



CITY OF ALBANY
STATE OF NEW YORK
OFFICE OF THE MAYOR
12207



GERALD D. JENNINGS

February 19, 2013

Dear A+ PLUS applicant,

As Mayor of the City of Albany, I would like to invite you to apply for the **Albany Program for Learning, Understanding and Succeeding (A+ PLUS)**. This year, the A+ PLUS will run from Monday, July 8, 2013 through Thursday, August 8, 2013.

If you are between the ages of **14 and 18** you are eligible to work in the Summer Youth Employment Program.

There will be a **one day only** registration on **Saturday, March 23, 2013 from 9am – 3 pm:**
14 and 15 year olds - Bleecker Stadium
16 – 18 year olds - Swinburne Park

Applications will not be accepted without all required documentation. Also, be sure to sign up for a two hour orientation which is required for all first time summer youth employees this year and is included in your application packet.

To avoid long lines, applications can be mailed in this year. Return your completed application with all required paperwork and original working papers by mail and postmarked by Friday, March 29, 2013. More information will be available in your application packet, please read the directions carefully. Applications will not be accepted after these dates.

Work assignments **will not** be made at this time. Assignment letters will be mailed to enrolled youth employees by July 1, 2013.

Applications will be available in your school's guidance office starting Thursday, February 28. They can also be picked up at the City of Albany's Department of Youth and Workforce Services at 175 Central Avenue or downloaded from the City's website: www.albanyny.gov.

Please note the check off list of required documentation attached to the application. Should you have any questions, you may contact Darcy Ferris at the Department of Youth and Workforce Services at 462-7600 ext 166.

As always, I wish you success in your last remaining months of school and look forward to a productive summer for us all.

Sincerely,

Gerald D. Jennings, Mayor



**CITY OF ALBANY, NEW YORK
DEPARTMENT OF RECREATION
DEPARTMENT OF YOUTH AND WORKFORCE SERVICES**

Gerald D. Jennings
Mayor

John J. D'Antonio
Commissioner

Thank you for applying for a summer position in the 2013 Albany Program for Learning, Understanding and Succeeding (**A+PLUS**). The 2013 **A+PLUS** will run from Monday, July 8th through Thursday, August 8th, 2013.

If you are between the ages of 14 and 18, you are eligible to work in the **A+PLUS**. There are two ways to apply:

1. One day only registration - Saturday, March 23rd from 9am – 3pm
Bleecker Stadium – 14 and 15 year olds
Swinburne Park – 16 – 18 year olds

Doors will close at 3pm

2. Applications by mail: Instructions next page - Read carefully and follow completely.
Incomplete applications will not be returned, your name will be put on a waiting list.

Post marked by Friday, March 29th, 2013

Drop offs will not be accepted

Given the large number of youth served in this program, applications will not be accepted after this date.

Your application **will not be processed** without the following items:

- ✓ Application packet – completed and signed at x's
- ✓ Mandatory Orientation Program Sign-up (if 1st time working for A+ Plus Program)
- ✓ Payroll data sheet – marked at x's
- ✓ Report of Personnel Change – marked at x's
- ✓ Employment Eligibility Verification form – marked at x's
- ✓ Federal/State Tax Forms – completed – marked at x's
- ✓ Tax Exempt Form (if applicable) and A+ PLUS Authorization signed by parent.
- ✓ NYS Retirement System Form – marked at x's
- ✓ Address Verification Form – marked at x's
- ✓ Acknowledgment of Wage Rate – marked at x's

Note: Youth has to be 14 years old with working papers before application deadline.

- ✓ Working Papers from the City School District of Albany ONLY
- ✓ Original Working Paper card and a copy – original will be returned at end of program
- ✓ Copy of Social Security Card
- ✓ Copy of Birth Certificate

Work assignments will not be made at this time. Assignment letters will be mailed to enrolled youth employees by July 1st, 2013.

Apply for the 2013 A+ PLUS by Mail!

