



Complete this form for employees who will not receive benefits and who fall within one of the following categories:
substitute • consultant • part-time • temporary • as needed

Employee Name _____ Title _____

MANDATORY:

Date Completed

- Form W-4, Federal Withholding _____ / _____ / _____
- Form IT-2104, State Withholding _____ / _____ / _____
- Form I-9, Employment Eligibility Verification _____ / _____ / _____
- Payroll Distribution Form _____ / _____ / _____
- Oath of Allegiance _____ / _____ / _____
- Temporary, Substitute, Hourly as Needed Form _____ / _____ / _____
- Statement for Conditional Appointment / Statement for
Emergency Conditional Appointment Form _____ / _____ / _____

Retirement Information – ***please complete one:***

- Application for Membership in Retirement System (TRS or ERS) _____ / _____ / _____
- Retirement Declination Form _____ / _____ / _____

or

• Current Member of Retirement System:

- _____ YES
- _____ TRS (Teachers')
- _____ ERS (Employees')

Retirement Registration # _____

Date of Membership _____ / _____ / _____

Exempt from Mandatory Contribution? YES _____ NO _____

Direct Deposit Form - ***optional:*** _____ / _____ / _____

This form completed by:

Supervisor or BOCES Designee _____ / _____ / _____

The attached forms have been checked by:

Human Resources Designee _____ / _____ / _____