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

Name

Biographical Details

Prefix

First Name | **Middle Name**

Last Name

Suffix

Biographic Information

Date of Birth

Gender

Highest Education Level

Marital Status

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

National ID

National ID (Social Security Number)

Address

Contact Information

Street* (Address 1)

Apt. No. (Address 2)

State | **City** | **Zip Code** (Postal)

County (Required)

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

Internal Use Only

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 (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

Ethnic Group

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 [_____] ☐ **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 [_____]

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: _____

NYCAPS New Hire Packet - Personal Data

(To be completed by the Employee)

ID _____ Internal Use Only	**EQUAL EMPLOYMENT OPPORTUNITY SELF-IDENTIFICATION FORM**

The City of New York is an equal opportunity employer and is strongly committed to a policy of non-discrimination. Additionally, we are committed to recruiting a diverse and inclusive talent pool. All forms of illegal discriminatory actions against applicants for employment and City employees are prohibited. In order to comply with certain federal regulations, the City of New York invites applicants and employees to voluntarily respond to the following questionnaire. This information is confidential, will not be included in personnel files, or disclosed to individuals making employment decisions, and will only be used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement purposes. When reported, data will not identify any specific individual. Refusal to provide this self-identification information will not subject you to any adverse treatment.

First Name _____

Last Name _____ **Suffix** _____

Social Security Number _____ **Date of Birth** _____ **Gender** ☐ Male ☐ Female

Please answer both the question about Hispanic Origin and the question about race. For this questionnaire, Hispanic origin is not race.

Are you of Hispanic, Latino or Spanish origin?

☐ Yes, I identify as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

☐ No.

Race:

☐ American Indian or Alaskan Native - A person having origins in any of the original peoples of North or South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.

☐ Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ Black - A person having origins in any of the Black racial groups in Africa.

☐ Native Hawaiian or other Pacific Islander - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ White - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

☐ Two or more races - A person who identifies with two or more racial categories named above.

Veteran Status (check any that apply):

☐ Disabled Veteran - A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or was discharged or released from active duty because of a service-connected disability.

☐ Recently Separated Veteran - Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty.

☐ Other Protected Veteran - Any person who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, under laws administered by the Department of Defense.

☐ Armed Forces Service Medal Veteran - Any person who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

I affirm that I have truthfully answered all of the questions above.

Signature of Employee: _____ Date : _____

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   **Expected Return Date** [   ]

☐ Promotion   ☐ Termination

☐ Rehire   ☐ Transfer   **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) [   ]

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

🇺🇸 USA

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) [ ]

Probation Date (Probation End 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.	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 _____

NYCAPS Payroll Data 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** [ ]

Tax Marital Status [ ] **Withholding Allowances** [ ]

FWT Additional Amount $ [ ]

State Tax

State [ ] **Special Tax Status** [ ]

SWT Marital/Tax Status [ ] **Withholding Allowances** [ ]

Additional Amount $ [ ]

Local Tax

Special Tax Status [ ]

Additional Amount Type
☐ None ☐ Additional NYC
☐ Additional NYC Waiver ☐ Additional Yonkers

Additional Amount $ [ ]

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 _____