Please follow these directions – **if your application is incomplete, it will not be returned to you. Your name will be placed on a waiting list.** If you have questions, please call Darcy Ferris at 518-462-7600 ext. 166

Your completed application packet must include:

1. **Application** – all forms must be filled out and signed by you and your parent/guardian (if under 18 years of age).
2. **The following forms must be filled out wherever you see an X:**
 - Payroll Data Sheet
 - Report of Personnel Change
 - Employment Eligibility Verification Form
 - Federal and State Tax Form
 - Tax Exempt Form (if applicable and A+PLUS Authorization signed by parent
 - NYS Retirement System Form
 - Address Verification Form
 - Acknowledgment of Wage Rate
3. **All Federal and State tax forms must be filled out and signed, even if you are going to be tax exempt.**
4. **Copies of your birth certificate and social security card – do not send originals – Originals can not be returned.**
5. **Ages 14-17:** Your **Original** working papers card **and a copy** (the original will be returned to you at the end of the program) - **All Working Papers must be from the City School District of Albany – No Exceptions**
6. **18 years old** – **clear copy of picture I.D.**, copies of your birth certificate and social security card.

APPLICATIONS POSTMARKED BY
Friday, March 29th, 2013

SEND TO:
City of Albany
Department of Youth and Workforce Services
175 Central Ave.
Albany, NY 12206
Att: Darcy Ferris

NO DROP-OFF APPLICATIONS WILL BE ACCEPTED

WHEN YOUR APPLICATION IS RECEIVED **AND FOUND TO BE COMPLETE**, YOU WILL RECEIVE A CONFIRMATION RECEIPT BY E-MAIL OR IN THE MAIL.

CITY OF ALBANY, NEW YORK

Gerald D. Jennings
Mayor

John J. D'Antonio
Commissioner

2013 A+ PLUS APPLICATION

Personal Information

1. Name: _____
Last First MI

2. Address: Street: _____

Please indicate cross streets: _____

City: _____

State: _____ Zip Code: _____

3. Male: _____ Female: _____

4. Social Security #: _____ 5. Date of Birth: _____

6. Age: _____ 7. Telephone #: _____

7a. Parent/Guardian e-mail _____ 7b. Applicant's e-mail _____

8. Choose One: U.S. Citizen: _____ Alien Resident: _____

9. Race/Ethnicity: African-American ___ Hispanic ___ Asian ___ Native American ___ Caucasian ___ Other ___

10. Does your family receive assistance from Social Services? _____

11. Do you require any special accommodations? _____ If so, specify _____

Education

1. School Attending: _____

2. Grade: _____ 3. Guidance Counselor: _____

Emergency Information

Person to Contact in Case of an Emergency:

Name: _____

Relationship: _____ Telephone: _____

For Office Use Only:

____ R ____ N Employee number: _____ Worksite: _____

Working papers – 14/15 _____ 16/17 _____ I.D. _____ S.S. _____ B.C. _____

Income Information – needed only if you receive assistance –complete page 3 of application

Work History

1. Have you ever worked for the City of Albany's Summer Employment Program? Yes___ No___

If yes, Where: _____

Job Title: _____

2. Please indicate what type of position you would be interested in: _____

X Signature of Applicant: _____

X Signature of Parent or Guardian of Applicant: _____

X Date: _____

Applicant's name _____ SS _____
 Last First

Income Information – needed only if you receive assistance.

Please ask your parent or guardian to assist you. We must have the information to consider your application.

- Are you a foster child for whom State or Local payment are made? Yes No
- Are you currently disabled? Yes No
- Do you or a family member receive:
- a. TANF (Temporary Assistance for Needy Families)? Yes No
- b. Safety Net (formerly Home Relief)? Yes No
- c. SSI (Supplemental Security Income)? Yes No
- d. Refugee Assistance? Yes No
- e. Food Stamps? Yes No
- f. Unemployment Insurance? Yes No
- g. Free School Lunch? Yes No
- h. HEAP Assistance since 11/01/12 Yes No
- i. Medicaid Yes No

Family Income Worksheet: Please read the following carefully and complete.

