

NYCAPS New Hire Packet - Personal Data

(To be completed by the Employee)

ID <input style="width:150px;" type="text"/>	
Effective Date <input style="width:100px;" type="text"/>	Internal Use Only Employee Initials: _____ Date: _____

First Name <input style="width:95%;" type="text"/>	MI <input style="width:30px;" type="text"/>
Last Name <input style="width:95%;" type="text"/>	Suffix <input style="width:80px;" type="text"/>

Add a Person Page

Biographical Details	Name	
	Prefix <input style="width:150px;" type="text"/>	
	First Name <input style="width:350px;" type="text"/>	Middle Name <input style="width:180px;" type="text"/>
	Last Name <input style="width:700px;" type="text"/>	
	Suffix <input style="width:150px;" type="text"/>	

Biographical Details	Biographical Information	
	Date of Birth <input style="width:150px;" type="text"/>	
	Highest Education Level <input style="width:400px;" type="text"/>	
	Marital Status <input style="width:150px;" type="text"/>	
	<input type="checkbox"/> Full-Time Student (check if applicable)	

National ID	
National ID (Social Security Number) <input style="width:200px;" type="text"/>	

Contact Information	Address	
	Street* <input style="width:850px;" type="text"/> <small>(Address 1)</small>	
	Apt. No. <input style="width:850px;" type="text"/> <small>(Address 2)</small>	
	City <input style="width:380px;" type="text"/>	State <input style="width:50px;" type="text"/>
	Zip Code <input style="width:150px;" type="text"/> <small>(Postal)</small>	
	County <input style="width:850px;" type="text"/> <small>(Required)</small>	

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

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Last Name <input style="width:95%;" type="text"/>	Suffix <input style="width:80px;" type="text"/>

Add a Person Page (cont)

Contact Information	Phone Information			
	Phone Type <input style="width:100px;" type="text"/>	Telephone <input style="width:150px;" type="text"/>	Extension <input style="width:80px;" type="text"/>	<input type="checkbox"/> Preferred <small>(check if applicable)</small>
	Phone Type <input style="width:100px;" type="text"/>	Telephone <input style="width:150px;" type="text"/>	Extension <input style="width:80px;" type="text"/>	<input type="checkbox"/> Preferred <small>(check if applicable)</small>
Email Addresses				
Email Type <input style="width:100px;" type="text"/>	Email Address <input style="width:500px;" type="text"/>			

Regional	History		
	USA		
	Military Status <input style="width:350px;" type="text"/>		
	Citizenship <input style="width:300px;" type="text"/> <small>(Proof 1)</small>		
	Citizenship <input style="width:300px;" type="text"/> <small>(Proof 2)</small>		
<input type="checkbox"/> Eligible to Work in U.S. <small>(check if applicable)</small>			

Driver's License Page (if applicable)

Drivers License	Driver's License # <input style="width:150px;" type="text"/>
	State <input style="width:30px;" type="text"/>
	Valid from <input style="width:120px;" type="text"/>
	Valid to <input style="width:120px;" type="text"/>
License Type <input style="width:450px;" type="text"/>	

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

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(To be completed by the Employee)

ID <input style="width: 150px;" type="text"/>	Internal Use Only	Employee Initials: _____ Date: _____
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First Name	<input style="width: 95%;" type="text"/>	MI	<input style="width: 20px;" type="text"/>
Last Name	<input style="width: 65%;" type="text"/>	Suffix	<input style="width: 80px;" type="text"/>

Emergency Contacts Page

Contact Address/Phone	Contact Name <input style="width: 90%;" type="text"/> Relationship to Employee <input style="width: 300px;" type="text"/> <input type="checkbox"/> Primary Contact (check if applicable) Same Address as Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, complete address fields below) Street <input style="width: 95%;" type="text"/> <small>(Address 1)</small> Apt. No. <input style="width: 95%;" type="text"/> <small>(Address 2)</small> State <input style="width: 30px;" type="text"/> City <input style="width: 300px;" type="text"/> Zip Code <input style="width: 80px;" type="text"/> <small>(Postal)</small> County (Required) <input style="width: 680px;" type="text"/> Same Phone as Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No Contact Phone <input style="width: 180px;" type="text"/>
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Other Phone Numbers	Additional Phone Numbers for Contact: Phone Type <input type="checkbox"/> Cell <input style="width: 150px;" type="text"/> <input type="checkbox"/> Business <input style="width: 150px;" type="text"/>
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Contact Address/Phone	Contact Name <input style="width: 90%;" type="text"/> Relationship to Employee <input style="width: 300px;" type="text"/> Same Address as Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, complete address fields below) Street <input style="width: 95%;" type="text"/> <small>(Address 1)</small> Apt. No. <input style="width: 95%;" type="text"/> <small>(Address 2)</small> State <input style="width: 30px;" type="text"/> City <input style="width: 300px;" type="text"/> Zip Code <input style="width: 80px;" type="text"/> <small>(Postal)</small> County (Required) <input style="width: 680px;" type="text"/> Same Phone as Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No Contact Phone <input style="width: 180px;" type="text"/>
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Other Phone Numbers	Additional Phone Numbers for Contact: Phone Type <input type="checkbox"/> Cell <input style="width: 150px;" type="text"/> <input type="checkbox"/> Business <input style="width: 150px;" type="text"/>
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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: _____
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Internal Use Only

