Horseheads Central School District
Human Resources Office
143 Hibbard Road • Horseheads, NY 14845
(607) 739-5601, x4212 • Fax (607) 795-2425

SUBSTITUTE APPLICATION - NON-INSTRUCTIONAL POSITIONS

Name: _____

Address: _____

_____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Social Security #: _____ Date of Birth: _____

Substitute positions (check all positions you are interested in substituting):

_____ Bus Driver
_____ Clerical
_____ LPN (license required)
_____ School Nurse (license required)
_____ Teaching Assistant
_____ Cleaner
_____ Food Service Helper
_____ School Monitor
_____ Teacher Aide

Seasonal Positions:

_____ Laborer (Cleaner/Maintenance) - July & August
_____ Computer Tech (Summer Help) - July & August

List any building preferences (if any): _____

Are you interested in a permanent position? _____Yes _____ No

If yes, list position(s): _____

_____

Emergency Contact:

Name: _____ Phone: _____

cc: _____ _____

SUBSTITUTE APPLICATION PROCEDURE

The following steps are required in order to place your name on the substitute list:

- Complete all forms in the substitute application packet (use checklist).

- Return completed forms to Human Resources with two (2) forms of identification.

- View school safety slideshow/video in the Human Resources Office.

- Your application will be reviewed by the Director of Human Resources. Once it has been approved, you will receive notification along with instructions for fingerprinting. Your name will not be placed on the active substitute list until your fingerprint clearance has been received.

- For substitute clerk typists, teaching assistants, teacher aides and nurses, your name will be added to the substitute service automated calling system. You will receive instructions on how to register, along with your PIN number.

- Once this process has been completed, your name will be added to the substitute list. Substitutes work is on an on-call, as needed basis.

- Your name will be placed on the next Board of Education agenda for approval.

Before the start of the next school year, you will receive a letter of **"Reasonable Assurance"** asking if you wish to continue as a substitute for the upcoming school year. Please sign the letter with your intention and return it to Human Resources before the deadline date stated. If we do not receive your letter, your name will be dropped from the substitute list.

Thank you!

SUBSTITUTE APPLICATION CHECKLIST

Please complete the following required forms and use the checklist below to show all forms have been completed:

- ☐ Substitute Cover Sheet
- ☐ Employment Application
- ☐ NYS Employee's Withholding Allowance Certificate – IT-2104
- ☐ Form W-4
- ☐ Form I-9 – Employment Eligibility Verification
  - For **acceptable** forms of ID, see reverse side of Form I-9.

    Please note: Acceptable forms of ID are 1 from **Column A**
    or
    2 forms of ID — 1 from **Column B** and 1 from **Column C**.
- ☐ ERS Retirement System Membership
  (available to all non-instructional substitute positions)
- ☐ TRS Retirement System Membership
  (available to substitute teaching assistant positions)

☐ Checklist completed

Employment Application

Horseheads Central School District

One Raider Lane • Horseheads, NY 14845 • (607) 739-5601, x4211/x4212

The Horseheads Central School District is an equal opportunity employer. The district does not discriminate in employment or in the education programs and activities which it operates on the basis of race, color, national origin, religion, marital status, military status, sex, age, weight, sexual orientation, gender identify, ethnic group, religious practice, disability or predisposing genetic characteristic in violation of Title IX of the Education Amendments of 1972, Title VI and VII of the Civil Rights Act of 1964, 42 U.S.C. 12111 et seq. known as the Americans With Disabilities Act or § 504 of the Rehabilitation Act of 1973, New York State Human Rights Law, and The Boy Scouts of America Equal Access Act of 2001.

Personal Information (Please type or print legibly)

Name _____ Date_____
Last First Middle Initial

Address _____
No. Street City State Zip

How long at this address (years/months)? _____

Previous name(s) by which you have been known in the last ten years _____

Telephone (_____) _____ E-Mail: _____

Position applying for _____ Salary desired _____

How did you find out about this position?

_____ Newspaper _____Vacancy Notice _____Other – specify: _____

_____ Walk-in _____Word of Mouth _____

Have you been employed previously by the Horseheads Central School District? _____ Yes _____ No

If yes, what date(s)? _____ Position(s)? _____

Are you a United States citizen? _____ Yes _____ No

Are you a licensed driver? _____ Yes _____ No

If yes, what type or class? _____

Please do not leave any blank spaces. Your file will be complete after submitting the following: employment application, letter of interest, resume, evidence of highest education (any certification, licenses, transcripts, diplomas), and three current reference letters less than one year old.