You will be asked to provide documentation of the type of income you list in the table below. The following are examples of income and acceptable documentation.

Income	Documentation
Wages, Salary, Military Support	Most Recent pay stubs, discharge papers
Alimony or Child Support	Check stubs or Court Order
Rent	Rent Receipts
Public Assistance	Social Services Case Make-up/Budget sheet
Social Security	Social Security Award Letter
Unemployment Insurance	Dept. of Labor Documentation
Scholarships, Grants, Fellowships, Loans	Award Letters
Self Employment	Business Records, W-2's

Questions about income? Call Monday through Friday, 9am – 4pm – 462-7600 x 166

Name of Each Family Member including you	Relationship of Each Family Member to You	Source(s) of Family Income	List of Each Family Member's Income for month of application	Counselor Use Only Multiply 1 month total x 12 for Annual Income
				X 2 =
				X 2 =
				X 2 =
				X 2 =
				X 2 =
				X 2 =

X Signature of Applicant: _____ Date: _____

X Signature of Parent/Guardian of Applicant _____ Date: _____

FIRST TIME APPLICANTS ONLY

2013 A+ PLUS Summer Employment Program

MANDATORY ORIENTATION PROGRAM

A requirement of this year's A+ PLUS is a Mandatory Orientation Program to get **first time applicants** prepared for their summer work experience.

This is a **2 hour session** that will be required as part of your application process as a first time employee in the A+ PLUS Summer Employment Program. **If you do not provide your certificate of completion for the orientation, you will not get a summer job.**

Please check off your preference, most convenient for you so that we can schedule your orientation.

Weekday _____

Evening _____

Saturday _____

You will be notified via mail, e-mail or by phone when your orientation has been scheduled. The orientations are tentatively scheduled for mid-May to early June.

XName _____

XAge _____

XSocial Security # _____

XPhone _____ **X**E-mail _____

(if you have one)

Report all personnel changes on this form at the time of change. Use separate form for each person reported

Form ACC-20 (rev. 01/03)

Report of Personnel Changes

To: Civil Service Commission, City Hall, Room 301 Albany, NY 12207

From: Department Recreation & YWS Division: _____

Title of Position: Summer Seasonal Budget Code: A. 7110.03 7160

Name of Employee: _____ Rate of Pay: _____

Home Address: _____ Grade: _____ Step: _____

City: Albany State: NY Zip: _____

SSN _____ Ret. Reg Number: _____

DOB: _____ Effective Date of change or Appointment 7/8/13

Name of last Employee in Position _____

Exempt Vol. Fireman: _____ Veteran: _____

Appointments

Permanent Appointment

- Competitive Class
(Return Certification or Eligibilities and Canvass Letter)
- Non-Competitive Class (send Form ACC-14)
- Exempt Class
- Labor Class

Provisional Appointment to Competitive Class
(pending establishment of eligibility list)

- Open Competitive Examination
- Promotional Examination
- Non-Competitive Examination Promotional Examination
(send application Form ACC-14 for each appointment)

Seasonal Appointment

- Expect to terminate 8/8/13
- Competitive Class:
 - From list: _____
 - No list: _____
- Non-Competitive Class (Send Form ACC-14)
- Exempt
- Labor Class

Temporary Appointment

- Expect to terminate _____
- Competitive Class:
 - From list: _____ No list: _____
- Non-Competitive Class (Send Form ACC-14)
- Exempt
- Labor Class

Other Personnel Changes

- Military Leave
- Pay Change: From: _____ To: _____
- Leave without pay: From: _____ To: _____
- Disciplinary Suspension From: _____ To: _____
- Removal*
- Resignation (attach letter of resignation)
- Re-Assignment From _____
- Change of Address _____

- Retirement
- Deceased
- Termination (Seasonal/Temporary)
- Lay-Off (Lack of work/funds)
- Promotion: From: _____
- Transfer: From: _____
- Reinstatement: _____

