

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** USCIS Form I-9
Department of Homeland Security OMB No. 1615-0047
U.S. Citizenship and Immigration Services Expires 10/31/2022

▶ **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.)

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

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

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

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 1. A citizen of the United States

2 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: _____

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

4 **Preparer and/or Translator Certification (check one):**



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** 

Form I-9 10/21/2019 Page 1 of 3

- Complete section 1.
 - If no *Other Last Names Used*, write N/A.
 - If you are an international student, leave Social Security Number box empty (citizens must write in their social security number).
- Check off one box in section 2 indicating status and complete accordingly.
 - If you are an international F-1, please ensure to provide original Visa, Passport, I-20 documents, and complete list of ins and outs of the country via I-94.
 - When your eligibility has been verified, you will be provided an employment letter to present to the Social Security Office so you may apply for a social security number.
- Sign and date (mm/dd/yyyy).
- Ensure to check off first box as you are the one completing this document/ do not have a translator (if someone prepared/ translated for you please check off second box).
 - Please do not mark any other section including the back of the document (second page) as those sections are for Human Resources to complete only.
 - Go onto next document.



W-4 Tax Document

Federal withholdings

Form W-4 Employee's Withholding Certificate OMB No. 1545-0074
 Department of the Treasury Internal Revenue Service **2023**
 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.

1 **Step 1: Enter Personal Information**

(a) First name and middle initial Last name (b) Social security number

Address

City or town, state, and ZIP code

(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.)

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.

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, other details, 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) Reserved for future use.
 (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

TIP: If you have self-employment income, see page 2.

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) \$

2 **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. 102200 Form W-4 (2023)

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.



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:

Hobart and William Smith Colleges
 300 Pulteney St.
 Geneva, NY 14456
 315-781-3000

FEIN:
 16-0743040

3. Employee's rate of pay: _____

4. Allowances taken:

None
 Tips _____ per hour
 Meals _____ per meal
 Lodging _____
 Other _____

5. Regular payday: Friday

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 _____

Deb Drain- Director of Human Resources
 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.

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 (DBAJAKATA)
Hobart and William Smith Colleges

2. ADDRESS
300 Pulteney St.

3. CITY, STATE AND ZIP CODE
Geneva, NY 14456

4. EMPLOYER FEIN
16-0743040

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. AVERAGE NUMBER OF DAYS WORKED PER WEEK (BASED ON LAST 8 WEEKS)

12. IS THIS JOB TEMPORARY?
 YES NO
IF YES, HOW LONG IS THE JOB EXPECTED TO LAST?

Employee Affirmation

1. I would like to waive paid family leave coverage at this time because (select one):
 I regularly work 20 hours or more per week, but will not work 26 consecutive weeks (6 months) for this employer.
 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

1. Complete section 1
 2. 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.
 3. Check off Yes in section 3 as your job is temporary.
 4. Check off the second box in section 4 as you will be working less than 20 hours a week.
 5. Sign and date section 5 (mm/dd/yyyy).
- Go onto next document.



Direct Deposit Authorization Form


HOBART AND WILLIAM SMITH COLLEGES


Payroll Department
 300 Pulteney St. Geneva, NY 14456
 Telephone: 781-3342 Fax: 781-3314

DIRECT DEPOSIT AUTHORIZATION FORM

I hereby authorize Hobart and Williams Smith Colleges and the financial institution(s) shown to deposit my net pay directly to my account(s) each payday and to initiate, if necessary, debit entries and adjustments for any Hobart and William Smith Colleges payroll deposit entries made in error to my account(s). This authority will remain in effect until I file a new authorization form.

ACTION (Check the Appropriate Box):

1 New Account Set Up Change Account Information Cancel Direct Deposit

EMPLOYEE INFORMATION AND AUTHORIZATION

2

Employee Name (print as it appears on payroll)	Today's Date
Campus Wide ID Number	Employee's Signature

3

Direct Deposit _____% of net pay OR \$ _____

4

Bank or Credit Union Name	Account Type (check one)
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Routing (ABA/Transit) Number	Account Number

Direct Deposit #2 The remainder of net pay OR \$ _____

Bank or Credit Union Name	Account Type (check one)
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Routing (ABA/Transit) Number	Account Number

*** Attach a voided check or other bank documentation for immediate activation ***
 The Payroll Office must be notified immediately of any changes with respect to your financial institution(s) or account(s).

1. Check off the first box as you are setting up a new account in PeopleSoft.
2. Complete all of section 2.
 - Campus Wide ID= OneCard Student ID#
3. Section 3
 - If you want your entire check direct deposited to your bank account, write 100% on the first line.
 - If you want a specific amount to be direct deposited to your bank account and the remainder in a paper check mailed to your Scandling mailbox, write the amount you'd like to go into your account on the second line after OR
4. Complete section 4 which is your banking information
 - If you are a domestic student, you are all done!
 - International students have one more document to complete; see next slide for instructions.

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](#).