

# NYCAPS New Hire Packet - Personal Data

(To be completed by the Employee)

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

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

## Add a Person Page

<b>Biographical Details</b>	<b>Name</b>	
	<b>Prefix</b> <input style="width:150px;" type="text"/>	
	<b>First Name</b> <input style="width:350px;" type="text"/>	<b>Middle Name</b> <input style="width:180px;" type="text"/>
	<b>Last Name</b> <input style="width:700px;" type="text"/>	
	<b>Suffix</b> <input style="width:150px;" type="text"/>	
<b>Biographical Information</b>		
<b>Date of Birth</b> <input style="width:150px;" type="text"/>		
<b>Highest Education Level</b> <input style="width:400px;" type="text"/>		
<b>Marital Status</b> <input style="width:150px;" type="text"/>		
<input type="checkbox"/> <b>Full-Time Student</b> (check if applicable)		
<b>National ID</b>		
<b>National ID (Social Security Number)</b> <input style="width:200px;" type="text"/>		

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

Approved By: _____	Date: _____	Data Entered By: _____	Date: _____
<small>Internal Use Only</small>			

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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 (cont)

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

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

### Driver's License Page (if applicable)

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

Approved By: _____	Date: _____	Data Entered By: _____	Date: _____	Internal Use Only
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# NYCAPS New Hire Packet - Personal Data

(To be completed by the Employee)

ID <input style="width: 150px;" type="text"/>	Internal Use Only	Employee Initials: _____ Date: _____
First Name <input style="width: 700px;" type="text"/>	MI <input style="width: 30px;" type="text"/>	
Last Name <input style="width: 600px;" type="text"/>	Suffix <input style="width: 80px;" type="text"/>	

## Emergency Contacts Page

Contact Address/Phone	Contact Name <input style="width: 900px;" type="text"/>  Relationship to Employee <input style="width: 250px;" type="text"/> <input type="checkbox"/> <b>Primary Contact</b> (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: 900px;" type="text"/> <small>(Address 1)</small> Apt. No. <input style="width: 900px;" 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: 100px;" type="text"/> <small>(Postal)</small> County (Required) <input style="width: 650px;" type="text"/>  Same Phone as Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No Contact Phone <input style="width: 150px;" type="text"/>
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Other Phone Numbers	Additional Phone <input style="width: 150px;" type="text"/> Phone Type <input type="checkbox"/> Cell <input style="width: 150px;" type="text"/> <input type="checkbox"/> Business <input style="width: 150px;" type="text"/> <u>Numbers for Contact:</u>
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Contact Address/Phone	Contact Name <input style="width: 900px;" type="text"/>  Relationship to Employee <input style="width: 250px;" type="text"/>  Same Address as Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, complete address fields below) Street <input style="width: 900px;" type="text"/> <small>(Address 1)</small> Apt. No. <input style="width: 900px;" 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: 100px;" type="text"/> <small>(Postal)</small> County (Required) <input style="width: 650px;" type="text"/>  Same Phone as Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No Contact Phone <input style="width: 150px;" type="text"/>
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Other Phone Numbers	Additional Phone <input style="width: 150px;" type="text"/> Phone Type <input type="checkbox"/> Cell <input style="width: 150px;" type="text"/> <input type="checkbox"/> Business <input style="width: 150px;" type="text"/> <u>Numbers for Contact:</u>
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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: \_\_\_\_\_

Internal Use Only

# NYCAPS Job Data Form

(To be completed by the Agency Representative)

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

<b>Work Location</b>	<b>Effective Date</b>	<input style="width: 100px;" type="text"/>	<b>Sequence</b>	<input style="width: 30px;" type="text"/>	<b>JSN</b>	<input style="width: 30px;" type="text"/>	<b>Job Indicator</b>	<input style="width: 100px;" type="text"/>	
	<b>Action</b> (check applicable value below)			<b>Reason</b> (Code)	<input style="width: 40px;" type="text"/>	<b>Leave Status</b>	<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			<b>Expected Return Date</b>	<input style="width: 100px;" type="text"/>			
	<input type="checkbox"/> Rehire	<input type="checkbox"/> Transfer			<b>SLOAC End Date</b>	<input style="width: 100px;" type="text"/>			
<b>Company</b> (if different from default)	<input style="width: 30px;" type="text"/>		<b>PMS Position Nbr</b> (optional)		<input style="width: 100px;" type="text"/>				
<b>Business Unit</b> (Payroll Number/Agency Code)	<input style="width: 40px;" type="text"/>		<b>PAR Number</b> (optional)		<input style="width: 100px;" type="text"/>				
<b>Department</b> (Payroll Number + Work Unit)	<input style="width: 100px;" type="text"/>		<b>Business Unit Entry Date</b>		<input style="width: 100px;" type="text"/>				
<b>Location</b> (if different from default)	<input style="width: 100px;" type="text"/>		<b>Department Entry Date</b>		<input style="width: 100px;" type="text"/>				

