



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):

- | | |
|--|--|
| <input type="checkbox"/> Bus Driver | <input type="checkbox"/> Cleaner |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Food Service Helper |
| <input type="checkbox"/> LPN (license required) | <input type="checkbox"/> School Monitor |
| <input type="checkbox"/> School Nurse (license required) | <input type="checkbox"/> Teacher Aide |
| <input type="checkbox"/> Teaching Assistant | |

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 the substitute application packet.
- Return completed packet to Human Resources for approval from the Director of Human Resources. Include Cover letter, letters of recommendation, copies of licenses if required and copies of transcripts if required.
- Your application will be reviewed by the Director of Human Resources. Once it has been approved, you will receive notification. Your name will not be placed on the active substitute list until your fingerprint clearance has been received and all tax forms, I-9, direct deposit and retirement forms are complete and returned to Human Resources.
- For substitute clerical, teaching assistants, teacher aides, nurses and teachers 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 in an email directly from our AESOP coordinator.
- Once this process has been completed, your name will be added to the substitute list. Substitute 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

143 Hibbard Road • Horseheads, NY 14845 • (607) 739-5601, x4211, 4212

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 _____

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

Employee's Withholding Certificate

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.

2024

Step 1: Enter Personal Information	(a) First name and middle initial _____	Last name _____	(b) Social security number _____
	Address _____		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 .
	City or town, state, and ZIP code _____		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> 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.)		

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 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) _____
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Department of Taxation and Finance

Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

IT-2104

First name and middle initial	Last name	Your Social Security number
Permanent home address (number and street or rural route)		Apartment number
City, village, or post office		State ZIP code

Single or Head of household Married
Married, but withhold at higher single rate
Note: If married but legally separated, mark an **X** in the *Single or Head of household* box.

Are you a resident of New York City (this includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island)? Yes No
Are you a resident of Yonkers? Yes No

Before making any entries, see the Note below, and if applicable, complete the worksheet in the instructions.

1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 19, if using worksheet)	1	
2 Total number of allowances for New York City (from line 31, if using worksheet)	2	

Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.

3 New York State amount	3	
4 New York City amount	4	
5 Yonkers amount	5	

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Penalty – A penalty of \$500 may be imposed for any false statement you make that decreases the amount of money you have withheld from your wages. You may also be subject to criminal penalties.

Employee's signature	Date
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Employee: Give this form to your employer and keep a copy for your records. Remember to review this form once a year and update it if needed.

Note: Single taxpayers with one job and zero dependents, enter **1** on lines 1 and 2 (if applicable). Married taxpayers with or without dependents, heads of household or taxpayers that expect to itemize deductions or claim tax credits, or both, complete the worksheet in the instructions. Visit www.tax.ny.gov (search: *IT-2104-I*) or scan the QR code below.

Employer: Keep this certificate with your records.

If any of the following apply, mark an **X** in each corresponding box, complete the additional information requested, and send an additional copy of this form to New York State. See **Employer** in the instructions. Visit www.tax.ny.gov (search: *IT-2104-I*) or scan the QR code below.

A Employee claimed more than 14 exemption allowances for New York State A

B Employee is a new hire or a rehire ... B First date employee performed services for pay (mm-dd-yyyy) (see Box B instructions):

You may report new hire information online instead of mailing the form to New York State. Visit www.nynewhire.com.

Note: Employers **must** report individuals under an **independent contractor arrangement** with contracts in excess of \$2,500 using the online reporting website above, **not** Form IT-2104.

Are dependent health insurance benefits available for this employee? Yes No

If Yes, enter the date the employee qualifies (mm-dd-yyyy):

Employer's name and address (Employer: complete this section only if you are sending a copy of this form to the New York State Tax Department.)	Employer identification number
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Scan here



<https://www.tax.ny.gov/r/it2104i-2024>



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

USCIS
Form I-9
 OMB No. 1615-0047
 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.)*

Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	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):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 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. <i>(See instructions)</i>	
<p><i>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.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
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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 <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

Employer Completes Next Page



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	
<p>I am aware that federal law provides for imprisonment and/or 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.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 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)		

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.

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.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p>Additional Information</p> <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
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)					

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.

