Date: Spring 2019  
To: Regional Summer Teacher Applicants  
From: Christine Fleming, Coordinator – Regional Summer School  
Re: Application Procedures

Thank you for your interest in becoming a teacher in the Nassau BOCES Regional Summer School Program. Program dates (between June 1, 2019 and August 20, 2019) vary from location to location.

REQUIRED FORMS
In order to assist you in the application process for a position in our program, we have prepared the enclosed packet of information and forms. Please review the packet and complete the forms as required.

If your school district/building is hosting a Nassau BOCES Regional Summer School program, please submit all required paperwork (see enclosed checklist) to the summer school coordinator at your site.

OR

If your school district/building is not hosting a Nassau BOCES Regional Summer School program, please contact Chris Fleming at 516-396-2330 or Cathy Scherer at 516-396-2259 to arrange an appointment to submit all required paperwork (see enclosed checklist).

IMPORTANT INFORMATION
Nassau BOCES requires that all teachers in our program be certified by New York State Education Department in the area in which they will be teaching. You must provide the original certification – or a college letter verifying your eligibility for certification – to be copied and evidence of passage of the required Content Specialty Test(s).

*FINGERPRINT INFORMATION
As of July 1, 2001, the SAVE legislation requires that all teachers in New York State receive fingerprint clearance from the State Education Department. If you have never been fingerprinted for NYSED, you must have the prints taken. Please follow the enclosed instructions on fingerprinting procedures.
Regional Summer School Program
Employee Checklist

In order for employees to be hired and paid, the following forms must be submitted:

___ Application
___ Reference Release Form
___ Copy of Certificate(s)
___ Fingerprinting Forms – applicant must complete and sign the OSPRA 102:

All new applicants must have fingerprints on file with NYS TEACH system.

___ W-4 Form – applicant must sign and date, enter exemptions and social security number
___ Employee’s withholding Allowance (IT-2104 Form) – applicant must sign and date, enter exemptions and social security number.
___ Retirement System Forms (Current Member/Waiver) – if not a current member and wish to join TRS, you can download the application by going to www.nystrs.org/main/forms/net-2.pdf. If current member, attach copy of your TRS membership card.
___ U.S. Department of Justice Employment Verification (I-9 Form) – only section two must be completed, signed and copies of documents from List A or Lists B & C must be attached.

___ Copy of Driver’s License
___ Copy of Social Security Card
___ Employee Information Sheet
___ Designation of Beneficiary Form
___ BOCES Policies and Regulations
___ Oath of Allegiance
___ Intent to Read Handbook
___ Intent to Read Policies and Regulations

____________________________________  ______________________________
Signature of Applicant                    Date

Incomplete packets will be returned and processing of payroll information will be delayed. You are not an employee of Nassau BOCES until your fingerprints have been cleared.
Nassau BOCES Regional Summer School Application 2019

NAME _______________________________ _______________________________ _______________________________

                                      Last                          First                          Middle

ADDRESS

Number and Street _______________________________ City _______________________________ State _______________________________ Zip Code _______________________________

☐ Check if this is a new address since last working for BOCES.

HOME PHONE _______________________________ CELL PHONE _______________________________ WORK PHONE _______________________________

SOCIAL SECURITY # _______________________________ RETIREMENT# _______________________________ TIER _______________________________

MEMBER OF NYSTRS ______ NYSERS ______ NYCTRS / NON-CONTRIBUTING MEMBERS ______ (check here & attach letter)

EMAIL ADDRESS _______________________________

INDICATE POSITION DESIRED _______________________________

( Elementary, Special Ed, ESL, Secondary subject, TA, Nurse, or Substitute, etc.)

CAMPUS YOU ARE APPLYING FOR _______________________________

HAVE YOU WORKED FOR NASSAU BOCES BEFORE? YES ______ NO ______

IF YES, WHICH CAMPUS __________ IN WHAT YEAR __________

PRESENT TEACHING POSITION _______________________________

District/School _______________________________ Subject _______________________________ Grade Level _______________________________

SUMMER/TWILIGHT EXPERIENCE: _______________________________

GRADE/SUBJECT TAUGHT _______________________________ YEAR _______________________________ LOCATION _______________________________

NYS CERTIFICATIONS HELD (attach copies) _______________________________

Applicant's Signature _______________________________ Date _______________________________

FOR QUESTIONS AND INFORMATION CONTACT
Regional Schools and Instructional Programs
Email cscherer@nasboces.org
516-396-2259 • Fax: 516-396-2251 • www.nassauboces.org/rsip

YOU ARE NOT EMPLOYED BY NASSAU BOCES UNTIL YOUR FINGERPRINTS/BACKGROUND CLEARANCE HAS BEEN DONE BY OUR OFFICE AND YOU ARE CONTACTED TO CONFIRM.

