NYCAPS New Hire Packet - Personal Data

(To be completed by the Employee)

ID [ ]

Effective Date [ ]

Internal Use Only

Employee Initials: _____   Date:_____

First Name [ ]   **MI** [ ]

Last Name [ ]   **Suffix** [ ]

Add a Person Page

Biographical Details

Name

Prefix [ ]

First Name [ ]   **Middle Name** [ ]

Last Name [ ]

Suffix [ ]

Biographical Information

Date of Birth [ ]

Highest Education Level [ ]

Marital Status [ ]

☐ **Full-Time Student** (check if applicable)

National ID

National ID (Social Security Number) [ ]

Contact Information

Address

Street* (Address 1) [ ]

Apt. No. (Address 2) [ ]

City [ ]   **State** [ ]

Zip Code (Postal) [ ]

County (Required) [ ]

Approved By: _____ Date:_____ Data Entered By: _____ Date:_____

Internal Use Only

Revised: 07.12.2017

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(To be completed by the Employee)

ID

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Employee Initials: _____   Date:_____

First Name   **MI**

Last Name   **Suffix**

Add a Person Page (cont)

Contact Information

Phone Information

Phone Type   Telephone   **Extension**   ☐ **Preferred** (check if applicable)

Phone Type   Telephone   **Extension**   ☐ **Preferred** (check if applicable)

Email Addresses

Email Type   **Email Address**

Regional

History

🇺🇸 USA

Military Status

Citizenship (Proof 1)

Citizenship (Proof 2)

☐ **Eligible to Work in U.S.** (check if applicable)

Driver's License Page (if applicable)

Drivers License

Driver's License #

State

Valid from   **Valid to**

License Type

Approved By: _____ Date:_____ Data Entered By: _____ Date:_____
Internal Use Only

NYCAPS New Hire Packet - Personal Data

(To be completed by the Employee)

ID [_____] Internal Use Only	Employee Initials: _____ Date: _____

First Name [_____] **MI** [____]

Last Name [_____] **Suffix** [_____]

Emergency Contacts Page

Contact Address/Phone

Contact Name [_____]

Relationship to Employee [_____] ☐ **Primary Contact** (check if applicable)

Same Address as Employee? ☐ Yes ☐ No (If no, complete address fields below)

Street (Address 1) [_____]

Apt. No. (Address 2) [_____]

State [____] **City** [_____] **Zip Code** (Postal) [_____]

County (Required) [_____]

Same Phone as Employee? ☐ Yes ☐ No **Contact Phone** [_____]

Other Phone Numbers

Additional Phone Numbers for Contact: **Phone Type** ☐ Cell [_____] ☐ Business [_____]

Contact Address/Phone

Contact Name [_____]

Relationship to Employee [_____]

Same Address as Employee? ☐ Yes ☐ No (If no, complete address fields below)

Street (Address 1) [_____]

Apt. No. (Address 2) [_____]

State [____] **City** [_____] **Zip Code** (Postal) [_____]

County (Required) [_____]

Same Phone as Employee? ☐ Yes ☐ No **Contact Phone** [_____]

Other Phone Numbers

Additional Phone Numbers for Contact: **Phone Type** ☐ Cell [_____] ☐ Business [_____]

I certify that I have personally completed this application, and everything I have written within is, to the best of my knowledge and belief, true and complete.

Employee Signature: _____

Approved By: _____ Date: _____ Data Entered By: _____ Date: _____

Internal Use Only

NYCAPS Job Data Form

(To be completed by the Agency Representative)

ID [   ]   **Empl Rcd** [   ]

First Name [   ]   **MI** [   ]

Last Name [   ]   **Suffix** [   ]

☐ Add Additional Job (Leave Line / Dual Employment)   ☐ Job & Salary Change (Existing Empl Rcd)

Description of the transaction _____

Job Data Page

Work Location

Effective Date [   ]   **Sequence** [   ]   **JSN** [   ]   **Job Indicator** [   ]

Action (check applicable value below)   **Reason** (Code) [   ]   **Leave Status** [   ]

☐ Data Change	☐ Retirement
☐ Demotion	☐ Retirement with Pay
☐ Hire	☐ Return from Leave
☐ Leave of Absence	☐ Return from Work Break
☐ Paid Leave of Absence	☐ Short Work Break
☐ Pay Rate Change	☐ Terminated with Pay
☐ Promotion	☐ Termination
☐ Rehire	☐ Transfer

Expected Return Date [   ]

SLOAC End Date [   ]

Company (if different from default) [   ]   **PMS Position Nbr** (optional) [   ]

Business Unit (Payroll Number/Agency Code) [   ]   **PAR Number** (optional) [   ]

Department (Payroll Number + Work Unit) [   ]   **Business Unit Entry Date** [   ]

Location (if different from default) [   ]   **Department Entry Date** [   ]

