

Instructions on Completing New Hire Paperwork

Congratulations on your new job!

Now that we've received a hire request for you, you must complete new hire paperwork prior to starting your new job. This presentation is to help guide you on the sections to complete for each document, so it doesn't feel overwhelming to you. Print the documents that were emailed to you, complete, and sign each of them.

When you have completed the packet in its entirety, you must go to the HR Office with your acceptable documents so you can be officially entered into the hiring platform, PeopleSoft. If you do not complete this last step, then your eligibility to work in the U.S. has not been verified and you are not legally able to work on campus.

As always, if you have any questions, please contact the Human Resources Department via phone at 315-781-3312 or email at HR@hws.edu.



I-9 Employment Eligibility Verification

[Click here for the acceptable documents needed](#)

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

USCIS
Form I-9
OMB No.1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, *Reverification and Rehire*. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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) First Name (Given Name) Middle Initial (if any) Other Last Names Used (if any)

Address (Street Number and Name) Apt. Number (if any) City or Town State ZIP Code

Date of Birth (mm/dd/yyyy) U.S. Social Security Number Employee's Email Address Employee's Telephone Number

I am aware that federal law provides for imprisonment and fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

☐ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States (See instructions.)

☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)

☐ 4. A noncitizen (other than item Numbers 2. and 3. above) authorized to work until (exp. date, if any)

If you check item Number 4., enter one of these:

USCIS A-Number OR Form I-94 Admission Number OR Foreign Passport Number and Country of Issuance

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

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see instructions.

Document Title 1	List A	OR	List B	AND	List C
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	Additional Information				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative Signature of Employer or Authorized Representative Today's Date (mm/dd/yyyy)

Employer's Business or Organization Name Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

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1. Complete section 1- *Do not forget to sign and date (mm/dd/yyyy)*

- Please do not mark any other section aside from section 1.
- Section 2 is to be completed by a representative from Human Resources.
- Go onto next document.



W-4 Tax Document

Federal withholdings

Form W-4 **Employee's Withholding Certificate** OMB No. 1545-0074

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.

2025

Department of the Treasury

Step 1: Enter Personal Information

(a) First name and middle initial Last name
Address
City or town, state, and ZIP code

(b) Social security number

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.

(c) ☐ Single or Married filing separately
☐ Married filing jointly or Qualifying surviving spouse
☐ 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.)

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

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, and when to use the estimator at www.irs.gov/W4App.

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 the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; or
(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; 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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate. ☐

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 Dependent and Other Credits

If your total 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 for qualifying children and other dependents. You may add to this the amount of any other credits. 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.

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)

For Privacy Act and Paperwork Reduction Act Notice, see page 3. Cat. No. 10220Q Form W-4 (2025)

1. Complete step 1.
 2. Sign and date step 5 (mm/dd/yyyy).
- Go onto next document.



New York State Labor Law Form

By law, we must provide a form stating your pay rate (section 3) and overtime pay (section 7). Overtime does not apply to students as students are only allowed to work up to 20 hours per week while classes are in session and up to 40 hours during breaks.

WE ARE YOUR DOL
NEW YORK STATE Department of Labor

**Notice and Acknowledgement of Pay Rate and Payday
Under Section 195.1 of the New York State Labor Law
Notice for Hourly Rate Employees**

1. Employer Information
Name:
Hobart and William Smith Colleges
Doing Business As (DBA) Name(s):
FEIN (optional):
16-0743040
Physical Address:
300 Pulteney St.
Geneva, NY 14456
Mailing Address:
300 Pulteney St.
Geneva, NY 14456
Phone: 315-781-3000

2. Notice given:
☒ At hiring
☐ Before a change in pay rate(s),
allowances claimed or payday

3. Employee's rate of pay:
\$ _____ per hour

4. Allowances taken:
☐ None
☐ Tips _____ per hour
☐ Meals _____ per meal
☐ Lodging _____
☐ Other _____

5. Regular payday: _____

6. Pay is:
☐ Weekly
☒ Bi-weekly
☐ Other

7. Overtime Pay Rate:
\$ _____ per hour (This must be at least
1½ times the worker's regular rate with
few exceptions.)

8. Employee Acknowledgement:
On this day I have been notified of my pay
rate, overtime rate (if eligible), allowances,
and designated pay day on the date given
below. I told my employer what my primary
language is.

1 Check one:
☐ I have been given this pay notice in
English because it is my primary language.
☐ My primary language is _____. I
have been given this pay notice in English
only, because the Department of Labor
does not yet offer a pay notice form in my
primary language.

2
Print Employee Name _____
Employee Signature _____
Date _____

Preparer's Name and Title _____

**The employee must receive a signed
copy of this form. The employer must
keep the original for 6 years.**

Please note: It is unlawful for an
employee to be paid less than an employee
of the opposite sex for equal
work. Employers also may not prohibit
employees from discussing wages with their
co-workers.


LS 54 (09/22)

1. Check off the first box if English is your primary language.
 - If English is not your primary language, check off the second box and write what your primary language is.
2. Print, sign and date section (mm/dd/yyyy).
 - Go onto next document.



Employee Opt-Out Paid Family Leave Benefits Form

Students complete this form due to working less than 20 hours a week for a temporary job so they do not get taxed

 **Paid Family Leave** **EMPLOYEE OPT-OUT OF PAID FAMILY LEAVE BENEFITS**

Information on the option to opt-out of paid family leave and directions for completing this form can be found on page 2.