* Attach additional Comments/explanation on separate page

Appointing Officer: _____ Title _____ Date _____

CITY OF ALBANY
PAYROLL DATA SHEET

Effective Date of Change _____
Effective Payroll Date 7/8/13

- | | | | |
|---------------------------------------|---|--|--------------|
| <input type="checkbox"/> New Employee | <input type="checkbox"/> Military Leave | <input type="checkbox"/> Address/Name Change | Reason _____ |
| <input type="checkbox"/> Re-Employed | <input type="checkbox"/> Term/Resignation | <input type="checkbox"/> Status Change A/I | Reason _____ |
| <input type="checkbox"/> Transfer | <input type="checkbox"/> Retirement | <input type="checkbox"/> Promotion | Reason _____ |
| <input type="checkbox"/> Grade Change | | <input type="checkbox"/> Data Change | Reason _____ |

SECTION A

EMPLOYEE # _____ SOCIAL SECURITY# X _____ DATE OF BIRTH _____ DATE OF EMPLOYMENT 7/8/13

X EMPLOYEE NAME _____

X STREET _____

CITY Albany STATE NY ZIP _____ X

SECTION B

DEPT 1310 SUB-DEPT 8590 Transfer to Dept _____ Transfer to Sub-Dept _____

PAY CHANGE: from \$ _____ to \$ _____

POSITION _____ HOURS/WEEK _____

SALARY \$ _____ WEEKLY \$ _____ HOURLY \$ _____ OT \$ _____

SECTION C

LABOR UNION	DUES AMOUNT	POLICE EXPENSE	AMOUNT
B BLUE	\$ _____	___ START	\$ _____
C CWA		___ STOP	
F FIRE			
P POLICE		LONGEVITY YEARS	_____
I IUOE		LONGEVITY AMOUNT \$	_____
T TEAMSTERS			

(circle one)

Charge to BUDGET ITEM: A. 7110.03 7140

X _____ X _____
Employee Signature Date

Department Head Date

Audit & Control Approval Date

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

Form I-9, Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last <u>X</u>	First <u>X</u>	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year) <u>X</u>
City <u>Albany</u>	State <u>NY</u>	Zip Code <u>X</u>	Social Security # <u>X</u>

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. X

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen or national of the United States
- A lawful permanent resident (Alien #) A _____
- An alien authorized to work until _____
(Alien # or Admission #) _____

Employee's Signature _____ Date (month/day/year) _____ X

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature _____ Print Name _____

Address (Street Name and Number, City, State, Zip Code) _____ Date (month/day/year) _____

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative Linda DiPietro **CITY OF ALBANY**
DEPT. OF YOUTH AND WORKFORCE SERVICES
175 CENTRAL AVENUE
ALBANY, NEW YORK 12208

Title Payroll Clerk
Date (month/day/year) _____

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable) _____ B. Date of Rehire (month/day/year) (if applicable) _____

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: _____ Document #: _____ Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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 _____ Date (month/day/year) _____

Form W-4 (2013)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2013 expires February 17, 2014. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2013. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	_____
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit	F	_____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child 	G	_____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.)	H	_____

For accuracy, complete all worksheets that apply.
 • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
 • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
 • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	Employee's Withholding Allowance Certificate Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.	OMB No. 1545-0074 2013
1 Your first name and middle initial _____ Last name _____		2 Your social security number _____
Home address (number and street or rural route) _____		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code Albany, NY _____		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) _____		5 _____ 6 \$ _____
6 Additional amount, if any, you want withheld from each paycheck _____		
7 I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here <input type="checkbox"/>		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature _____ (This form is not valid unless you sign it.)		Date _____
8 Employer's name and address (Employer. Complete lines 8 and 10 only if sending to the IRS.) _____		9 Office code (optional) _____ 10 Employer identification number (EIN) _____



Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

First name and middle initial <input checked="" type="checkbox"/>	Last name <input checked="" type="checkbox"/>	Your social security number <input checked="" type="checkbox"/>
Permanent home address (number and street or rural route) <input checked="" type="checkbox"/>	Apartment number	Single or Head of household <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher single rate <input type="checkbox"/>
City, village, or post office Albany	State NY	ZIP code <input checked="" type="checkbox"/>
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? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you a resident of Yonkers? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Complete the worksheet on page 3 before making any entries.		
1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 17)	1	
2 Total number of allowances for New York City (from line 28)	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.

