Qualifying widow(er) or head of household with qualifying person..... <input type="checkbox"/>
Mailing address (number and street or PO box) X	Apartment number	Date of birth (mmddyyyy) X	
City, village, or post office X	State	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 2020, 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.

Employee's signature (give the completed certificate to your employer)

X

Date

X

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 CITY of ALBANY	ALBANY, NEW YORK 12207	Employer identification number
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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 2019; and
- you do not expect to have a New York income tax liability for 2020 (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 and the Veterans Benefits and Transition 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



City of Albany
State of New York

Albany's LIGHT Summer Youth Employment Program

Bleecker Stadium
721 Clinton Avenue
Albany, New York 12206

Kathy M. Sheehan
Mayor

Jonathan P. Jones
Commissioner
Paul Collins-Hackett
Albany LIGHT Director

Albany's LIGHT Program 2020

TAX EXEMPT AUTHORIZATION

I authorize my child/ward X _____

to be exempt from federal and state taxes. I understand that other
mandatory taxes will be withheld.

Nonresident aliens can not claim exempt from Federal income tax withholding.

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: X

*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 checked="" 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.
NOT Hispanic or Latino	
<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

TO: Summer, Seasonal and Part-Time Employees

SUBJECT: New York State Employees Retirement System

X 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 _____ 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 City Hall Room 301 Albany, New York 12207 Phone: (518) 434-5284 FEIN: 14-6002058</p> <p>Prepared By: _____</p> <p><u>Human Resources Representative</u> Title</p>	<p>Employee's Name and Address: X _____</p> <p>Employee's Phone Number X _____</p>
<p>Hourly Rate of Pay: \$ <u>11.80</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).

X Signature: _____

X Date: _____



**CITY OF ALBANY, NEW YORK
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 13th through Friday, August 14th, 2020, five days a week.

If you are between the ages of 14 and 18 on or before March 28, 2020 and attending a middle or high school and residing in the City of Albany, you are eligible to work in Albany's LIGHT program. Please note, youth applying for the **Albany Police, STEP and/or Fire Cadets** program must complete an additional application to be considered.

Drop off and mail in applications will not be accepted – you must attend a registration session (dates and locations listed below). Applications will not be accepted after March 28th, 2020. Work assignments will not be made at this time. Assignment letters will be mailed to enrolled youth employees on June 24th 2020.

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

Application packet – completed and signed at x's	<u>Original Working Paper card and a copy – if under 18 years old</u>
Payroll data sheet – marked at x's	Copy of Social Security Card (Not letter/receipt)
Report of Personnel Change – marked at x's	Copy of Birth Certificate
Employment Eligibility Verification form – marked at x's	18 years old– Copy of Picture ID, Copy of Social Security Card, Copy of Birth Certificate
Federal/State Tax Forms – completed – marked at x's	Copy of alien resident card if you are not a US Citizen Must have registration number and date of entry to US
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 25th, 2020. They can also be picked up at the City of Albany's Department of Youth and Workforce Services at either 175 Central Avenue 2nd floor or Youth Opportunity Office at 382 Clinton Avenue; the City of Albany's Department of Recreation at 7 Hoffman Avenue or downloaded from the City's website at www.albanyny.gov. Should you have any questions, contact the Program Coordinator at Blecker Stadium at 438-1082. **Follow us on Facebook and Instagram @albany_yoo**

Registration days are as follows:

- | | |
|---|---|
| • Wednesday, March 11 th – 5pm-8pm | Giffen Elementary- 274 S. Pearl St, Albany, NY 12202 |
| • Wednesday, March 18 th – 4pm-7pm | Albany High- 700 Washington Ave, Albany, NY 12203 |
| • Saturday, March 21 st – 9am-12pm | TOAST School – 94 Delaware Ave, Albany, NY 12202 |
| • Saturday, March 28 th – 9am-12pm | Blecker Stadium - 721 Clinton Ave, Albany, NY 12206 |

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

Kathy M. Sheehan, Mayor