Personal Information

1. Have you ever resigned from a position rather than face disciplinary action? _____ Yes _____ No
2. Has any disciplinary action been brought against you which resulted in your being discharged from employment? _____ Yes _____ No
3. Have you ever been convicted of any crime (felony or misdemeanor)? _____ Yes _____ No
4. Have you ever had a teaching credential revoked, suspended, or annulled? _____ Yes _____ No
5. Have proceedings ever been initiated against you pursuant to New York State Education Law Section 3020a? _____ Yes _____ No

If you answered "yes" to any of the questions above, **provide on a separate sheet the specifics or an explanation for the response**. If you elect not to provide specifics, or if such an explanation is insufficient, a confidential investigation may be initiated. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying.

United States Military Service

Branch of Service _____ Date entered _____ Date discharged _____

Did you receive an honorable discharge? _____ Yes _____ No
(A dishonorable discharge is not an absolute bar to employment. Other factors will affect the hiring decision).

Final rank _____ Service school(s) or special training _____

Reserve or National Guard training _____

Tenure

Have you ever been granted tenure in New York State? _____ Yes _____ No

Name of School District	Tenure Area	Effective date

Certificate/License

Name of Certificate/License	Number	Type (i.e., temporary, adult ed., provisional, permanent)	Date issued	State

Employment

Begin with present or most recent employer. If applying for a teaching position, list grade or subject taught, including student teaching experience. **This section must be filled out completely.** If you need additional space, please continue on a separate sheet of paper. [Key: F/T = full time P/T = part time]

Employer Telephone	Dates Employed: From: To:	Work Performed
Address		
Job Title	Check one: F/T _____ P/T _____	
Supervisor		
Reason for leaving		
Employer Telephone	Dates Employed: From: To:	Work Performed
Address		
Job Title	Check one: F/T _____ P/T _____	
Supervisor		
Reason for leaving		
Employer Telephone	Dates Employed: From: To:	Work Performed
Address		
Job Title	Check one: F/T _____ P/T _____	
Supervisor		
Reason for leaving		

Summarize **special skills, qualifications, and honors** achieved from employment, education, or other experience that would advance your candidacy: _____

_____

List any other **organizations** (professional, volunteer, community service) to which you belong which relate to your candidacy: _____

_____

Education

High School _____ Graduated? _____Yes _____ No

Address _____

Type of Degree, Diploma or Certificate _____

College/University _____ Graduated? _____Yes _____ No

Address _____

Type of Degree, Diploma or Certificate _____

Graduate School _____ Graduated? _____Yes _____ No

Address _____

Type of Degree, Diploma or Certificate _____

Special Training _____

References

List below three (3) professional references who have observed your work.

Name	Address	Telephone

List below two (2) references, not related to you, who may be contacted.

Name	Address	Telephone

I hereby declare that the information provided by me is true, factual, and complete. I understand that false or incomplete statements or misrepresentations may disqualify me for employment or cause my subsequent dismissal. If employed by the Horseheads Central School District, I understand that I may be required to supply additional personal information for the purpose of determining my eligibility for benefits and for statistical data.

I acknowledge that nothing in this application or in the Horseheads Central School District hiring process creates a contract of employment and that the Horseheads Central School District, should I obtain employment, retains its right to terminate my employment in accordance with the law. I hereby authorize the Horseheads Central School District to verify my credentials and investigate me (including a DMV check and a consumer investigative report) as allowed by law. This verification process may include discussions with references I have listed, co-workers, friends, and business associates, and others who the district, in its sole judgment, believes has relevant information. I will not make any claims against the district or persons the district may contact during the investigation of references and my application in general. I hereby release the district and such persons from any and all claims related in any way to such reference checks or investigation or my application in general.

I understand that if hired by the Horseheads Central School District, I must submit to fingerprinting and a criminal background check as required by the state SAVE legislation.

Signature _____ Date _____

Horseheads Central School District
2019-20 SUBSTITUTE PAY RATES

Bus Driver	$12.65/hr. with required CDL
Cleaner	$11.80/hr.
Clerical	$11.80/hr.
Food Service Helper	$11.80/hr.
Licensed Practical Nurse	$14.00/hr.
Registered Nurse	$16.00/hr.
School Monitor	$11.80/hr.
Seasonal Laborer	$11.80/hr.
Student Pool Employee	$11.80/hr.
Teacher Aide	$11.80/hr.
Teaching Assistant	$11.80/hr.

Substitute Teacher Pay Rates:

Retired Hhds. Teachers	$135/day
Retired Other District	$115/day
Certified	$105/day
Degreed (4 yr.)	$95/day
Non-Degreed	$90/day

Revised 1/6/2020 - Dec 31, 2019 minimum wage increase

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

►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.)*

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

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. 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: _____

QR Code - Section 1
Do Not Write In This Space

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(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

STOP *Employer Completes Next Page* STOP

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name *(Family Name)*	First Name *(Given Name)*	M.I.	Citizenship/Immigration Status

List A Identity and Employment Authorization	**OR**	**List B** Identity	**AND**	**List C** Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date *(if any)(mm/dd/yyyy)*		Expiration Date *(if any)(mm/dd/yyyy)*		Expiration Date *(if any)(mm/dd/yyyy)*
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date *(if any)(mm/dd/yyyy)*				
Document Title				
Issuing Authority				
Document Number				
Expiration Date *(if any)(mm/dd/yyyy)*				

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)***

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)	City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name *(if applicable)*			**B.** Date of Rehire *(if applicable)*
Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Date *(mm/dd/yyyy)*

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date *(if any) (mm/dd/yyyy)*

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.