Job Information

Job Title [   ]

Suffix [   ]   **Assignment Level** [   ]   **Entry Date** [   ]

Regular/Temporary [   ]   **Full/Part** [   ]

Empl Class (Civil Service Status) [   ]

Is this a new Job Assignment? ☐ Yes   ☐ No

Standard Hours (if different from default) [   ]

Work Period (if different from default) [   ]

Hours per Day [   ] (for Pay Class I or G only)   **Days per Year** [   ] (for Pay Class I or G only)   **Override Accrual Method** (check if applicable) ☐ Manual

Revised: 07.12.2017

NYCAPS Job Data Form

(To be completed by the Agency Representative)

ID _____   **Empl Rcd** _____

First Name _____   **MI** __

Last Name _____   **Suffix** _____

Job Data Page (cont)

Payroll

Pay Group (Pay Cycle) _____   **FICA Status** _____

Employee Type _____   **Payroll Distribution Code** _____

Processing Fee Waiver (Check applicable value below)   **Pay Class** _____

- ☐ Discretionary waived by DCAS
- ☐ Exempt title as per PSB 100-9R
- ☐ Fee not waived
- ☐ Functional Transfer
- ☐ Historical - Fee waived
- ☐ ProvAppt ExamApplic same title
- ☐ Public Asst Recip - NYC Resident
- ☐ Returning Emp < 1 yr from sep
- ☐ Seasonal appt 5.6.1 same title
- ☐ Title change PRR 6.1.7
- ☐ Title reclass by resolution
- ☐ Waived under PSB 100-9R other

Salary Plan

Salary Administration Plan   **Grade** (Level) _____   **Grade Entry Date** _____

Managerial or Step Pay Plan Employees Only   **Step** _____   **Step Entry Date** _____

Compensation

☐ **Default Pay Components** (check only if applicable)

Rate Code _____   **Comp Rate** $ _____

Employment Data link

Employment Data

Civil Service Entry Date (can only be modified by NCC) _____   **Original Hire Date** (City Start Date) _____

Business Title _____   **Position Phone** _____

Earnings Distribution link

Earnings Distribution

Budget Code 1 _____	**Fund Class 1** _____	**Unit of Appropriation 1** _____	**Budget Line 1** _____	**Allocation 1** _____ %
Budget Code 2 _____	**Fund Class 2** _____	**Unit of Appropriation 2** _____	**Budget Line 2** _____	**Allocation 2** _____ %

Reporting Category 1 _____   **Allocation 1** _____ %

Reporting Category 2 _____   **Allocation 2** _____ %

Benefits Program Participation link

BN Prgm

Waiting Period Override _____   NYCAPS has been configured to automate the 90 Day Waiting Period, so it is no longer necessary to enter '90D'. Only enter 'OVR' when an employee has a step-up to a non-permanent title or they are a transfer from another City agency with minimal or no break in service.

Preparer	Manager/Supervisor	Key Entry Operator
I certify that the above transaction is supported by documentation on file. Signature _____	I certify that I have reviewed the above transaction. Signature _____	I certify that the above data was entered into NYCAPS. Signature _____
Date _____	Date _____	Date _____

Revised: 07.12.2017

NYCAPS Payroll Data Form

Print Form

(To be completed by the Agency Representative)

ID _____   **Empl Rcd** _____

First Name _____   **MI** ____

Last Name _____   **Suffix** _____

Type of Payroll Data Update

☐ **Tax Data**   ☐ **Additional Pay**   ☐ Enter Additional Pay   ☐ Update Additional Pay

☐ Correct Additional Pay   ☐ Terminate Additional Pay

Description of the transaction _____

Employee Tax Data USA Page

Federal Tax

Effective Date _____   **Special Tax Withholding Status** _____

Marital Tax Status   ☐ Single/Married filing separately   ☐ Married filing jointly   ☐ Head of Household   ☐ Withhold at Higher Rate

Other Income $ _____

Claim Dependents Amount (annual dollars) $ _____

FWT Extra Withholding $ _____   **Deductions** $ _____

State Tax

State _____

Special Tax Status _____

SWT Marital/Tax Status _____   **Withholding Allowances** _____

Additional Amount $ _____

Local Tax

Special Tax Status _____

Additional Pay Page

Additional Pay 1

Earnings Code _____   **Reason** _____   **Effective Date** _____

Earnings $ _____   **End Date** _____

Additional Pay 2

Earnings Code _____   **Reason** _____   **Effective Date** _____

Earnings $ _____   **End Date** _____

Preparer	Manager/Supervisor	Key Entry Operator
I certify that the above transaction is supported by documentation on file.	I certify that I have reviewed the above transaction.	I certify that the above data was entered into NYCAPS.
Signature _____	Signature _____	Signature _____
Date _____	Date _____	Date _____