NYCAPS Job Data Form

(To be completed by the Agency Representative)

ID	<input style="width: 90%;" type="text"/>	Empl Rcd	<input style="width: 90%;" type="text"/>
First Name	<input style="width: 95%;" type="text"/>		MI <input style="width: 20px;" type="text"/>
Last Name	<input style="width: 95%;" type="text"/>		Suffix <input style="width: 80px;" type="text"/>

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

Description of the transaction _____

Job Data Page

Work Location	Effective Date	<input style="width: 100px;" type="text"/>	Sequence	<input style="width: 30px;" type="text"/>	JSN	<input style="width: 30px;" type="text"/>	Job Indicator	<input style="width: 100px;" type="text"/>	
	Action (check applicable value below)			Reason (Code)	<input style="width: 40px;" type="text"/>	Leave Status	<input style="width: 100px;" type="text"/>		
	<input type="checkbox"/> Data Change	<input type="checkbox"/> Retirement							
	<input type="checkbox"/> Demotion	<input type="checkbox"/> Retirement with Pay							
	<input type="checkbox"/> Hire	<input type="checkbox"/> Return from Leave							
	<input type="checkbox"/> Leave of Absence	<input type="checkbox"/> Return from Work Break							
	<input type="checkbox"/> Paid Leave of Absence	<input type="checkbox"/> Short Work Break							
	<input type="checkbox"/> Pay Rate Change	<input type="checkbox"/> Terminated with Pay							
	<input type="checkbox"/> Promotion	<input type="checkbox"/> Termination	Expected Return Date	<input style="width: 100px;" type="text"/>					
	<input type="checkbox"/> Rehire	<input type="checkbox"/> Transfer	SLOAC End Date	<input style="width: 100px;" type="text"/>					
Company (if different from default)	<input style="width: 100px;" type="text"/>		PMS Position Nbr (optional)	<input style="width: 100px;" type="text"/>					
Business Unit (Payroll Number/Agency Code)	<input style="width: 100px;" type="text"/>		PAR Number (optional)	<input style="width: 100px;" type="text"/>					
Department (Payroll Number + Work Unit)	<input style="width: 100px;" type="text"/>		Business Unit Entry Date	<input style="width: 100px;" type="text"/>					
Location (if different from default)	<input style="width: 100px;" type="text"/>		Department Entry Date	<input style="width: 100px;" type="text"/>					

Job Information	Job Title	<input style="width: 100px;" type="text"/>							
	Suffix	<input style="width: 40px;" type="text"/>	Assignment Level	<input style="width: 40px;" type="text"/>	Entry Date	<input style="width: 100px;" type="text"/>			
	Regular/Temporary	<input style="width: 100px;" type="text"/>			Full/Part	<input style="width: 100px;" type="text"/>			
	Empl Class (Civil Service Status)	<input style="width: 100px;" type="text"/>							
	Is this a new Job Assignment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
	Standard Hours (if different from default)	<input style="width: 100px;" type="text"/>							
	Work Period (if different from default)	<input style="width: 100px;" type="text"/>							
	Hours per Day (for Pay Class I or G only)	<input style="width: 40px;" type="text"/>	Days per Year (for Pay Class I or G only)	<input style="width: 40px;" type="text"/>	Override Accrual Method	<input type="checkbox"/> Manual			

NYCAPS Job Data Form

(To be completed by the Agency Representative)

ID	<input style="width: 90%;" type="text"/>	Empl Rcd	<input style="width: 90%;" type="text"/>
First Name	<input style="width: 95%;" type="text"/>		MI <input style="width: 20px;" type="text"/>
Last Name	<input style="width: 65%;" type="text"/>	Suffix	<input style="width: 200px;" type="text"/>

Job Data Page (cont)

Payroll	Pay Group (Pay Cycle) <input style="width: 50px;" type="text"/>	FICA Status <input style="width: 100px;" type="text"/>	
	Employee Type <input style="width: 100px;" type="text"/>	Payroll Distribution Code <input style="width: 100px;" type="text"/>	
	Processing Fee Waiver (Check applicable value below) <input type="checkbox"/> Discretionary waived by DCAS <input type="checkbox"/> Public Asst Recip - NYC Resident <input type="checkbox"/> Exempt title as per PSB 100-9R <input type="checkbox"/> Returning Emp < 1 yr from sep <input type="checkbox"/> Fee not waived <input type="checkbox"/> Seasonal appt 5.6.1 same title <input type="checkbox"/> Functional Transfer <input type="checkbox"/> Title change PRR 6.1.7 <input type="checkbox"/> Historical - Fee waived <input type="checkbox"/> Title reclass by resolution <input type="checkbox"/> ProvAppt ExamApplic same title <input type="checkbox"/> Waived under PSB 100-9R other		Pay Class <input style="width: 30px;" type="text"/>