Employer Information	
1. EMPLOYER'S LEGAL NAME, INCLUDING (DBA/KAKA/TA) Hobart and William Smith Colleges	
2. ADDRESS 300 Pulteney St.	4. EMPLOYER FEIN 16-0743040
3. CITY, STATE AND ZIP CODE Geneva, NY 14456	5. TELEPHONE NUMBER 315-781-3000
Employee Information	
6. EMPLOYEE NAME	
7. HOME ADDRESS	
8. CITY, STATE AND ZIP CODE	9. TELEPHONE NUMBER
Employment Information	
10. AVERAGE NUMBER OF HOURS WORKED PER WEEK (BASED ON LAST 8 WEEKS)	11. IS THIS JOB TEMPORARY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, HOW LONG IS THE JOB EXPECTED TO LAST?
11. AVERAGE NUMBER OF DAYS WORKED PER WEEK (BASED ON LAST 8 WEEKS)	
Employee Affirmation	
1. I would like to waive paid family leave coverage at this time because (select one): <input type="checkbox"/> I regularly work 20 hours or more per week, but will not work 26 consecutive weeks (6 months) for this employer. <input checked="" type="checkbox"/> I regularly work less than 20 hours per week, but will not work 175 days in 52 consecutive weeks (a year) for this employer.	
2. I understand that this waiver is revoked if my work schedule changes and it is anticipated I will work more than 20 hours per week for 6 months, or will work less than 20 hours per week for 175 days in a 52 consecutive week period (1 year).	
3. I understand that this waiver is OPTIONAL AND REVOCABLE . (a) My employer may not force me to opt out of paid family leave benefits. (b) I may decide later to revoke this waiver even if my schedule does not change.	
4. I also understand if this waiver is revoked (either by me or by a change in my work schedule), my employer may take retroactive deductions for the period of time I was covered by this waiver, and this period of time counts towards my eligibility for paid family leave.	
Certification	
I certify to the best of my knowledge the foregoing statements are complete and true.	
Employer's Signature: _____	Date Signed: _____
5. Employee's Signature: _____	Date Signed: _____



Please note: Employer must keep a copy of the fully executed waiver on file for as long as the employee remains in employment with the covered employer.

PFL-WAIVER (9-17) If you need assistance, contact the Paid Family Leave Helpline at (844)-337-6303
Page 1 of 2 www.ny.gov/PaidFamilyLeave

- Complete section 1
 - Section 2
 - Number 10- Write down the average number of hours you think you'll be working.
 - Number 11- Write the average number of days per week you think you you'll be working.
 - Check off Yes in section 3 as your job is temporary.
 - Check off the second box in section 4 as you will be working less than 20 hours a week.
 - Sign and date section 5 (mm/dd/yyyy).
- Go onto next document.

International Students

[U.S. Customs and Border Protection](#) website



HOBART AND WILLIAM SMITH

WELCOME TO SPRINTAX!

We are excited to announce Hobart and William Smith Colleges' partnership with Sprintax Calculus. Sprintax Calculus will aid in the management of tax profiles for any nonresident employees and students on a single, user-friendly dashboard. HWS will work directly with Sprintax to ensure appropriate withholdings on any payments and proper documentation is uploaded for any nonresident employee, vendor, and student.


Sprintax Calculus ensures that nonresident employees remain compliant with IRS regulations and aids in determining residency status and tax treaty benefit entitlements.

How it Works:

- Users are added to the system.
 - Student or employee: please log on using this link: <https://calculus.sprintax.com/secure/>
 - Items needed to complete account: All entries to United States on your current VISA, Passport, I-94, I-20 (F1 VISA), DS-2019 (J1 VISA), VISA if required.
 - Vendors: please be on the lookout for an activation email.
- User completes registration and online questionnaire.
 - When logging into Sprintax, it is important you select "Log in with your institution account" if you have an HWS employee/student email address.


Log in with your institution account

- If you are a vendor, you will use your personal email given to the Colleges.
- Calculus checks residency status and treaty eligibility.
- Calculus prepares the necessary IRS forms such as but not limited to W-4, W-8Ben, 8233.
- Employee/Vendor/Student E-Signs and submits relevant forms.
- Calculus prepares tax withholding calculations.




Login anywhere, anytime!

Cloud based, secure and automated nonresident tax solution.




Calculation tax withholding

Our system calculates nonresident tax withholding and determines whether there are eligible for any tax treaties or deductions.




Nonresident tax compliance guarantee

Instant generation of tax forms (such as 8222, W-4, W-8BEN and more).



Tax residency determination

Determines tax residency status, based on the substantial presence test.



Easy to use admin & end-user self-service reporting tools

Personalized reporting and management of your nonresident tax profiles.

Hobart and William Smith Contact Information		
Brian Shaffer	Jaime Richardson	Sherri Martin-Baron
Payroll Manager	Assistant Director Purchasing & Payables	International Student Success Manager
shaffer@hws.edu	richardson@hws.edu	smartinbaron@hws.edu

- All International students must log into Sprintax and complete their profile by entering information requested of them.
- If you have yet to receive a *Welcome to Sprintax* letter or email from Sherri Martin-Baron (smartinbaron@hws.edu - International Student Success Manager or Brian Shaffer (shaffer@hws.edu - Payroll Manager), please send them an email.

Now it's time to go to the Human Resource Office with your [acceptable documents](#) and completed forms!

The last step to legally and officially be hired into your position is to go to the Human Resource office with your acceptable documents (to verify your eligibility to work in the US) and your completed new hire packet. A rep from the Human Resource office will verify your eligibility and hire you into your position in PeopleSoft. You will be able to log into PeopleSoft and see your timesheet the following morning as there is an overnight feed. Click on the following links for instructions on [how to log your time in PeopleSoft](#) as well as the [pay calendar](#).