Nassau BOCES advises students, parents, employees and the general public that it offers employment and educational opportunities without regard to age, race, creed, color, national origin, sexual orientation, religion, military/veteran status, sex (including pregnancy, childbirth, or related medical condition), gender, marital status, disability, predisposing genetic characteristic(s), or domestic violence victim status. Moreover, the Nassau BOCES shall provide equal access to the Boy Scouts and other designated youth groups. Information and grievance procedures are available by contacting the following Civil Rights Compliance Officers at 71 Clinton Rd., Garden City, NY 11530: Cynthia Fitzgerald, Executive Director of Human Resources at 516-396-2350, cfitzgerald@nasboces.org or Selma Stoddard, Esq., Assistant Director, Department of Human Resources at 516-396-2360, ssstoddard@nasboces.org
STOP

YOU MUST PRESENT YOUR SOCIAL SECURITY CARD ALONG WITH ANOTHER FORM OF ID WITH THAT EXACT SAME NAME. IF THE NAMES DO NOT MATCH EXACTLY THEY WILL NOT BE ACCEPTED.
AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any representative of the Department of Human Resources of the Board of Cooperative Educational Services of Nassau County to obtain any information in your files pertaining to my employment.

For candidates applying for Related Services positions, Nassau BOCES will be checking the Federal Medicaid Watch List for Excluded Providers. Any candidate whose name appears on this Watch List shall be deemed disqualified.

This release is executed with full knowledge and understanding that the information is for the official use of the Board of Cooperative Educational Services of Nassau County. Should there be any question as to the validity of this release, you may contact me as indicated below:

PRINT APPLICANT’S NAME

DATE

STREET ADDRESS

CITY, STATE, ZIP CODE

TELEPHONE NUMBER

APPLICANT’S SIGNATURE
The following are people I request that you contact for a professional/work related reference:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Business Address</th>
<th>Email Address</th>
<th>Phone Number</th>
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Non-discrimination Statement
Nassau BOCES advises students, parents, employees and the general public that it offers employment and educational opportunities without regard to age, race, creed, color, national origin, sexual orientation, religion, military status, sex, marital status, disability, predisposing genetic characteristics, or domestic violence victim status. Information and grievance procedures are available by contacting the following Civil Rights/Title IX/Section 504/ADA Compliance Officers at 71 Clinton Rd., Garden City, NY, 11530: Dr. Tracey A. Nekula, Executive Director, Human Resources, at 516-396-2208, tnekula@nassauboces.org, or Selma Stoddard, Esq., Assistant Director, Department of Human Resources, at 516-396-2360, stoddard@nassauboces.org. A copy of programs and educational courses offered and available to residents may be obtained from our website, www.nassauboces.org.

DEPARTMENT OF HUMAN RESOURCES
71 Clinton Road, PO Box 9195, Garden City, NY 11530-9195
Phone: (516) 396-2337 • Fax: (516) 396-2383 • www.nassauboces.org
### SECTION 1

<table>
<thead>
<tr>
<th>Name: (Last, First, Middle Initial)</th>
<th>Social Security Number:</th>
<th>Date of Birth: (00/00/0000)</th>
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<th>City</th>
<th>State</th>
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### SECTION 2

(This section MUST be completed by the school district, charter school or BOCES)

- Please neatly print, type or attach a label in the box below with the name and mailing address of the fingerprint contact person of the school district, charter school or BOCES.
- This form will be returned to the person identified below if SED has no fingerprint application on file for the above individual as of the "OSPRA Processing Dates." Make no other marks in the box below or the box to the right of this space.