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Name of Employer or Authorized Representative

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		**1.** Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**1.** A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		**2.** ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**2.** Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		**3.** School ID card with a photograph		**3.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		**4.** Voter's registration card		**4.** Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		**5.** U.S. Military card or draft record		**5.** U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		**6.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		**7.** Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
6. 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 nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		**For persons under age 18 who are unable to present a document listed above:**		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

ERS RETIREMENT SYSTEM - NON-INSTRUCTIONAL SUBSTITUTES/TEMPORARY EMPLOYEES

This form is to be completed by **ALL NON-INSTUCTIONAL SUBSTITUTE AND TEMPORARY EMPLOYEES.**

Are you currently a member of the New York State Employees' Retirement System (ERS)? _____ If yes, complete the following:

_____ I do currently contribute to the Employees' Retirement System

_____ I do NOT contribute to the Employees' Retirement System

Employees who are not members of ERS, please check one of the following:

_____I WISH TO JOIN the Employees' Retirement System
Please complete the attached application.

_____I DO NOT wish to join the Employees' Retirement System
at this time.

_____ _____
Date Signature

_____
Social Security #

Office of the New York State Comptroller
NYSLRS
New York State and Local Retirement System
110 State Street, Albany, New York 12244-0001
Fax Number: (518) 486-4382
For questions concerning Member Enrollment call: (518) 474-3081

Received Date

Employees' Retirement System Membership Registration
RS 5420
(Rev. 10/18)

Plan	Tier	Rate	Date of Membership (mm/dd/yyyy)		

NYSLRS ID

Social Security Number *

Registration Number

Part 1: Employee – Read information provided on page 2. Complete part 1 and sign at the bottom of the form.

Employee's Last Name:		First Name:		Middle Initial:
Employee's Address:	**Apt**	**City**	**State**	**Zip Code**
Former Name: (if applicable)		**Date of Birth** (mm/dd/yyyy)		**Gender** ☐ Male ☐ Female

Are you receiving or about to receive a pension from a New York State or New York City public retirement system? ☐ Yes ☐ No
If yes, please indicate name of system: _____
Are you inactive or withdrawn from a New York State or New York City public retirement system? ☐ Yes ☐ No
If yes, please indicate name of system: _____
(NYS Teachers', NYS Employees', NYS Police and Fire, NYC Police Pension Fund, NYC Fire Pension Fund, NYC Board of Education, NYC Teachers', NYC Employees')

Part 2: Employer – See page 2 for additional information and instructions regarding the completion of this form.

Employer's Name:	Employer's Telephone:
Employer's Address:	**Employer's Fax Number:**

Job Code [1]	Employee Classification		
	☐ 12 Month ☐ 10 Month ☐ 12 M Provisional ☐ On Call ☐ Seasonal ☐ Substitute ☐ Per Diem	☐ Regular [2] ☐ Full Time ☐ Temporary ☐ Part Time	

Hire Date [3a]			Date of Full-Time Permanent Appointment [3b]			Location Code	Standard Workday [4]	For State Agency Use Only – Agency Code
Month	Day	Year	Month	Day	Year			
						For a substitute, seasonal, on call or per diem employee, please check if he/she is working on the day the application is being submitted. ☐ **Yes**		

Frequency of Payment

☐ Weekly ☐ Bi-Weekly ☐ Semi - Monthly ☐ Monthly ☐ Quarterly ☐ Semi- Annually ☐ Annually ☐ Other- Please Specify_____

Projected Annualized Wage [5]

Tier 6 requires employers to determine the Annualized Wage for individuals who work part-time, seasonal, or on an hourly, daily, or unit of work basis. We ask that you use this calculation for all other tiers as well. See page 2 for examples.

Important: If your employment is on a part-time, temporary or provisional basis, or less than 12 months a year, membership is optional. If your membership is optional, you must sign and date below to affirm Retirement System Membership.
I acknowledge that my membership in the New York state and Local Retirement System is governed by provisions of Article 15 of the Retirement and Social Security Law and that I am entitled to all the benefits thereof. I understand that, as required by law, a deduction will be made from my salary or compensation for retirement contributions.

