



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
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Required Attachments: (check off all that are attached)

- | | |
|--|--|
| <input type="checkbox"/> PDS (OR Substitute Authorization Form for instructional per diem subs)
<input type="checkbox"/> Statement for Conditional/Emergency Appointment
<input type="checkbox"/> Temporary, Substitute, Hourly as Needed Form
<input type="checkbox"/> Fingerprint Appointment Form
<input type="checkbox"/> Employment Application | <input type="checkbox"/> Oath of Allegiance
<input type="checkbox"/> I-9 Employment Eligibility Form
<input type="checkbox"/> W-4 Federal Withholding
<input type="checkbox"/> IT 2104 State Withholding
<input type="checkbox"/> Digital Information Systems Attestation Form |
|--|--|

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

- **Application for Membership in Retirement System (TRS or ERS)** _____ / _____ / _____
- **Retirement Information Form for current Information, retiree or declination** _____ / _____ / _____

OR

- Current Member of Retirement System:

_____ YES

_____ TRS (Teachers')

_____ ERS (Employees')

Retirement Registration # _____

Date of Membership _____ / _____ / _____

Exempt from Mandatory Contribution? YES ___ NO ___

This form completed by:

Supervisor or BOCES Designee	_____ / _____ / _____
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The attached forms have been checked by:

Human Resources Designee	_____ / _____ / _____
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