<table>
<thead>
<tr>
<th>Nassau BOCES</th>
<th>Peggy Turowski</th>
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<tr>
<td>71 Clinton Road, P.O. Box 9195</td>
<td>Garden City, New York 11530</td>
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<th>(leave blank)</th>
<th>First 6 digits of BEDS code of school district, charter school or BOCES:</th>
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<th>Title of position employee will be placed in:</th>
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<th>Signature of employer representative or fingerprint contact person:</th>
<th>Date:</th>
<th>Telephone # of fingerprint contact person:</th>
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<tr>
<td>Peggy Turowski</td>
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<td>516-396-2581</td>
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### SECTION 3

1. I have read "Fingerprinting Information and Instructions" issued by the State Education Department and (SED) have previously submitted fingerprints to SED pursuant to the SAVE legislation.

2. I understand that if I have any questions about my rights, I may contact the OSPRA office at (518) 473-2998.

I hereby authorize the Commissioner of Education to review my criminal history record as secured from DCJS and the FBI for the purposes of conducting a determination on a Clearance for Employment as a condition for my new employment. I understand that the Commissioner will forward such final determination to my prospective employer in accordance with Part 97 of the Commissioner's Regulations. I further understand that once the Clearance for Employment is issued, the Commissioner of Education is authorized to forward certain information regarding any subsequent criminal history notifications from DCJS to my new employer.

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<th>Signature:</th>
<th>Date:</th>
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### SECTION 4

Mail or fax completed OSPRA 102 to:

Nassau BOCES Regional Summer School
71 Clinton Road
Garden City, NY 11530
Fax: 516-396-2251
FINGERPRINTING INFORMATION

Q: What is the Statewide Vendor Managed System ("SVMS") for fingerprinting?
A: The SVMS is a system for capturing fingerprints for civil purposes (i.e. employment, licensing, pistol permits, etc.) for New York State Agencies.

Q: Is there more than one vendor?
A: No, there is one vendor. The name of the vendor is MorphoTrust. MorphoTrust has a website that provides more information on the fingerprinting process: www.identogo.com

Q: How do I schedule a fingerprint appointment?
A: Contact MorphoTrust by going to their website at: www.identogo.com, or by phone: (877) 472-6915, to schedule an appointment.

Q: What is the ORI Number?
A: On the MorphoTrust system, NYSED uses a code rather than a number:

ORI Number: TEACH

Q: What method of payment can I use for my fingerprint application fee?
A: The fingerprinting fee can be paid at the time of scheduling through a credit card or employer escrow account, or on-site at the time of the fingerprinting appointment with a check. As of February 2, 2016, NY Enrollment Centers will no longer accept cash payments.

Q: Do schools still use TEACH to request clearances, view status messages, and enter hire/termination dates?
A: Yes. Schools will still request clearance for employment and view information concerning an applicant’s status (i.e. full clearance, conditional clearance, denied, fingerprint images rejected, new prints needed, etc.), and enter hire/termination dates through the TEACH system.

Q: What is the cost of getting fingerprinted?
A: Currently, the total cost is $102.00. This is subject to change, please refer to MorphoTrust’s website for the most accurate and up-to-date information.

Q: What kind of ID information do I need to provide for fingerprinting?
A: You must have two forms of identification. At least one form of identification must contain a photo.

Acceptable Photo Identification Documents:

- U.S. Passport
- Permanent Resident Card
- Alien Registration Receipt Card
- Unexpired Foreign Passport
- Driver’s License or Photo ID Card (issued by U.S. State or Territory)
- U.S. Student ID Card with photo (High School or College)
- Unexpired Employment Authorization with photo (Form I-766, I-688, I-688A or B)
- Photo ID Card issued by Federal, State or Local Government
Additional Identification Documents:

- Voter Registration Card
- U.S. Military Card or Draft Record
- Military Dependent’s ID Card
- Coast Guard Merchant Mariner Card
- Native American Tribal Document
- Canadian Driver’s License
- U.S. Social Security Card
- Original or Certified Copy of a Birth Certificate issued by authorized U.S. agency with official seal
- Certification of Birth Abroad (Issued by U.S. Department of State)
- School Record or Report Card (only accepted for applicants under the age of 18)
- Clinic, doctor, or hospital record (only accepted for applicants under the age of 18)

Q: Am I required to have my fingerprints electronically scanned?
A: Yes. Electronically scanned fingerprints captured at a MorphoTrust location in New York State are required for all applicants for certification and employment.