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

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

**ERS RETIREMENT SYSTEM - NON-INSTRUCTIONAL
SUBSTITUTES/TEMPORARY EMPLOYEES**

This form is to be completed by **ALL NON-INSTRUCTIONAL 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 #

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 at https://www.osc.state.ny.us/retire/retirement_online/job-codes.php 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:

<p>Hourly Employees</p> <p>12 month Employee: \$ _____ X _____ X 260 = \$ _____</p> <p style="text-align: center;">Hourly Standard Days Annual Rate Workday Worked Wage</p> <p>10 month Employee: \$ _____ X _____ X 180 = \$ _____</p> <p style="text-align: center;">Hourly Standard Days Annual Rate Workday Worked Wage</p>	<p>Daily Employees</p> <p>12 month Employee: \$ _____ X 260 = \$ _____</p> <p style="text-align: center;">Daily Days Annual Rate Worked Wage</p> <p>10 month Employee: \$ _____ X 180 = \$ _____</p> <p style="text-align: center;">Daily Days Annual Rate Worked Wage</p>
<p>Unit of Work Employees</p> <p>\$ _____ X _____ = _____</p> <p style="text-align: center;">Unit Rate # of Events** Annual Wage</p> <p>**Estimated or Actual</p>	<p>Unit of Work Employee Example: Paid \$50 per Meeting</p> <p>\$ 50 X 12 Meetings = \$ 600</p> <p style="text-align: center;">Unit Rate # of Events*** Annual Wage</p> <p>***An estimate of the number of events is acceptable</p>

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.

If you need assistance in completing Part 4 (*Designation of Beneficiary*) of this application, please call (800) 348-7298, Ext. 6130.

DESIGNATION OF BENEFICIARY

- ◆ If you wish to name more than three beneficiaries, please complete the *Designation of Beneficiary For In-Service or Post Retirement Paragraph 2 Death Benefit (NET-11.4)* form found on our website (NYSTRS.org) and submit with this application.
- ◆ If you wish to designate a custodian for a minor, a testamentary trust, an inter vivos trust, or a corporation, please contact us at (800) 348-7298, Ext. 6130 for instructions to properly complete the designation.
- ◆ For each beneficiary, be sure you have checked either primary or contingent.
- ◆ At least one beneficiary must be designated as primary.
- ◆ Contingent beneficiaries should be listed after the primary.
- ◆ Do not number beneficiaries.
- ◆ List all requested information for each beneficiary. For married women, use their given name (Mary Smith not Mrs. John Smith).
- ◆ An unborn child may not be named as a beneficiary.
- ◆ If you wish to name your estate as beneficiary, please write "MY ESTATE" on the beneficiary name line. We also suggest that you contact your tax advisor to determine if this designation is in your best interest.
- ◆ Percentage allocations for each category (primary or contingent) must equal 100%. Only whole number percentage designations are allowed.
- ◆ If your beneficiary designation is deemed invalid, we will update your beneficiary as your estate until a valid designation is filed.

DEATH BENEFIT ELECTION

Each new member of the Retirement System has death benefit coverage under Paragraph 2 of Section 606 of the Retirement and Social Security Law.

The Paragraph 2 death benefit is payable if death occurs while in active service. It provides one year's salary after a year of member service, increasing each year to a maximum of three years' salary after three or more years of member service. The benefit is reduced after age 60 by 4% per year, up to a maximum reduction of 40% at age 70. (Reductions begin at age 61; age is not rounded and the reduction is not prorated.)

Paragraph 2 also provides a survivor benefit after retirement. The death benefit in effect at the time of retirement is reduced to 50% during the first year of retirement, 25% during the second year of retirement, and 10% of the benefit in effect at retirement, or at age 60 if higher, for the third and future years.

Once we receive your membership application, we will send you an acknowledgement letter. To learn more about your membership, we urge you to read *Your First Look at NYSTRS* and the *Active Members' Handbook*, which are available in the Library at NYSTRS.org.

NYSTRS is required by state and federal laws to collect personal information and maintain records to ensure an accurate calculation of any benefits that may be payable. This information is disclosed only where authorized by law. Failure to provide all necessary information may interfere with timely payment of benefits.

NYSTRS' Privacy Policy identifies and describes the types of information collected and how the information is used. The complete policy is available at: <https://www.nystrs.org/Privacy-Policy>. For questions regarding the policy, email communit@nystrs.org or write to NYSTRS, Attn: Education & Outreach, 10 Corporate Woods Drive, Albany NY 12211-2395.

QUESTION 1

If you have an active membership in one of the NYS or NYC public retirement systems shown below but are no longer working in a position reportable to that system, you may be eligible to transfer that membership to NYSTRS. A transfer will bring all of your service credit, member contributions (if any) and original date of membership to your new NYSTRS membership.

NYS/NYC public retirement systems from which a transfer of membership is possible:

New York State and Local Retirement System (866-805-0990)
Teachers' Retirement System of the City of New York (888-869-2877)
NYC Board of Education Retirement System (800-843-5575)
New York City Employees' Retirement System (877-669-2377)
New York City Police Pension Fund (866-692-7733)
New York City Fire Pension Fund (718-999-1189)

To request a transfer, please obtain forms and instructions from the appropriate retirement system(s) noted above.

QUESTION 2

If you are receiving a pension from any NYS or NYC Retirement System, you may need to suspend your monthly benefit to be eligible for a membership in this System. We strongly urge you to contact that system to determine the impact any employment may have on your retirement benefit.