Employee's signature <input checked="" type="checkbox"/>	Date <input checked="" type="checkbox"/>
---	---

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: detach this page and give it to your employer; keep a copy for your records.

Employers only: Mark an X in box A and/or box B to indicate why you are sending a copy of this form to New York State (see instr.):

A Employee claimed more than 14 exemption allowances for NYS A

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

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 NYS Tax Department.)	Employer identification number
--	--------------------------------

Instructions

Changes effective for 2013

Form IT-2104 has been revised for tax year 2013. The worksheet on page 3 used to compute your withholding allowances and the charts beginning on page 4 used to enter an additional dollar amount of withholding have been revised. If you previously filed a Form IT-2104 and used the worksheet or charts, you should complete a new 2013 Form IT-2104 and give it to your employer.

Who should file this form

This certificate, Form IT-2104, is completed by an employee and given to the employer to instruct the employer how much New York State (and New York City and Yonkers) tax to withhold from the employee's pay. The more allowances claimed, the lower the amount of tax withheld.

If you do not file Form IT-2104, your employer may use the same number of allowances you claimed on federal Form W-4. Due to differences in tax law, this may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers. Complete Form IT-2104 each year and file it with your employer if the number of allowances you may claim

is different from federal Form W-4 or has changed. Common reasons for completing a new Form IT-2104 each year include the following:

- You started a new job.
- You are no longer a dependent.
- Your individual circumstances may have changed (for example, you were married or have an additional child).
- You itemize your deductions on your personal income tax return.
- You claim allowances for New York State credits.
- You owed tax or received a large refund when you filed your personal income tax return for the past year.
- Your wages have increased and you expect to earn \$102,900 or more during the tax year.
- The total income of you and your spouse has increased to \$102,900 or more for the tax year.
- You have significantly more or less income from other sources or from another job.
- You no longer qualify for exemption from withholding.
- You have been advised by the Internal Revenue Service that you are entitled to fewer allowances than claimed on your original federal Form W-4, and the disallowed allowances were claimed on your original Form IT-2104.



Certificate of Exemption from Withholding

New York State • New York City • Yonkers

IT-2104-E

This certificate will expire on April 30, 2014.

To claim exemption from withholding for New York State personal income tax (and New York City and Yonkers personal income tax, if applicable), you must meet the conditions in either Group A or Group B:

Group A

- you must be under age 18, or over age 65, or a full-time student under age 25; **and**
- you did not have a New York income tax liability for 2012; **and**
- you do not expect to have a New York income tax liability for 2013 (for this purpose, you have a tax liability if your return shows tax before the allowance of any credit for income tax withheld).

Group B

- you meet the conditions set forth under the Servicemembers Civil Relief Act (SCRA), as amended by the Military Spouses Residency Relief Act. See *Military spouses*.

If you **do not** meet all of the conditions in either Group A or Group B above, **stop**; you cannot claim exemption from withholding.

First name and middle initial <input checked="" type="checkbox"/>	Last name <input checked="" type="checkbox"/>	Social security number <input checked="" type="checkbox"/>	Filing status: Mark an X in only one box A Single <input checked="" type="checkbox"/> B Married <input type="checkbox"/>
Mailing address (number and street or rural route) <input checked="" type="checkbox"/>	Apartment number	Date of birth (mm-dd-yyyy)	C Qualifying widow(er) with dependent child, or head of household with qualifying person..... <input type="checkbox"/>
City, village, or post office Albany	State NY	ZIP code <input checked="" type="checkbox"/>	
Are you a full-time student?..... Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you a military spouse exempt under the SCRA? Yes <input type="checkbox"/> No <input type="checkbox"/>	

I certify that the information on this form is correct and that, for the year 2013, I expect to qualify for exemption from withholding of New York State income tax under section 671(a)(3) of the Tax Law or under the SCRA. I will notify my employer within 10 days of any change requiring revocation of the exemption from withholding as explained in the instructions.