Employee's Signature:_____**Date:** _____

Employee's Telephone Number:	Employee's Email Address:

For important information and instructions – See Back Page

Part 1 – Employee Instructions

Important: If your employment is on a part-time, temporary or provisional basis, or less than 12 months a year, membership is optional. If your membership is optional and you **do not wish** to join the Retirement System, do not complete this application.

Warning: If you are receiving or are about to receive a pension from another New York State or New York City public retirement system, contact us directly before enrolling in NYSLRS. Enrollment may result in suspension of your pension benefit. NYSLRS retirees should contact us directly before enrollment to discuss working after retirement and possible restoration of membership.

Membership Information:

- If you are currently an active or vested member of any other public retirement system in New York State, you should contact that system concerning the advantages of transferring your membership to this System. Failure to contact that system could cause loss of the privilege of transferring membership and may affect contribution cessation dates.
- **If you were previously a member of any public retirement system in New York State, and your membership was terminated or withdrawn, you may be eligible for a reinstatement of that membership. It is highly recommended that if you have a prior Tier 1 or 2 membership in any New York public retirement system that you complete the Tier Reinstatement application, RS5506 and include it with your membership registration application.**
- You may also be eligible to receive credit for public service earned with a participating employer before your current date of membership. This additional service may impact your future benefits.
- You are covered by the Death Benefit allowed by law for your tier and plan status. If you have not already done so, complete an RS5127 Designation of Beneficiary with Contingent Beneficiaries form to designate beneficiary(ies) to receive an Ordinary Death Benefit. If there is no RS5127 Designation of Beneficiary with Contingent Beneficiaries on file with this System, your Ordinary Death Benefit will become payable to your estate.

Part 2 – Employer Instructions - Field Explanation and information:

[1] Job Code– As the employer, you will need to reference our job code list to determine which job code is applicable to the employee's job title. If the title is accountant, auditor, physician, attorney, engineer or architect, please submit documentation as indicated at https://www.osc.state.ny.us/retire/employers/employer_reporting_basics/emp-membership-basics/independent_vs_employee.php.

[2] Regular is the same as Permanent or Probationary. Temporary is anything other than regular.

[3a] Hire Date is the first time the employee was hired for the job criteria entered.

[3b] Full-Time permanent appointment box must only be completed if at anytime the employee is appointed to a (permanent or probationary) 12 month, full-time position earning no less than current state minimum wage

[4] Standard Workday – A standard workday (hrs/day) applies to all tiers. The minimum number of hours that can be established for a standard workday is six, while the maximum is eight. A standard workday is the denominator to be used for the days worked calculation; it is not necessarily the number of hours the person actually works. For example, if a bus driver works four hours a day, you must still establish a standard workday between six and eight hours as the denominator for their days worked calculation. When entering the information on the Employer Retirement Online, you will need to select "Daily" for Work Period and then enter the standard work day in the standard day field.

[5] Projected Annualized Wage – Examples of Tier 6 annual wage for individuals paid at an Hourly, Daily or Unit of Work basis of compensation:

Hourly Employees 12 month Employee: $_____ X _____ X 260 = $_____ Hourly Rate / Standard Workday / Days Worked / Annual Wage 10 month Employee: $_____X _____ X 180 = $_____ Hourly Rate / Standard Workday / Days Worked / Annual Wage	**Daily Employees** 12 month Employee: $_____ X 260 = $_____ Daily Rate / Days Worked / Annual Wage 10 month Employee: $_____X 180 = $_____ Daily Rate / Days Worked / Annual Wage
Unit of Work Employees $_____ X_____ = _____ Unit Rate / # of Events** / Annual Wage **Estimated or Actual	**Unit of Work Employee Example: Paid $50 per Meeting** $ 50 X 12 Meetings = $ 600 Unit Rate / # of Events*** / Annual Wage ***An estimate of the number of events is acceptable

Note: Any questions regarding annualized wage, please contact the Retirement System.

***Social Security Disclosure Requirement**

In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of your Social Security account number is mandatory pursuant to Sections 11, and 34 of the Retirement and Social Security Law. The number will be used in identifying retirement records and in the administration of the Retirement System.

Personal Privacy Protection Law

The Retirement System is required by law to maintain records to determine eligibility for and calculate benefits. Failure to provide information may interfere with the timely payment of benefits. The System may be required to provide certain information to participating employers. The official responsible for record maintenance is the Director of Member and Employer Services, NYS and Local Retirement System, Albany, NY 12244; call toll-free at 1-866-805-0990 or 518-474-7736 in the Albany Area.