Salary Plan	Salary Administration Plan Managerial or Step Pay Plan Employees Only	Grade (Level) <input style="width: 40px;" type="text"/>	Grade Entry Date <input style="width: 100px;" type="text"/>
		Step <input style="width: 40px;" type="text"/>	Step Entry Date <input style="width: 100px;" type="text"/>

Compensation	<input type="checkbox"/> Default Pay Components (check only if applicable)	Comp Rate \$ <input style="width: 100px;" type="text"/>
	Rate Code <input style="width: 100px;" type="text"/>	

Employment Data link

Employment Data	Civil Service Entry Date (can only be modified by NCC) <input style="width: 100px;" type="text"/>		Original Hire Date (City Start Date) <input style="width: 100px;" type="text"/>
	Business Title <input style="width: 250px;" type="text"/>		Position Phone <input style="width: 150px;" type="text"/>

Earnings Distribution link

Earnings Distribution	Budget Code 1 <input style="width: 40px;" type="text"/>	Fund Class 1 <input style="width: 40px;" type="text"/>	Unit of Appropriation 1 <input style="width: 40px;" type="text"/>	Budget Line 1 <input style="width: 40px;" type="text"/>	Allocation 1 <input style="width: 40px;" type="text"/> %
	Budget Code 2 <input style="width: 40px;" type="text"/>	Fund Class 2 <input style="width: 40px;" type="text"/>	Unit of Appropriation 2 <input style="width: 40px;" type="text"/>	Budget Line 2 <input style="width: 40px;" type="text"/>	Allocation 2 <input style="width: 40px;" type="text"/> %
	Reporting Category 1 <input style="width: 60px;" type="text"/>		Allocation 1 <input style="width: 40px;" type="text"/> %		
	Reporting Category 2 <input style="width: 60px;" type="text"/>		Allocation 2 <input style="width: 40px;" type="text"/> %		

Benefits Program Participation link

BN Prgm	Waiting Period Override <input style="width: 40px;" type="text"/>	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 _____

NYCAPS Payroll Data Form

(To be completed by the Agency Representative)

Print Form

ID	<input style="width: 90%;" type="text"/>	Empl Rcd	<input style="width: 90%;" type="text"/>
First Name	<input style="width: 95%;" type="text"/>		MI <input style="width: 20px;" type="text"/>
Last Name	<input style="width: 95%;" type="text"/>		Suffix <input style="width: 80px;" type="text"/>

Type of Payroll Data Update

<input type="checkbox"/> Tax Data	<input type="checkbox"/> Additional Pay	<input type="checkbox"/> Enter Additional Pay	<input type="checkbox"/> Update Additional Pay
		<input type="checkbox"/> Correct Additional Pay	<input type="checkbox"/> Terminate Additional Pay

Description of the transaction

Employee Tax Data USA Page

Federal Tax	Effective Date <input style="width: 80px;" type="text"/>	Special Tax Withholding Status <input style="width: 90%;" type="text"/>	
	Marital Tax Status	<input type="checkbox"/> Single/Married filing separately	<input type="checkbox"/> Married filing jointly
		<input type="checkbox"/> Head of Household	<input type="checkbox"/> Withhold at Higher Rate
	Other Income	\$ <input style="width: 180px;" type="text"/>	
	Claim Dependents Amount (annual dollars)	\$ <input style="width: 180px;" type="text"/>	
	FWT Extra Withholding \$	<input style="width: 180px;" type="text"/>	Deductions \$ <input style="width: 180px;" type="text"/>

State Tax	State <input style="width: 50px;" type="text"/>
	Special Tax Status <input style="width: 350px;" type="text"/>
	SWT Marital/Tax Status <input style="width: 250px;" type="text"/>
	Withholding Allowances <input style="width: 50px;" type="text"/>
	Additional Amount \$ <input style="width: 250px;" type="text"/>

Local Tax	Special Tax Status <input style="width: 350px;" type="text"/>
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Additional Pay Page

Additional Pay 1	Earnings Code <input style="width: 50px;" type="text"/>	Reason <input style="width: 50px;" type="text"/>	Effective Date <input style="width: 100px;" type="text"/>
	Earnings \$ <input style="width: 250px;" type="text"/>		End Date <input style="width: 100px;" type="text"/>

Additional Pay 2	Earnings Code <input style="width: 50px;" type="text"/>	Reason <input style="width: 50px;" type="text"/>	Effective Date <input style="width: 100px;" type="text"/>
	Earnings \$ <input style="width: 250px;" type="text"/>		End Date <input style="width: 100px;" type="text"/>

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 _____