Employee's signature (give the completed certificate to your employer) <input checked="" type="checkbox"/>	Date <input checked="" type="checkbox"/>
---	---

Employer: complete this section only if you must send a copy of this form to the NYS Tax Department (see instructions).

Employer name and address	Employer identification number
---------------------------	--------------------------------

Mark an X in the box if a newly hired employee or a rehired employee

First date employee performed services for pay (mm-dd-yyyy) (see instructions):

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

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

Instructions

Employee

Who qualifies – To claim exemption from withholding for New York State personal income tax (and New York City and Yonkers personal income tax, if applicable), you must meet the conditions in either Group A or Group B:

Group A

- you must be under age 18, or over age 65, or a full-time student under age 25; **and**
- you did not have a New York income tax liability for 2012; **and**
- you do not expect to have a New York income tax liability for 2013 (for this purpose, you have a tax liability if your return shows tax before the allowance of any credit for income tax withheld).

Group B

- you meet the conditions set forth under the Servicemembers Civil Relief Act (SCRA), as amended by the Military Spouses Residency Relief Act. See *Military spouses*.

If you meet the conditions in Group A or Group B, file this certificate, Form IT-2104-E, with your employer. Otherwise, your employer must withhold New York State income tax (and New York City and Yonkers

personal income tax, if applicable) from your wages. Do not send this certificate to the Tax Department.

Generally, as a resident, you are required to file a New York State income tax return if you are required to file a federal income tax return, or if your federal adjusted gross income plus your New York additions is more than \$4,000, regardless of your filing status. However, if you are single and can be claimed as a dependent on another person's federal return, you must file a New York State return if your federal adjusted gross income plus your New York additions is more than \$3,000.

If you are a nonresident and have income from New York sources, you must file a New York return if the sum of your federal adjusted gross income and New York additions to income is more than your New York standard deduction.

A penalty of \$500 may be imposed for furnishing false information that decreases your withholding amount.

When to claim exemption from withholding – File this certificate with your employer if you meet the conditions listed in Group A or Group B above. **You must file a new certificate each year if you wish to continue to claim the exemption.**

City of Albany
State of New York
Albany Program for Learning, Understanding and Succeeding
Bleeker Stadium
721 Clinton Avenue
Albany, NY 12206
518.438.1082

Gerald D. Jennings
Mayor

John J. D'Antonio
Commissioner

2013 A+PLUS

TAX EXEMPT AUTHORIZATION

I authorize my child X _____
to be exempt from federal and state income withholding taxes.

X _____
Parent/Guardian Signature

X _____
Date

**City of Albany
State of New York
Albany Program for Learning, Understanding and Succeeding
Bleecker Stadium
721 Clinton Avenue
Albany, NY 12206
518.438.1082
Fax: 518.459-7649**

Gerald D. Jennings
Mayor

John J. D'Antonio
Commissioner

ADDRESS VERIFICATION FORM

TO: A+ PLUS Applicants
FROM: Youth Employment Office

Welcome to the 2013 A+ PLUS.

Please read and complete all attached forms in your application package. **All forms need to be returned with your application.** Your application will not be accepted until all forms are returned and your application package is complete.

As all checks are mailed and should be received by Friday, it is very important that your address is correct. If there is a change in your address, please contact Bleecker Stadium as soon as possible.

If you do not receive your check by Wednesday of the following week, notify Bleecker Stadium at 438-1082.