Office of the New York State Comptroller
New York State and Local Retirement System
Employees' Retirement System
Police and Fire Retirement System
110 State Street, Albany, New York 12244-0001

Receipt Date

Office Use Only

Application to Reinstate a Former Tier 1 or 2 Membership in Accordance with Section 645

RS 5506

(Rev. 8/13)

Complete and return this application only if you previously held a membership in any of the retirement systems listed below, with a date of membership prior to July 26, 1976.
You must be a current member of the Retirement System. Retirees are not eligible for this benefit.
Please complete pages 1 and 4 of this form. Pages 2 and 3 provide a comparison of benefits for members covered under regular plans. If you are covered by a 20 or 25 year plan you should contact the Retirement System if you have any questions. Please read this information and if you have any questions call our Information Office toll free at 1-866-805-0990, Albany area 474-7736 or contact us via email at nyslrsinfo@osc.state.ny.us.

SOCIAL SECURITY # _____ DATE OF BIRTH _____

CURRENT RETIREMENT SYSTEM REGISTRATION # _____

LAST NAME _____ FIRST _____ M.I._____

STREET ADDRESS _____

CITY _____ STATE_____ ZIP CODE _____

WORK PHONE NUMBER: ( ) _____ HOME PHONE NUMBER ( ) _____

EMAIL ADDRESS _____

FORMER MEMBERSHIP INFORMATION:

PLEASE CHECK THE APPROPRIATE FIRST FORMER RETIREMENT SYSTEM YOU WERE A MEMBER OF:

- ☐ New York State Teachers' Retirement System
- ☐ New York State Employees' Retirement System
- ☐ New York State Police and Fire Retirement System
- ☐ New York City Employees' Retirement System
- ☐ New York City Board of Education Retirement System
- ☐ New York City Teachers' Retirement System
- ☐ New York City Police Pension Fund
- ☐ New York City Fire Pension Fund

PLEASE COMPLETE THE FOLLOWING (if known):

Former Registration Number: _____ **Date of Membership:** _____

Former Name (if applicable): _____

Have you received credit for this former membership in any other retirement system? Yes ☐ No ☐

If Yes, what Retirement System: _____

Are you receiving or eligible to receive a retirement benefit based on this service? Yes ☐ No ☐

PREVIOUS PUBLIC EMPLOYMENT INFORMATION:

Name of Employer	Name of Dept. or Agency	Title of Position	From Mo. Day Year	To Mo. Day Year

