

# REQUIRED FORMS FOR ONBOARDING

**NEW EMPLOYEES MUST COMPLETE ALL REQUIRED FORMS AND SUBMIT TO NYSP HUMAN RESOURCES OFFICE IMMEDIATELY UPON HIRE**

## INSTRUCTIONS:

**\*All forms with an asterisk are mandatory forms that must be submitted prior to your start date.**

Before submitting completed forms, please check to ensure:

1. the form is complete without missing any pertinent information.
2. information is accurate without typos or errors.
3. the form has been signed as required.
4. all required forms are attached in one email with the subject line "Onboarding Forms / (number of) Attachments/ (new employee's first and last Name). For example, the subject should read "**Onboarding Forms/8 Attachments/John Smith**" if the new employee attaches a total of 8 completed forms in the email.
5. send the email with attached forms to HRForms@troopers.ny.gov AS SOON AS possible prior to your start date.

## Section 1: Personnel Forms for All New Employees

### \*PERS 28 – NYSP Employee Information (New Hire)

- ✓ *Complete both sides of this form.*

### \*USCIS I-9 - Employment Eligibility Verification & Instruction (This form will be completed on First Night with a Member of State Police)

- ✓ 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.
- ✓ Section 2 must be presented to your authorized agency representative with original documentation and submitted within 3 days of your state date.
- ✓ Only the original form is accepted. *Be sure to bring original documentation with you for verification during your onboarding/orientation session on your first day of work.*

### \*EEO Policy - Equal Employment Opportunity's Preventing Discrimination and Harassment

- ✓ The Superintendent of the New York State Police has a firm policy against Sexual Harassment in the Workplace.
- ✓ It is the policy of the New York State Police to provide equal employment opportunity to all people, except as otherwise provided by Law.
- ✓ Contact Human Resources if rights have been violated. *Please read and sign the bottom of the last page of this form.*

### \*PERS 71 – Waiver of Additional Money for Holiday Work

- ✓ Check one of the boxes.
- ✓ Print name on the line provided.
- ✓ Sign on the line provided.
- ✓ Fill out work location.

- ✓ NYS Employee ID # will be filled out by Human Resources when it becomes available.
- ✓ Check off assigned negotiating unit.

## Section 2: Payroll Forms

**\*IT-2104 – Employee’s Withholding Allowance Certificate (NYS/NYC/Yonkers)** -New York State Tax Withholding.

- ✓ Complete the top portion.
- ✓ Ensure an entry is made in box 1.
- ✓ If additional monies are to be deducted, indicate that in box 3.
- ✓ Sign and date the form.
- ✓ You can later change your tax withholding by using [New York State Payroll Online \(NYSPO\)](#) once you are given a NY.gov account which may take several weeks after you start at NYSP.

**\*W-4 – Employee’s Withholding Certificate (Federal)** - Federal Tax Withholding.

- ✓ Complete sections 1 through 5. **(Every Box must be completed. If the answer is zero, put a zero)**
- ✓ then sign and date at the bottom.
- ✓ If additional monies should be deducted, indicate that in box 6.
- ✓ You can later change your tax withholding by using [New York State Payroll Online \(NYSPO\)](#) once you are given a NY.gov account which may take several weeks after you start at NYSP.

**\*AC 2772 – Direct Deposit Form for NYS Employees** – for all New York State employees hired on or after January 1, 2023, this form must be filled out regardless of Direct Deposit participation.

- ✓ If participating, complete this form and attach a voided check, or correspondence from bank/credit union with routing information for the account associated with the direct deposit request. **(Section F – Must be signed by all persons whose name appears on the account as a joint owner)**
- ✓ For further instructions, see [guide-completing-ac-2772-direct-deposit-form.pdf \(state.ny.us\)](https://www.osc.state.ny.us/files/state-agencies/pdf/guide-completing-ac-2772-direct-deposit-form.pdf) <<https://www.osc.state.ny.us/files/state-agencies/pdf/guide-completing-ac-2772-direct-deposit-form.pdf>>

## Section 3: Health Insurance Forms

**\*PS 404 - Health Insurance Transaction Form & Documentation Requirement Guide**

- ✓ To enroll or make changes to your health insurance benefits such as a change to or cancelation of coverage, add or delete dependents, opt out of insurance, or elect changes in coverage while in a leave without pay status or retirement.
- ✓ Failure to return form in a timely manner will delay coverage.

**PS 409 - Opt Out Form**

- ✓ To be completed in addition to the PS 404 when an employee has coverage through another employer-sponsored health insurance coverage (through spouse, parent or possibly military, and elects not to enroll in NYS offered insurance plans).
- ✓ If eligible, individuals can opt out and receive \$1000; a family can opt out and receive \$3000 over the course of the year paid out in each paycheck.

## PS 425 - Domestic Partner Enrollment Application

- ✓ To enroll a domestic partner as a dependent under insurance plan.
- ✓ To be completed only if employee has a domestic partner listed as a dependent on the PS 404.

## **Section 4: Retirement Forms for Hourly or Less Than Full Time Employees only**

Full-time employees will be enrolled in the New York State and Local Employees' Retirement System automatically, the following forms are required **only** for **Hourly or Less Than Full Time Employees**:

### **\*Notice of Employee's Right to Join the NYS and Local Employees' Retirement System**

- ✓ Sign and date this form to accept or decline to join the *New York State and Local Employees' Retirement System*.

### **\*RS 5420 - NYS Employees' Retirement Membership Application**

- ✓ If opting to join the *New York State and Local Employees' Retirement System*, fill in Social Security Number in boxes at top of form.
- ✓ Complete Part 1 below Social Security Number.
- ✓ Answer the 2 questions in Part 1.
- ✓ Sign and date
- ✓ Provide home/cell phone and home e-mail.
- ✓ Complete form in black ink, and make sure application is legible.

## **SECTION 5: INFORMATION ONLY -Union Membership Application**

Application for CSEA Membership – Use this form to become a member of CSEA and receive CSEA benefits. Learn more about CSEA: <https://cseany.org/>

CSEA Employee Benefit Fund Enrollment Form – The CSEA Employee Benefit Fund will mail you an Enrollment Form to complete once they are notified through the payroll system that you are eligible to enroll in dental and vision coverage. Learn more: <https://www.cseaebf.com/>

PEF Membership Application and Dues Payroll Deduction Authorization – Use this form to become a PEF member and receive member benefits. Learn more about PEF: <http://www.pef.org/>

M/C Membership – Learn more about M/C benefits: <http://nysomce.org/>. M/C only: complete the on-line application by choosing “Join Now” on home page.

NYSCOPBA – For membership application and to learn more about NYSCOPBA: <http://www.nyscopba.org/>