<input checked="" type="checkbox"/>	Name: _____	Date _____	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Address: _____	ZipCode _____	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	S.S. # _____	Phone _____	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Parent/guardian Signature _____		



GERALD D.
JENNINGS
MAYOR

CITY OF ALBANY
DEPARTMENT OF ADMINISTRATIVE SERVICES
CITY HALL, ROOM 301
ALBANY, NEW YORK 12207
(518) 434-5284

PERSONNEL * EQUAL OPPORTUNITY EMPLOYMENT * FAIR HOUSING * PURCHASING

TO: Summer, Seasonal and Part-Time Employees

SUBJECT: New York State Employees Retirement System

As an employee of the City of Albany, you are eligible to join the New York State Employees Retirement System. If you decide to do so, you will be required to contribute 3% of your salary. You must check one of the boxes below to acknowledge that you are aware of your right to become a member of the New York State Retirement System.

I am currently (or have been in the past) a member of the New York State Employees Retirement System.

I understand by checking yes to this box, I must immediately contact Administrative Services at (518) 434-5049 to discuss my status in the New York State Retirement System. I further understand that I must complete a new Membership Registration Application in City Hall, Room 301, even if I joined through a different employer.

Yes, I want to join the New York State Employees Retirement System.

I understand by checking yes to this box, I wish to become a member of the New York State Retirement System. I understand that it is my responsibility to complete the NYS Employees' Retirement Membership Registration Application in City Hall, Room 301. I further understand that if I fail to complete the necessary enrollment form, I will not be a member of the retirement system.

No, I do not want to join the New York State Employees' Retirement System.

X _____ X
Signature of employee Date

X _____
Print name

XXX-XX-_____
Social Security Number (last four digits only)

LOCATION: Seasonal and Summer

Rev. 02/01/12
11/28/12
02/06/13



GERALD D. JENNINGS
MAYOR

CITY OF ALBANY
DEPARTMENT OF ADMINISTRATIVE SERVICES
CITY HALL, ROOM 301
ALBANY, NEW YORK 12207
(518) 434-5284

PERSONNEL * EQUAL OPPORTUNITY EMPLOYMENT * FAIR HOUSING * PURCHASING

New York State Labor Law Section 195(1) Notice and Acknowledgement of Wage Rate and Designated Payday Hourly Rate Plus Overtime

City of Albany City Hall Room 301 Albany, New York 12207 Phone: (518) 434-5284	X	Employee Name: _____
FEIN: 14-6002058	X	Employee Address: _____
Prepared By: _____	X	City: <u>Albany</u> , NY
Title: _____	X	Zip: _____
	X	Phone: _____
Hourly Rate of Pay: \$ _____ per hour.		
Overtime Rate of Pay: \$ _____ per hour.		
Designated pay day: Employees are paid weekly on Friday. Unionized employees are paid according to contractual agreement: Checks are available for distribution at 4:00 pm on the day prior to the regular pay day (Friday).		

I hereby certify that I have read the above and the information contained in this form is true and accurate to the best of my knowledge and belief. Any false statements knowingly made are punishable as a class A misdemeanor (Section 210.45 of the New York State Penal Law).

X Signature: _____

X Date: _____

FIRST TIME APPLICANTS ONLY

2013 A+ PLUS Summer Employment Program

MANDATORY ORIENTATION PROGRAM

A requirement of this year's A+ PLUS is a Mandatory Orientation Program to get **first time applicants** prepared for their summer work experience.

This is a **2 hour session** that will be required as part of your application process as a first time employee in the A+ PLUS Summer Employment Program. **If you do not provide your certificate of completion for the orientation, you will not get a summer job.**

Please check off your preference, most convenient for you so that we can schedule your orientation.

Weekday _____	Evening _____	Saturday _____
---------------	---------------	----------------

You will be notified via mail, e-mail or by phone when your orientation has been scheduled. The orientations are tentatively scheduled for mid-May to early June.

XName _____

XAge _____

XSocial Security # _____

XPhone _____ **X**E-mail _____
(if you have one)