Q: Do I have to pay another fee if I have to get re-fingerprinted due to a rejection?
A: No. If fingerprints are rejected due to poor quality prints and a reprint appointment is necessary, there is no additional charge, provided that the reprints are submitted in a timely manner. It is important that you advise MorphoTrust that you are getting re-fingerprinted because your fingerprints were rejected (rather than an initial set of fingerprints which requires payment of a fee).

Q: How will I know if my fingerprints are rejected?
A: MorphoTrust will contact applicants whose fingerprints are rejected using the telephone contact information provided during the fingerprint application process. If they are unsuccessful after three attempts, then MorphoTrust will attempt to notify the applicant of the rejection by sending a letter to the applicant at the address provided. When an applicant receives notice that their fingerprints have been rejected, it is imperative that they follow up with MorphoTrust to be reprinted in a timely manner. Failure to do so may result in an inability to complete the existing application and the requirement that the applicant start the process over and pay a new fee.

Q: How does NYSED find out that I have been fingerprinted?
A: Information provided to MorphoTrust during the fingerprint application process is electronically transmitted to the TEACH system maintained by NYSED.

Q: How long does it usually take to get clearance?
A: Fingerprints are generally cleared within 48 hours of being taken, barring any rejections for whatever reason.

You are not an employee of Nassau BOCES until your fingerprints have been cleared by our office.
New York State • New York City • Yonkers

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<th>First name and middle Initial</th>
<th>Last name</th>
<th>Social security number</th>
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Single or Head of household [ ] Married [ ]
Married, but withholding at higher single rate [ ]

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 [ ] No
Are you a resident of Yonkers? [ ] Yes [ ] No

Complete the worksheet on page 3 before making any entries.

1. Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 20) __________
2. Total number of allowances for New York City (from line 35) __________

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 __________
4. New York City amount __________
5. Yonkers amount __________

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

Employee's signature ___________________________ 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 __________
B. Employee is a new hire or a retiree __________

First date employee performed services for pay (mm-dd-yyyy) __________

Are dependent health insurance benefits available for this employee? __________

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 2019
Form IT-2104 has been revised for tax year 2019. Additional allowances are allowed for covered employees of employers who elected to pay the employer compensation expense tax and for employees who made contributions to a New York Charitable Gifts Trust Fund during 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 worksheets or charts, you should complete a new 2019 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.
Form W-4 (2019)

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.

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 2019 if both of the following apply:

• For 2019 you had a right to a refund of all federal income tax withheld because you had no tax liability, and

• For 2019 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 2019 expires February 17, 2020. 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 2019 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 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 not subject to withholding 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 2019. 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 filing jointly 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 not subject to withholding, 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 Additional Income Worksheet on page 3 or the calculator at 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 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.

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

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Employee's Withholding Allowance Certificate

Your first name and middle initial

Last name

Home address (number and street or rural route)

City or town, state, and ZIP code

3 Single Married Married, but withheld at higher Single rate.

Note: If married filing separately, check "Married, but withheld at higher Single rate."

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.

Total number of allowances you're claiming (from the applicable worksheet on the following pages)

Additional amount, if any, you want withheld from each paycheck

I claim exemption from withholding for 2019, and certify that I meet both of the following conditions for exemption.

• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and

• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

If you meet both conditions, write *Exempt* here.

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.

Employee's signature

This form is not valid unless you sign it.

Date

---

Obl No. 1545-0074

Form W-4 (2019)

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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 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 a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. 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 if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. 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 your wages and other income, including income earned by a spouse if you are filing a joint return.

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For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Cat. No. 10220Q
income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return. Line 8. Other credits. You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter “-0-” on lines E and F if you use Worksheet 1-6.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn $80,000 per year and your spouse earns $20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero (“0-”) on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

Tips: If you have a working spouse and your incomes are similar, you can check the “Married, but withhold at higher Single rate” box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the “Married, but withhold at higher Single rate” box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9, and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.saf.hhs.gov/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 8. Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 9. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer retired the employee after the employee had been separated from the employer's service for at least 60 days, enter the retire date.

Box 10. Enter the employer's employer identification number (EIN).
RETIREMENT OPTIONS

Option #1 - WAIVER OF MEMBERSHIP

Please check one:

☐ New York State Teachers’ Retirement System – Under provisions of this system, membership is optional for those persons appointed to part-time or substitute positions. If you are an annualized full-time temporary teacher working through June 30th or if you are a currently a member through another district, membership is mandatory.

