

# REQUIRED FORMS FOR ONBOARDING

**NEW EMPLOYEES MUST COMPLETE ALL REQUIRED FORMS AND SUBMIT THEM TO NYSP HUMAN RESOURCES OFFICE AS SOON AS POSSIBLE AND NO LATER THAN FIVE (5) BUSINESS DAYS PRIOR TO THEIR FIRST DAY OF EMPLOYMENT.**

## INSTRUCTIONS:

**\*All forms with an asterisk are mandatory forms that must be submitted no later than five (5) business days 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 / (Your First and Last Name)/(Start Date)". For example, the subject should read "Onboarding Forms/John Smith/12/07/2023" if John Smith's start date is 12/07/2023.
5. send the email with attached forms to [hrrforms@troopers.ny.gov](mailto:hrrforms@troopers.ny.gov) as soon as possible and no later than five (5) business days 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

- ✓ Complete and sign Section 1 of Form I-9.
- ✓ Section 2 must be presented to your authorized agency representative with original documentation on your first day of work.
- ✓ You must also bring the original I-9 Form and required documentation to verify your employment eligibility on your first day of work.
- ✓ Refer to instructions for Form I-9 [here](#)

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

- ✓ *Read and sign the bottom of the last page of this form.*

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

- ✓ Print name on the line provided.
- ✓ NYS Employee ID # is optional. If you do not have NYS Employee ID#, leave it blank.
- ✓ Fill out your work location which is provided in your appointment letter.
- ✓ Check off one of the two boxes in the New Employee section.
- ✓ Sign on the line provided.

## 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 and box 2, if a resident of NYC or Yonkers
- ✓ 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 Step 1 and Steps 2 – 4 if applicable to you
- ✓ If additional monies should be deducted, indicate that in box 4(c).
- ✓ Sign and date in Step 5.
- ✓ 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 the bank/credit union with employee name, routing number and account number associated with the direct deposit request.
- ✓ Employees name must appear on the account listed
- ✓ Section F – Must be signed by all persons whose name appears on the account as a joint owner.
- ✓ If NOT participating, complete Section A, B and F only
- ✓ 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**

- ✓ This form is required for all new NYSP employees to enroll in health insurance benefits.
- ✓ You must fill out this form even if you are transferring from another state agency. Please note that you will maintain the same coverage as you currently have.
- ✓ Social security number must be listed on this form for all dependents, if you choose a family plan.
- ✓ Refer to requirements guide [here](#).

**PS 409 - Opt Out Form**

- ✓ To be completed in addition to the PS 404 when you have coverage through another employer-sponsored health insurance coverage (through spouse, parent or possibly military, and elects not to enroll in NYS offered insurance plans).
- ✓ You must provide a copy of your health insurance card to verify your coverage.
- ✓ If eligible, individuals can opt out and receive \$1000; a family can opt out and receive \$3000 over 26 bi-weekly paychecks.

#### **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.
- ✓ You must submit all documentation as outlined in this form.

### **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.cseabf.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/>