

## LISTS OF ACCEPTABLE DOCUMENTS

**All documents must be UNEXPIRED**

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

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	OR	<b>LIST B</b> <b>Documents that Establish Identity</b>	AND	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> </ol>		<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> </ol>		<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:                (1) NOT VALID FOR EMPLOYMENT                (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION                (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol>
<ol style="list-style-type: none"> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> </ol>		<ol style="list-style-type: none"> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> </ol>		<ol style="list-style-type: none"> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> </ol>
<ol style="list-style-type: none"> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> </ol>		<ol style="list-style-type: none"> <li>3. School ID card with a photograph</li> </ol>		<ol style="list-style-type: none"> <li>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</li> </ol>
<ol style="list-style-type: none"> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> </ol>		<ol style="list-style-type: none"> <li>4. Voter's registration card</li> </ol>		<ol style="list-style-type: none"> <li>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> </ol>
<ol style="list-style-type: none"> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> </ol>		<ol style="list-style-type: none"> <li>5. U.S. Military card or draft record</li> </ol>		<ol style="list-style-type: none"> <li>5. Native American tribal document</li> </ol>
<ol style="list-style-type: none"> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>		<ol style="list-style-type: none"> <li>6. Military dependent's ID card</li> </ol>		<ol style="list-style-type: none"> <li>6. U.S. Citizen ID Card (Form I-197)</li> </ol>
		<p><b>For persons under age 18 who are unable to present a document listed above:</b></p>		<ol style="list-style-type: none"> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> </ol>
		<ol style="list-style-type: none"> <li>7. U.S. Coast Guard Merchant Mariner Card</li> </ol>		<ol style="list-style-type: none"> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol>
		<ol style="list-style-type: none"> <li>8. Native American tribal document</li> </ol>		
		<ol style="list-style-type: none"> <li>9. Driver's license issued by a Canadian government authority</li> </ol>		
		<ol style="list-style-type: none"> <li>10. School record or report card</li> </ol>		
		<ol style="list-style-type: none"> <li>11. Clinic, doctor, or hospital record</li> </ol>		
		<ol style="list-style-type: none"> <li>12. Day-care or nursery school record</li> </ol>		

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).**

**Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.**

**EMERGENCY CONTACT INFORMATION**

**EMPLOYEE'S INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE (HOME): \_\_\_\_\_

TELEPHONE (WORK): \_\_\_\_\_

TELEPHONE (MOBILE): \_\_\_\_\_

E-MAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

ETHNICITY: \_\_\_\_\_

COUNTRY OF CITIZENSHIP: \_\_\_\_\_

GENDER: \_\_\_\_\_

**PRIMARY CONTACT'S INFORMATION**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (Home and Mobile): \_\_\_\_\_

Telephone (Work): \_\_\_\_\_

**ALTERNATE CONTACT'S INFORMATION**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (Home and Mobile): \_\_\_\_\_

Telephone (Work): \_\_\_\_\_

Employee Name \_\_\_\_\_

Administrators  
Faculty >50



**Notice and Acknowledgement of Pay Rate and Payday  
Under Section 195.1 of the new York State Labor Law  
Notice for Exempt Employees**

**1. Employer Information**

Name:  
New York University

Doing Business As (DBA) Name(s):  
New York University

FEIN (optional):  
13-5562308

Physical Address:  
70 Washington Square South  
New York, NY 10012

Mailing Address:  
70 Washington Square South  
New York, NY 10012

Phone: 212-443-8463

**2. Notice given:**

- At hiring
- On or before February 1
- Before a change in pay rate(s), allowances claimed, or payday

**3. Employee's pay rate(s): State if pay is based on an hourly, salary, day rate, piece rate, or other basis.**

\_\_\_\_\_ per month

Employers may not pay a non-hourly rate to a non-exempt employee in the Hospitality Industry, except for commissioned salespeople.

**4. Allowances taken:**

- None
- Tips \_\_\_\_\_ per hour
- Meals \_\_\_\_\_ per meal
- Lodging \_\_\_\_\_
- Other \_\_\_\_\_

**5. Regular payday: 1<sup>st</sup> day of each month**

**6. Pay is:**

- Weekly
- Bi-weekly
- Other: Monthly

**7. Overtime Pay Rate:** Most workers in NYS must receive at least 1½ times their regular rate of pay for all hours worked over 40 in a workweek, with few exceptions. A limited number of employees must only be paid overtime at 1½ times the minimum wage rate, or not at all.

**This employee is EXEMPT from overtime** under the following exemption (optional):  
  
\_\_\_\_\_

**8. Employee Acknowledgement:**

On this day, I received notice of my pay rate, overtime rate (if eligible), allowances, and designated payday. I told my employer what my primary language is.

**Check one:**

- I have been given this pay notice in English because it is my primary language.
- My primary language is \_\_\_\_\_  
Please reissue this pay notice in my primary language.
- My primary language is \_\_\_\_\_  
I have been given this pay notice in English only, because the Department of Labor does not yet offer a pay notice form in my primary language.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Preparer Name and Title

**The employee must receive a signed copy of this form. The employer must keep the original for 6 years. Please return original signed document to**

**Accounts Payable Direct Deposit Authorization Form***For Employee Advances and Expense Reimbursements***To enroll in Direct Deposit for your paycheck or stipend, [log in to PeopleSync](#) and select Payment Elections.**Return this completed form and appropriate attachments to **NYU Accounts Payable:** 105 East 17<sup>th</sup> St., 4th Floor, New York, NY 10003.**Employee/Student Information:**    **New Enrollment**     **Change Existing Information** 

<b>Employee/Student Name</b>	<b>NYU ID:</b>
<b>Home Address:</b>	<b>NYU Net ID:</b>
	<b>NYU Telephone Number:</b>
<b>NYU Department:</b>	<b>NYU Email:</b> (for remittance information)

**Bank Information:**For a **checking** account, include a blank voided check or bank statement indicating the ACH routing number and account number.For a **savings** account, include a statement from your bank indicating the ACH routing number and account number.*A deposit form will not be accepted as proof of routing number or account number.***Account Type (check one):** Savings  or Checking     **Bank Name** \_\_\_\_\_**Branch Address** \_\_\_\_\_    **City** \_\_\_\_\_    **State** \_\_\_\_\_    **Zip** \_\_\_\_\_*Your ACH routing number appears at the bottom of your checks between the markings indicated below.*

: _____ :	_____
<b>ACH Routing Number (first 9 digits only)</b>	<b>Account Number</b>

**AUTHORIZATION AGREEMENT**

I authorize New York University to make electronic deposits of payments indicated in section 1 above. This authority will remain in effect until I have given written notice of termination or until New York University has notified me that this service has been discontinued. In the event of changes to my information, I understand that I must give advance notice to allow reasonable time for my instructions to be executed. In the event that an incorrect amount should be entered into my account, I authorize my bank and New York University to make the appropriate adjustment. If you provide either avoided check or a bank statement verifying your ACH routing and account numbers, deposits will take effect with the payment processed. If no voided check or bank statement is provided then your Direct Deposit agreement will become effective after approximately two weeks. **A check will be issued until the agreement takes effect.**

\_\_\_\_\_  
*Employee/Student Signature*\_\_\_\_\_  
*Date***FOR ACCOUNTS PAYABLE DEPARTMENT USE ONLY**

<b>Vendor ID</b>	<b>Entry Date</b>	<b>Verified By</b>
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