LISTED BELOW ARE THE BENEFITS UNDER THE DIFFERENT TIERS

Tier Dates of Membership	Tier 1 ERS before 07/01/1973 PFRS before 07/30/1973	Tier 2 ERS 07/01/1973 to 07/26/1976 PFRS 07/31/1973 to 06/30/2009	Tier 3 ERS 07/27/1976 to 08/31/1983 PFRS 07/01/2009 to 01/08/2010 Tier 4 ERS 09/01/1983 to 12/31/2009 PFRS NO Tier 4	Tier 5 ERS 01/01/2010 to 03/31/2012 PFRS 01/09/2010 to 03/31/2012	Tier 6 ERS 04/01/2012 to ……. PFRS 04/01/2012 to …….
Contributions	Contributions are required for service rendered before 4/1/60.	Same as Tier 1	Tier 3 and Tier 4 ERS: Contributions are required at the rate of 3% on all gross salary until you have been a member of the Retirement System for 10 years or have 10 years of credited service. Tier 3 PFRS: For members covered by Article 14, contributions are required at the rate of 3% on all gross salary for 25 years or until they retire, whichever is earlier.	Contributions are required at the rate of 3% on all gross salary. Contributions of 4% are required for Uniformed Court and Peace Officers in the Unified Court System.	Members contribute for all years of public service. Effective April 1, 2013, contribution rate based on annual salary. $45,000 or less 3% $45,000.01 to $55,000 3.5% $55,000.01 to $75,000 4.5% $75,000.01 to $100,000 5.75% More than $100,000 6%
Creditable Previous Service	In most cases all paid service rendered in public employment is allowable.	Same as Tier 1	Same as Tier 1	Same as Tier 1	Same as Tier 1
Final Average Salary (FAS)	Average of wages earned during any three consecutive years of credited service. If your date of membership is before 4/1/72 payment for unused vacation not to exceed 30 days will be included in your final average salary if the FAS period is the three year period immediately preceding termination of employment. If your date of membership is 6/17/71 or later the wages in any twelve month period used in the FAS calculation can not exceed the earnings in the preceding twelve month period by more than 20%.	Average of wages earned during any three consecutive years. Earnings in any year included in the period cannot exceed the average of the previous two years by more than 20%. Payment of accumulated vacation cannot be used.	Average of wages earned during any three consecutive years. Earnings can not exceed the average of the previous two years by more than 10%.	Average of wages earned during any three consecutive years. Earnings can not exceed the average of previous two years by more than 10%. Compensation in excess of the overtime limitation will not be included as regular compensation and therefore will not be used in your FAS calculation. This overtime pay limitation increases 3% each calendar year. For further information please go to: **www.osc.state.ny.us/retire**	The average of wages earned during the **five** highest consecutive years of service, subject to limitations. The wages in any year cannot exceed the average of the previous **four** years by more than 10 percent. Compensation in excess of the overtime limitation will not be included as regular compensation and therefore will not be used in your FAS calculation. This overtime pay limitation increases by the consumer price index each fiscal year. For further information please go to: **www.osc.state.ny.us/retire**
Eligibility for the Benefit	Full retirement benefit at age 55.	Full retirement benefit at age 62 or with 30 years of credited service at age 55.	Same as Tier 2	Full retirement benefit at age 62. Uniformed Court and Peace Officers may receive full retirement benefits with 30 years of credited service at age 55.	Full retirement benefit at age 63
Reduction for Early Retirement Based on Age at Retirement	None	Age 55 - 27% Age 56 - 24% Age 57 - 21% Age 58 - 18% Age 59 - 15% Age 60 - 12% Age 61 - 6%	Tier 4: Same as Tier 2 Except for NYS Correction Officers covered by Tier 3 - Article 14, who retire with less than 25 years of Correction Officer Service. Reduction shown below: Age 55 - 30% Age 59 - 16.67% Age 56 - 26.67% Age 60 - 13.33% Age 57 - 23.33% Age 61 - 6.67% Age 58 - 20.00%	Age 55 - 38.33% Age 56 - 33.33% Age 57 - 28.33% Age 58 - 23.33% Age 59 - 18.33% Age 60 - 13.33% Age 61 - 6.67%	Age 55 - 52.0% Age 56 - 45.5% Age 57 - 39.0% Age 58 - 32.5% Age 59 - 26.0% Age 60 - 19.5% Age 61 - 13.0% Age 62 - 6.5%
Service Retirement Benefit	Please refer to our website for a description of your plan coverage. **www.osc.state.ny.us/retire** If your service began before 4/1/60, your benefit will include an annuity purchased by your contributions that you were required to make prior to that date, plus interest.	Same as Tier 1 with 30 or more years of service. With less than 30 years there is an age reduction. See box above.	Less than 20 years is 1.66% or 1/60th for each year of service credit. With 20 to 30 years of service credit, 1/50th (2%) for each year of service. For each year beyond 30 years, the benefits will include an additional 1.5% of your final average salary. No reduction with 30 years of service.	Less than 20 years is 1.66% or 1/60th of FAS for each year of service credit. With 20 to 30 years of service credit, 1/50th (2%) for each year of service. For each year beyond 30 years, the benefit will include an additional 1.5% of your final average salary. No reduction with 30 years of service for Uniformed Court and Peace Officers.	Less than 20 years is 1.66% or 1/60th of FAS for each year of service credit. With 20 or more years of service credit, 35% for 20 years plus an additional 2% for years of service beyond 20.
Ordinary Disability Retirement	Need ten years of credited service.	Same as Tier 1	Tier 3: Need five years of credited service and must have been awarded Primary Social Security Disability Benefits. Tier 4: Same as Tier 1	Same as Tier 1	Same as Tier 1
Ordinary Death Benefit	1/12 (8.33%) of your last year's earnings multiplied by your years of credited service up to 36 years or three times your last year's salary. After age 55, your death benefit is equal to the initial value of your pension benefit calculated under the 75-c or 375-c plan. There is no post retirement death benefit.	Death Benefit 1 − One month's salary for each year of service credit not to exceed three years salary. After 62, your death benefit is equal to the initial value under Section 75-c or 375-c. Death Benefit 2 − Salary multiplied by your service not to exceed three years. Beginning at age 61, Death Benefit 2 will be reduced by 4% each year, but not below 60% of the original benefit. For PFRS members, Death Benefit 2 will be reduced by 3% each year, but not below 70% of the original benefit. There is a post retirement death benefit.	Salary multiplied by your service not to exceed three years. Beginning at age 61, Death Benefit 2 will be reduced by four percent each year, but not below 60% of the original benefit. There is a post retirement death benefit.	Same as Tier 3 & Tier 4	Same as Tier 3 & Tier 4

* **If your employer provides a special plan that provides for a fixed pension after 20 or 25 years of required service (example, special plans for correction officers, sheriffs, police officers, firefighters, and certain other titles), or if you are a member of the Police and Fire Retirement System, you should contact the retirement system before completing this form.**

IMPORTANT INFORMATION:

- If you are given Tier 1 or Tier 2 status, your Tier 3, 4, 5 and 6 contributions are **not refundable** and you **will not be able to take a loan against these contributions**. This legislation requires that we keep the contributions plus interest to help meet the cost of the benefit improvements.
- If you owe contributions for service after your current date of membership, you are not eligible for tier reinstatement until the balance is paid in full.
- **If your employer provides a special plan that provides for a fixed pension after 20 or 25 years of required service (example, special plans for correction officers, sheriffs, police officers, firefighters, and certain other titles), or if you are a member of the Police and Fire Retirement System, you should contact the Retirement System before completing this form.**
- If your date of membership will be before April 1, 1960 you may owe contributions for service rendered prior to April 1, 1960. Any deficit in contributions for service before 1960 will result in a reduction of your retirement allowance.
- Your outstanding loan balance must be repaid in accordance with your current payment schedule.
- Any payments made to purchase previous service will be applied first to any outstanding loan balance then to any deficit in required contributions in your new tier and any remainder will be refunded to you. Any money applied to reduce your outstanding loan or refunded to you may be reportable for federal income tax purposes.
- If you are eligible for a refund of contributions, the Retirement System is required to withhold 10% of the taxable amount of the refund for federal taxes unless you instruct us not to take the withholding.
- Tier 1 and 2 may be eligible for additional service credit under Article 19.

If you do not want the Retirement System to withhold federal income tax from your payment, sign and date this election.

I DO NOT WANT TO HAVE FEDERAL INCOME TAX WITHHELD FROM MY PAYMENT.

Signed _____ Date: _____

I am a current member of the New York State and Local Employees' Retirement System or the New York State and Local Police and Fire Retirement System. I hereby elect reinstatement to the date of membership held under my earliest membership in accordance with Section 645 of the Retirement and Social Security Law.

I have reviewed the information provided on pages 2 and 3 of this application showing the comparison of changing membership tier and the effects it may have on my future benefits.

Please mail this completed application to: New York State and Local Retirement System
Tier Reinstatement – Mail Drop 5-6
110 State Street
Albany, NY 12244-0001

This election must be signed to be valid.

_____

MEMBER'S SIGNATURE Date

PERSONAL PRIVACY PROTECTION LAW

In accordance with the Personal Privacy Law you are hereby advised that pursuant to the Retirement and Social Security Law, the Retirement System is required to maintain records. The records are necessary to determine eligibility for and to calculate benefits. Failure to provide information may result in the failure to pay benefits. The System may provide certain information to participating employers. The official responsible for maintaining these records is the Director of Member Services, New York State and Local Retirement Systems, Albany, NY 12244-0001; Telephone Number (518) 474-8482.

SOCIAL SECURITY DISCLOSURE REQUIREMENT

In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of the Social Security Account Number is mandatory pursuant to Sections 11, 34, 311 and 334 of the Retirement and Social Security Law. The number will be used in identifying retirement records and in the administration of the Retirement System.

Office of the New York State Comptroller
New York State and Local Retirement System
Employees' Retirement System
Police and Fire Retirement System
110 State Street, Albany, New York 12244-0001

For Office Use Only
Receipt Date

Designation of Beneficiary With Contingent Beneficiaries

RS 5127

(Rev. 9/14)

THIS FORM MUST BE SIGNED, NOTARIZED AND FILED WITH THE RETIREMENT SYSTEM PRIOR TO YOUR DEATH TO BE EFFECTIVE.

Please **PRINT** clearly, using only blue or black ink.

Member/Pensioner Information

Registration/Retirement Number: _____ Last 4 Digits of Social Security Number*_____

Name: _____ Former Name: _____

Home Address: _____

City, State, Zip Code:_____ Date of Birth: _____

Telephone Number:_____ Email Address:_____

Employed By:	Employer Address:

IMPORTANT INFORMATION REGARDING THIS FORM

- If you find this form is not suited to the type of designation you prefer please advise the Retirement System. In the meantime, for your protection and the protection of your beneficiary(ies), you should make an interim designation using this form. If you wish to designate more beneficiaries than this form allows or to designate a Trust, Guardianship or payment under the Uniform Transfers to Minors Act please contact the Retirement System for the appropriate form.
- Attachments to your beneficiary form are **unacceptable**.
- New beneficiary forms filed will supersede any previous designation. Therefore, if you want to **add** or **delete** a beneficiary, for example a new child, you must include on the new form **all** beneficiaries you wish to designate.
- The same person or persons cannot be designated as both primary and contingent beneficiaries. We make payment to a contingent beneficiary(ies) only if **all** primary beneficiary(ies) die before you do.
- If you wish to have these benefits distributed through your estate, you should name "my estate" as beneficiary. Your estate can be named as either primary or contingent beneficiary. However, if you name your estate as primary beneficiary, you may not name any contingent beneficiary.
- This form is for designating beneficiaries to receive your ordinary death or post retirement death benefit. You may not designate beneficiaries to receive accidental death benefits. The beneficiaries entitled to receive accidental death benefits are mandated by statute.