☐ New York State Employees’ Retirement System – Under the provisions of this system, membership is optional only for those persons appointed to part-time, temporary, provisional or ten-month positions.

I hereby certify that I am NOT currently a member of either New York State Retirement System checked above.

I hereby certify that I have been given the opportunity to elect membership in the appropriate New York State Retirement System and hereby waive membership and decline to apply.

It is understood and agreed that by completion of this section I forfeit my rights for coverage under such a retirement system. Should I elect at a later date to participate, I understand that my membership will become effective with the date of my enrollment without benefit of previous credit as a responsibility of the employer.

Employee’s Signature ____________________________ Print Name ____________________________

Date ____________________________ Social Security # ____________________________

Option #2 - CURRENT MEMBERSHIP

Current ERS members must also complete the Article 15 Membership Registration

This is to certify that I am currently a member in the:

(check one)

☐ New York State Teachers’ Retirement System

☐ New York State Employees’ Retirement System

Under member #: ____________________________, with an effective date of ____________________________

Employee’s Signature ____________________________ Print Name ____________________________

Date ____________________________ Social Security # ____________________________

* Summer employees must complete Current Membership section if applicable.
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)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Last Names Used (If any)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>Employee's E-mail Address</th>
<th>Employee's Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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):

1. A citizen of the United States
2. A noncitizen national of the United States (See instructions)
3. A lawful permanent resident (Alien Registration Number/USCIS Number):
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)

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.

1. Alien Registration Number/USCIS Number: ____________________
   OR
2. Form I-94 Admission Number: ____________________
   OR
3. Foreign Passport Number: ____________________
   Country of Issuance: ____________________

Signature of Employee: ____________________
Today's Date (mm/dd/yyyy): ____________________

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator.
☐ A preparer or translator assisted the 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): ____________________

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form I-9  11/14/2016 N
Section 2. Employer or Authorized Representative Review and Verification

<table>
<thead>
<tr>
<th>Employee Info from Section 1</th>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>M.I.</th>
<th>Citizenship/Immigration Status</th>
</tr>
</thead>
</table>

List A  
Identity and Employment Authorization

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Issuing Authority</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

List B  
Identity

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Issuing Authority</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

List C  
Employment Authorization

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Issuing Authority</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

Additional Information

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): ________________  (See Instructions for exemptions)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today's Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Last Name of Employer or Authorized Representative</th>
<th>First Name of Employer or Authorized Representative</th>
<th>Employer's Business or Organization Name</th>
</tr>
</thead>
</table>

71 Clinton Road  
Garden City  
NY  
11530

Section 3. Reverification and RENEWAL

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today's Date (mm/dd/yyyy)</th>
<th>Name of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIST A</td>
<td>Documents that Establish Both Identity and Employment Authorization</td>
<td></td>
</tr>
<tr>
<td>--------</td>
<td>---------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>1. U.S. Passport or Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Foreign passport that contains a temporary I-551, stamp or notation on a machine-readable immigrant visa</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Employment Authorization Document (Form I-766)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. For a nonimmigrant alien authorized to work for a specific employer because of the alien’s status; the following:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Foreign passport and Form I-94A that has both the alien’s name and the period of stay designated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Form I-94 or Form I-94A that has the following:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) The same name as the passport; and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) An endorsement of the alien’s nonimmigrant status that has not expired</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating the alien’s nonimmigrant status and the period of validity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Day-care or nursery school record</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIST B</th>
<th>Documents that Establish Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Driver's license or ID card issued by a State or local government that contains a photograph and the following:</td>
<td></td>
</tr>
<tr>
<td>a. Full name</td>
<td></td>
</tr>
<tr>
<td>b. Date of birth</td>
<td></td>
</tr>
<tr>
<td>c. Issuing State or local government</td>
<td></td>
</tr>
<tr>
<td>d. Color, gender, and height</td>
<td></td>
</tr>
<tr>
<td>e. Signature</td>
<td></td>
</tr>
<tr>
<td>f. Residence address</td>
<td></td>
</tr>
<tr>
<td>2. ID card issued by the Department of Homeland Security (DHS) (Form I-551)</td>
<td></td>
</tr>
<tr>
<td>3. Certification of Birth Abroad issued by the Department of State (Form FS-545)</td>
<td></td>
</tr>
<tr>
<td>4. Original or certified copy of birth certificate issued by the appropriate government entity</td>
<td></td>
</tr>
<tr>
<td>5. Native American tribal document</td>
<td></td>
</tr>
<tr>
<td>6. U.S. Citizen ID Card (Form I-197)</td>
<td></td>
</tr>
<tr>
<td>7. Identification Card for Use of Residents of the United States Form I-179</td>
<td></td>
</tr>
<tr>
<td>8. Employment Authorization Document (Form I-766)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIST C</th>
<th>Documents that Establish Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Social Security Account Number card, unless the card includes one of the following:</td>
<td></td>
</tr>
<tr>
<td>a. A Social Security number that is not valid for employment (INS authorization)</td>
<td></td>
</tr>
<tr>
<td>2. INS authorization to work without employment authorization</td>
<td></td>
</tr>
</tbody>
</table>