QUESTION 3

If you held a former membership in a NYS or NYC public retirement system, you may be eligible for reinstatement to an earlier date of membership. You will receive the service credited under that membership, provided it is not credited to another system, along with any possible advantages of an earlier tier. By answering **YES** to question 3, we will review your eligibility for reinstatement and advise you accordingly. If you are reinstated to a Tier 1 or 2 membership, there will be no cost to you and you will no longer be required to make member contributions. However, if you are reinstated to a Tier 3-6 membership, there is a cost associated with the reinstatement.

Article 19 of the Laws of 2000 eliminates mandatory contributions for any Tier 3 or 4 member once the member has attained 10 years of service or 10 years of membership. If reinstatement of your earliest date of membership meets the requirements for Article 19, you will be eligible to have contribution deductions stopped after your reinstatement has been fully processed. We will notify your employer to stop withholding contributions effective **July 1 of the school year in which your reinstatement payment was received by the System.**

Generally, it is to your advantage to be reinstated to an earlier date of membership. **However, there are situations where it may not be in your best interest to elect reinstatement.** We urge you to contact NYSTRS at (800) 348-7298, Ext. 6250 to discuss the details of your reinstatement with a System representative.

Note: By checking YES you are electing tier reinstatement. A tier reinstatement election is irrevocable.

QUESTION 4

You may be eligible to receive prior service credit for NYS public service (full-time, part-time, or substitute work), including NYC, if such service was credited or would have been creditable in a NYS public retirement system. Visit our website at NYSTRS.org to obtain our claim and verification forms.

As a Tier 6 member, the following service is not creditable in our System:

- ◆ Out-of-state teaching service;
- ◆ Service for private or parochial schools, for the federal government or in armed forces dependent schools; or,
- ◆ Non-public service.

After the prior service has been verified and you have earned a minimum of two years of credit under this membership, you should contact us for the cost of purchasing any allowable service. The cost to purchase prior service for Tier 6 members is 6% of the salary received during the period of verified service plus 5% interest per year.

Credit cannot be allowed for any service for which you are now receiving a benefit or for which you will be eligible to receive a benefit from any other public retirement system, or the federal government.

Note: It is not necessary to check a box if all service was credited to a former membership AND you have elected tier reinstatement by checking box 3.

QUESTION 5

To initiate your claim for military service with this System, you will need to provide documentation that specifically lists **all** the following information:

1. Date of entry or enlistment into active duty.
2. Date of discharge or terminal date of active service.
3. Character of service.
4. Years, months, and days of active duty service.

This information is often found on form DD 214, Armed Forces of the US Report of Transfer or Discharge. If you do not have this required documentation, you may be able to obtain it by contacting:

National Personnel Records Center
Military Personnel Records
1 Archives Drive
St. Louis, Missouri 63138
Phone: (314) 801-0800
www.archives.gov/veterans/military-service-records



Please type or print clearly
in blue or black ink

Received Date

Designation of Beneficiary with Contingent Beneficiaries

RS 5127
(Rev. 04/22)

NYSLRS ID
[] [] [] [] [] [] [] [] [] []

Social Security Number [last 4 digits]
XXX-XX-[] [] [] []

Retirement System [check one]
Employees' Retirement System (ERS)
Police and Fire' Retirement System (PFRS)

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

Member / Pensioner Information

Name: _____ Former Name: (if applicable) _____
Home Address: _____
City, State, Zip Code: _____
Phone 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, Guardian-ship 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 can 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 required information.**
- **Sign and date the form.**
- **Have the form notarized, making sure the notary has entered his or her expiration date.**
- **Mail your completed form to:**
New York State and Local Retirement System
110 State Street
Albany, NY 12244-0001

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 in-formation may result in the failure 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 the designation at any time.

Name, Address, Relationship, Birth Date, Phone Number fields for two beneficiaries, including gender checkboxes.

Name, Address, Relationship, Birth Date, Phone Number fields for two beneficiaries, including gender checkboxes.

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 these beneficiaries, any benefit payable should be paid to my estate or any other beneficiary I name thereafter. I reserve the right to change this designation at any time.

Name, Address, Relationship, Birth Date, Phone Number fields for two contingent beneficiaries, including gender checkboxes.

Name, Address, Relationship, Birth Date, Phone Number fields for two contingent beneficiaries, including gender checkboxes.

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

I certify that the information on my application is true and complete to the best of my knowledge. I further certify that I am aware that any false statement I knowingly make or permit to be made on this or any record of the Retirement System constitutes a crime punishable by potential incarceration and other sanctions.

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.

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 #



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

*Location: 711 Sullivan St., Elmira, NY 14901

Days/Times: Mon. – Thurs. - 9:00–12:00 & 1:00-4:00

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