Make sure that you:

- **Complete all requested information.**
- **Sign and date the form.**
- **Have the form notarized, making sure the notary has entered the date his or her commission expires.**
- **Mail your completed form to:**

  New York State and Local Retirement System
  Member & Employer Services
  Registration – Mail Drop 5-6
  110 State Street
  Albany, NY 12244-0001

PERSONAL PRIVACY PROTECTION LAW

In accordance with the Personal Privacy Protection Law you are hereby advised that pursuant to the Retirement and Social Security Law, the Retirement System is required to maintain records. The records are necessary to determine eligibility for and to calculate benefits. Failure to provide information may result in the System's inability to pay benefits the way you prefer. The System may provide certain information to participating employers. The official responsible for maintaining these records is the Director of Member & Employer Services, New York State and Local Retirement Systems, Albany, NY 12244. For questions concerning this form, please call 1-866-805-0990 or 518-474-7736.

* **SOCIAL SECURITY DISCLOSURE REQUIREMENT**

In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of the Social Security Account Number is mandatory pursuant to sections 11, 31, 34 and 334 of the Retirement and Social Security Law. The number will be used in identifying retirement records and in the administration of the Retirement System.

Please go to the reverse side of this form to designate beneficiaries, sign and date the form, and have the form notarized.

Do not alter this form or make stipulations. The use of correction fluid or other alterations on this form will render the designation invalid.

To the Comptroller of the State of New York.

Designation of Primary Beneficiary(ies). I hereby name the following beneficiary(ies) to receive any ordinary death or post retirement death benefit, payable on my behalf. If I have named more than one beneficiary, it is my intention that those living at the time of my death should share equally any benefit payable. I reserve the right to change this designation at any time.

Name ☐ Male ☐ Female
Address
Relationship Birth Date
Telephone Number

Name ☐ Male ☐ Female
Address
Relationship Birth Date
Telephone Number

Name ☐ Male ☐ Female
Address
Relationship Birth Date
Telephone Number

Name ☐ Male ☐ Female
Address
Relationship Birth Date
Telephone Number

Name ☐ Male ☐ Female
Address
Relationship Birth Date
Telephone Number

Name ☐ Male ☐ Female
Address
Relationship Birth Date
Telephone Number

Designation of Contingent Beneficiary(ies). If all of the designated primary beneficiaries die before I do, any ordinary death or post retirement death benefit payable on my behalf shall be paid to the following. If I have named more than one beneficiary, it is my intention that those living at the time of my death should share equally any benefit payable. If I out-live all of these contingent beneficiaries, any benefit payable should be paid to my estate. I reserve the right to change this designation at any time.

Name ☐ Male ☐ Female
Address
Relationship Birth Date
Telephone Number

Name ☐ Male ☐ Female
Address
Relationship Birth Date
Telephone Number

Name ☐ Male ☐ Female
Address
Relationship Birth Date
Telephone Number

Name ☐ Male ☐ Female
Address
Relationship Birth Date
Telephone Number

This form must be signed, dated and notarized in order to be valid

Member/Pensioner Signature

Date

Acknowledgement To Be Completed by a Notary Public

State of _____ County of _____

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public Stamp

NOTARY PUBLIC (Please sign and affix stamp)

SUBSTITUTE TEACHER/HOME TUTOR

Social Security and Teachers' Retirement System

This form is to be completed by ***all Substitute Teachers/Home Tutors employed in the Horseheads Central School District.***

1. Are you a member of the NYS Teachers' Retirement System?_____
   (Retired teachers are NOT considered members.)

2. Are you a retired teacher?_____
   If yes, educational institution retired from: _____

3. What type of degree do you hold, if any?_____

4. Are you certified?_____

5. What is your area of certification?_____

If you are a member, fill in the following:

_____ I **DO** contribute _____ % to the Teachers' Retirement System.

Teacher Retirement Number:_____

Social Security deductions will be taken if you are a member of the Retirement System.

_____ I **DO NOT** contribute to the Teachers' Retirement System.

SUBSTITUTE INSTRUCTIONAL EMPLOYEES who are not members of TRS, please check one of the following:

_____ I **WISH TO JOIN** the Teachers' Retirement System.
3.5% of your gross salary will be deducted for the Teachers' Retirement System. Please complete TRS application that follows.

_____ I **DO NOT** wish to join the Teachers' Retirement System at this time.

_____ _____
Date Signature

_____
Social Security #

FINGERGPRINTING INSTRUCTIONS

- Schedule appointments at www.identogo.com or call 877-472-6915.

  - When scheduling your appointment, you will be asked to provide a Service Code. The NYSED code for this is 14ZGR7. This tells the vendor which agency to send the fingerprint results to once the fingerprinting process is complete.

Service Code	14ZGR7

- There is a fee, payable at your fingerprinting appointment.

*Location: Able 2
1118 Charles St., Elmira, New York

Days/Times: Wed. & Fri. 9:00–12:00 & 1:00-5:00

*Location is subject to change without notice. The nearest location will be shown to you when you schedule your appointment.

1/3/18