

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: 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"/>			
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: 680px;" type="text"/>		
	Suffix <input style="width: 150px;" type="text"/>		
	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)		
Contact Information	National ID		
	National ID (Social Security Number) <input style="width: 190px;" type="text"/>		
	Address		
	Street* <input style="width: 750px;" type="text"/> <small>(Address 1)</small>		
	Apt. No. <input style="width: 750px;" 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: 140px;" type="text"/> <small>(Postal)</small>		
County <input style="width: 750px;" type="text"/> <small>(Required)</small>			
Approved By: _____ Date: _____ Data Entered By: _____ Date: _____			
Internal Use Only			

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"/>	Employee Initials: _____ Date: _____
Internal Use Only	

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"/>

Add a Person Page (cont)

Contact Information	Phone Information			
	Phone Type	<input style="width: 100px;" type="text"/>	Telephone	<input style="width: 100px;" type="text"/>
			Extension	<input style="width: 100px;" type="text"/>
				<input type="checkbox"/> Preferred (check if applicable)
	Phone Type	<input style="width: 100px;" type="text"/>	Telephone	<input style="width: 100px;" type="text"/>
			Extension	<input style="width: 100px;" type="text"/>
<input type="checkbox"/> Preferred (check if applicable)				
	Email Addresses			
	Email Type	<input style="width: 100px;" type="text"/>	Email Address	<input style="width: 450px;" type="text"/>

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

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: 100px;" type="text"/>	Valid to	<input style="width: 100px;" type="text"/>
	License Type	<input style="width: 450px;" type="text"/>		

Approved By: _____	Date: _____	Data Entered By: _____	Date: _____
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NYCAPS New Hire Packet - Personal Data

(To be completed by the Employee)

ID <input style="width: 150px;" type="text"/>	Employee Initials: _____ Date: _____
Internal Use Only	
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: 700px;" type="text"/>
	Relationship to Employee <input style="width: 200px;" 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: 650px;" type="text"/> <small>(Address 1)</small>
	Apt. No. <input style="width: 650px;" 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"/>
Other Phone Numbers	Same Phone as Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No Contact Phone <input style="width: 150px;" type="text"/>
	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"/>
Contact Address/Phone	Contact Name <input style="width: 700px;" type="text"/>
	Relationship to Employee <input style="width: 200px;" type="text"/>
	Same Address as Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, complete address fields below)
	Street <input style="width: 650px;" type="text"/> <small>(Address 1)</small>
	Apt. No. <input style="width: 650px;" 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"/>
Other Phone Numbers	Same Phone as Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No Contact Phone <input style="width: 150px;" type="text"/>
	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"/>
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 <input style="width: 20px; height: 20px;" type="text"/>
Last Name				Suffix <input style="width: 50px; height: 20px;" 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		Sequence		JSN		Job Indicator	
Action (check applicable value below)		Reason (Code)				Leave Status	
<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						
<input type="checkbox"/> Rehire	<input type="checkbox"/> Transfer						
Company (if different from default)						Expected Return Date	
Business Unit (Payroll Number/Agency Code)						SLOAC End Date	
Department (Payroll Number + Work Unit)						PMS Position Nbr (optional)	
Location (if different from default)						PAR Number (optional)	
						Business Unit Entry Date	
						Department Entry Date	

Job Information

Job Title			
Suffix		Assignment Level	
Regular/Temporary			Entry Date
Empl Class (Civil Service Status)			
Is this a new Job Assignment?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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	<input type="checkbox"/> Manual
		(check if applicable)	

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: 90%;" type="text"/>			Suffix	<input style="width: 80px;" type="text"/>

Job Data Page (cont)					
Payroll	Pay Group (Pay Cycle) <input style="width: 40px;" 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		Grade (Level) <input style="width: 40px;" type="text"/>	Grade Entry Date <input style="width: 100px;" type="text"/>	
	<u>Managerial or Step Pay Plan Employees Only</u>		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) Rate Code <input style="width: 100px;" type="text"/> Comp Rate \$ <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"/> <div style="font-size: small; margin-top: 5px;"> 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. </div>				
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

Page 1 of 1

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 _____