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

# NYCAPS Job Data Form

(To be completed by the Agency Representative)

ID <input style="width: 150px;" type="text"/>	Empl Rcd <input style="width: 30px;" type="text"/>	
First Name <input style="width: 700px;" type="text"/>	MI <input style="width: 20px;" type="text"/>	
Last Name <input style="width: 600px;" type="text"/>	Suffix <input style="width: 80px;" type="text"/>	

### Job Data Page (cont)

<b>Payroll</b>	<b>Pay Group</b> (Pay Cycle) <input style="width: 40px;" type="text"/>	<b>FICA Status</b> <input style="width: 100px;" type="text"/>	
	<b>Employee Type</b> <input style="width: 100px;" type="text"/>	<b>Payroll Distribution Code</b> <input style="width: 100px;" type="text"/>	
	<b>Processing Fee Waiver</b> (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		<b>Pay Class</b> <input style="width: 30px;" type="text"/>

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

<b>Compensation</b>	<input type="checkbox"/> <b>Default Pay Components</b> (check only if applicable)	<b>Comp Rate</b> \$ <input style="width: 150px;" type="text"/>
	<b>Rate Code</b> <input style="width: 150px;" type="text"/>	

### Employment Data link

<b>Employment Data</b>	<b>Civil Service Entry Date</b> (can only be modified by NCC) <input style="width: 100px;" type="text"/>		<b>Original Hire Date</b> (City Start Date) <input style="width: 100px;" type="text"/>
	<b>Business Title</b> <input style="width: 300px;" type="text"/>		<b>Position Phone</b> <input style="width: 200px;" type="text"/>

### Earnings Distribution link

<b>Earnings Distribution</b>	<b>Budget Code 1</b> <input style="width: 40px;" type="text"/>	<b>Fund Class 1</b> <input style="width: 40px;" type="text"/>	<b>Unit of Appropriation 1</b> <input style="width: 40px;" type="text"/>	<b>Budget Line 1</b> <input style="width: 40px;" type="text"/>	<b>Allocation 1</b> <input style="width: 40px;" type="text"/> %
	<b>Budget Code 2</b> <input style="width: 40px;" type="text"/>	<b>Fund Class 2</b> <input style="width: 40px;" type="text"/>	<b>Unit of Appropriation 2</b> <input style="width: 40px;" type="text"/>	<b>Budget Line 2</b> <input style="width: 40px;" type="text"/>	<b>Allocation 2</b> <input style="width: 40px;" type="text"/> %
	<b>Reporting Category 1</b> <input style="width: 60px;" type="text"/>		<b>Allocation 1</b> <input style="width: 40px;" type="text"/> %		
	<b>Reporting Category 2</b> <input style="width: 100px;" type="text"/>		<b>Allocation 2</b> <input style="width: 40px;" type="text"/> %		

### Benefits Program Participation link

<b>BN Prgm</b>	<b>Waiting Period Override</b> <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.

<b>Preparer</b>	<b>Manager/Supervisor</b>	<b>Key Entry Operator</b>
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

<b>Federal Tax</b>	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"/>

<b>State Tax</b>	State <input style="width: 40px;" 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: 40px;" type="text"/>
	Additional Amount \$ <input style="width: 250px;" type="text"/>

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

<b>Additional Pay 1</b>	Earnings Code <input style="width: 40px;" type="text"/>	Reason <input style="width: 40px;" 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"/>

<b>Additional Pay 2</b>	Earnings Code <input style="width: 40px;" type="text"/>	Reason <input style="width: 40px;" 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 \_\_\_\_\_