Employees may present one selection from List A, one selection from List B, and one selection from List C. A combination of one selection from List B and one selection from List C is not acceptable.

For persons under age 18 who are unable to present a document listed above: |
| 1. School record or report card |
| 2. Clinic, doctor, or hospital record |

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274). Refer to the instructions for more information about acceptable receipts.
EMPLOYEE INFORMATION FORM

Below is information required for your file. Please complete this form, date and sign it, and bring it with you to your employment orientation.

Name: ____________________________________________

Address

________________________________________________________________________

Maiden name: ___________________________ SSN: ___ - ___ - ______

Phone #’s

Home ___________________________ Cell ___________________________

Spouse’s Name:

________________________________________________________________________

Last ___________________________ First ___________________________ Middle ___________________________

Number of children: ___________________________ Marital Status: ___________________________

U.S. Citizen: YES □ NO □ Date of Birth: ___________________________

Blood type: ___________________________ Military status: ___________________________

Language(s) spoken: ___________________________

Language(s) written: ___________________________

Emergency contact:

________________________________________________________________________

Name ___________________________ Relationship ___________________________

________________________________________________________________________

Address ___________________________ City, State Zip ___________________________

________________________________________________________________________

Home phone ___________________________ Cell phone ___________________________ Business phone ___________________________

Employee’s signature ___________________________ Date ___________________________

BOCES Department of Human Resources • New Hire Information Packet
71 Clinton Road, Post Office Box 9195, Garden City, New York 11530 • (516) 396-2337
Designation of Beneficiary for Vested Sick Leave, and/or Payable Annual Leave, and/or Other Unpaid Salary

This document has significant legal ramifications which may affect your estate plan. It is suggested that you seek the advice of your lawyer or estate planner before executing this designation of beneficiary form.

In the event that you do not execute a designation of beneficiary, your accrued benefits will be payable to your estate.

I, ____________________________________________ hereby designate

(Please Print)

Name ____________________________ Relationship ________ __ %
S.S.# ____________________________

Address ____________________________________________

Name ____________________________ Relationship ________ __ %
S.S.# ____________________________

Address ____________________________________________

Name ____________________________ Relationship ________ __ %
S.S.# ____________________________

Address ____________________________________________

as my beneficiary(ies), to whom I hereby direct the Board of Cooperative Educational Services of Nassau County, New York, in the event of my death prior to separation, to pay any monies allowable as specified above. If more than one beneficiary is named, the share of any beneficiary who may predecease me shall be distributed among the surviving beneficiaries in accordance with the ratio of the respective percentage allocations of the survivors. I reserve the right to alter or revoke this designation of beneficiary(ies) at any time without the consent of the beneficiary(ies).

________________________________________
Signature of Employee
S.S.No.

Agreed and Assented to:
BOCES

________________________________________
BY: ____________________________
POLICIES AND REGULATIONS

My signature below indicates that I understand that the Nassau BOCES Policies and Regulations in PDF format can be found at the following links:


Nassau BOCES # 0100 Equal Opportunity and Non-Discrimination
Nassau BOCES # 0110 Sexual Harassment
Nassau BOCES # 0115 Dignity For All Students Act
Nassau BOCES # 1400 Public Complaints
Nassau BOCES # 1530 Smoking and the use of Tobacco Products on BOCES Premises
Nassau BOCES # 2160 Board Officer and Employee Code of Ethics
Nassau BOCES # 5111 Oath of Allegiance/Office personnel
Nassau BOCES # 5160 Alcohol, drugs, and other substances
Nassau BOCES # 5161 Drug-free Workplace
Nassau BOCES # 5260 Staff use of computerized information resources
Nassau BOCES # 5340 Family and Medical Leave Act
Nassau BOCES # 5460 Child Abuse, Maltreatment or Neglect in a Domestic Setting
Nassau BOCES # 6885 Medicaid Compliance
Nassau BOCES # 8100 Safety Programs
Nassau BOCES # 8130 School Safety Plans and Teams
Nassau BOCES # 8210.1 Security and Use of Surveillance Cameras on School Property
Nassau BOCES # 9140.1 Staff Complaints and Grievances
Nassau BOCES # 9420 Evaluation of Staff
Nassau BOCES # 9645 Disclosure of Wrongful Conduct (Whistleblower Policy)


Nassau BOCES # 2240R Complaints Concerning School Personnel
Nassau BOCES # 2240R.1 Anti-discrimination Complaint Guidelines
Nassau BOCES # 2240P Anti-discrimination Complaint Procedures
Nassau BOCES # 2240F Anti-discrimination Complaint Form
Nassau BOCES # 5121R Sexual Harassment
Nassau BOCES # 5161R Drug-free Workplace
Nassau BOCES # 5161F Work on Federal Grants
Nassau BOCES # 5260R Staff use of computerized information resources

I understand that these policies and regulations contain information regarding Nassau BOCES rules, regulations and benefits which affect me as an employee.

I acknowledge that as an employee, I have received information on how to access these policies and regulations and I understand that I must abide with all Nassau BOCES policies, procedures and rules for the entire duration of my employment with the Agency. I also understand that my failure to comply may result in disciplinary action.

I also understand that Nassau BOCES may update the policies and regulations by revising, supplementing or rescinding them, with or without notice.

_________________________________________ Print Name

_________________________________________ Employee Signature

_________________________________________ Date of Orientation

Hr-share(s)/hr orientation/FORMS/RegionalPolicy 2/3/15
MEMO

DEPARTMENT OF HUMAN RESOURCES

To: Human Resources Department

From: Type or print name here: ____________________________________________

Subject: Code of Ethics

I hereby declare that I have received a copy of the BOCES Code of Ethics as adopted by the Board on

August 1, 2011 on this ____ day of ____________, 20 ___.

Signature: ____________________________________________________________

School or office: ______________________________________________________

______________________________________________________________

AMENDED OATH OF ALLEGIANCE

"I do hereby pledge and declare that I will support the Constitution of the United States of America and the Constitution of the State of New York, and that I will faithfully discharge the duties of the position of ______________________________________ according to the best of my ability.

Signature: ___________________________ Date: _______________________

Address: __________________________________________________________
Intent to Read
Employee Handbook

My signature below indicates that I have read the Nassau BOCES Employee Handbook in PDF format located on the Nassau BOCES website at www.nassauboces.org at the bottom of the home page under the Employee Section, click on Tools and Resources.

I understand that this handbook contains information regarding Nassau BOCES rules, regulations and benefits which affect me as an employee.

I also understand that Nassau BOCES may update the handbook and revise, supplement or rescind policies, procedures or benefits described in the handbook, with or without notice.

Print Name __________________________________________

Signature ____________________________________________

Date __________________________
Intent to Read
Policies and Regulations

My signature below indicates that I understand that the Nassau BOCES Policies and Regulations in PDF format are available on the Nassau BOCES website at www.nassauboces.org/page/1744 under the heading of Board Policies.

I understand that these policies and regulations contain information regarding Nassau BOCES rules, regulations and benefits which affect me as an employee.

I acknowledge that all Regional Summer School employees are expected to read these policies and regulations and familiarize themselves with and abide with all the Nassau BOCES policies as stated in the packet that can be obtained from the website.

In the event that I am offered a position at Nassau BOCES with the Regional Summer School and I accept said position, I understand that I must read these policies and regulations in advance of my appointment by the Nassau BOCES Board. I also acknowledge that if I do not have access to the internet, that these policies and regulations will be provided to me in hard copy by contacting the Regional Summer School staff in Garden City at 516-396-2259. I also understand that Nassau BOCES may update these policies and revise, supplement or rescind them with or without notice.

Print Name

______________________________

Signature

______________________________

Date

______________________________