



OLYMPIC REGIONAL
NEW YORK
DEVELOPMENT AUTHORITY

SIGN OFF SHEET

By signing below, I hereby certify that upon my employment, I have been issued the following checked items:

REQUIRED EMPLOYMENT FORMS TO BE FILLED OUT AND RETURNED

- | | |
|---|--|
| <input type="checkbox"/> Application for Employment | <input type="checkbox"/> Direct Deposit Form |
| <input type="checkbox"/> Employee Data Sheet | <input type="checkbox"/> Notification of Optional Membership
in the NYS Retirement System |
| <input type="checkbox"/> Federal Withholding Tax Form (W-4) | <input type="checkbox"/> Form RS5420 NYS Retirement Registration and
Form RS5127 Retirement Beneficiary |
| <input type="checkbox"/> NYS Employee's Withholding (IT-2104) | <input type="checkbox"/> Acknowledgment of Codes of Conduct and Ethics
as well as Harassment/Discrimination Policy and
Complain Procedures |
| <input type="checkbox"/> I-9 Employment Eligibility Verification | |
| <input type="checkbox"/> Employee Identification Card | |
| <input type="checkbox"/> ORDA IT Standards Sign Off | |
| <input type="checkbox"/> Storage of Non-ORDA Property at ORDA Sites | |

POLICIES, PROCEDURES, AND STANDARDS

- | | |
|--|---|
| <input type="checkbox"/> 2019 Discrimination and Sexual Harassment Policy/Complaint Form & How to file a complaint | <input type="checkbox"/> ORDA Expectations Regarding Youth
Guests and Athletes |
| <input type="checkbox"/> 2019 Code of Ethics | <input type="checkbox"/> Helmet Policy |
| <input type="checkbox"/> 2019 Code of Conduct | <input type="checkbox"/> IT Stand. Acceptable Use |
| <input type="checkbox"/> ORDA Whistleblower | <input type="checkbox"/> IT Stand. Cardholder Data |
| <input type="checkbox"/> Safety and Health Policy | <input type="checkbox"/> IT Stand. Email |
| <input type="checkbox"/> Worker's Comp Instructions | <input type="checkbox"/> IT Stand. Mobile Computing |
| <input type="checkbox"/> Hazardous Communications (Right to Know) | <input type="checkbox"/> IT Stand. Password |
| <input type="checkbox"/> Social Media Policy | <input type="checkbox"/> IT Stand. Cardholder Data Breach |
| <input type="checkbox"/> Violence in the Workplace | <input type="checkbox"/> IT Stand. Cell phone Usage |
| <input type="checkbox"/> Domestic Violence in the Workplace | <input type="checkbox"/> ERS Tier 6 Membership Plan Booklet |
| <input type="checkbox"/> Reasonable Accommodation Policy | <input type="checkbox"/> Venue Specific Employee Handbook |
| <input type="checkbox"/> Personal Information Notification | |

I also acknowledge that I have read, understand, and will abide by the above named policies, procedures, code, and instructions.

Please Print Name

Date

Signature



OLYMPIC REGIONAL
NEW YORK
DEVELOPMENT AUTHORITY

APPLICATION FOR EMPLOYMENT

NAME: _____
Last First Mid Init.

ADDRESS: _____
Street

City State Zip

PHONE: _____

If under 18, can you provide a worker's permit? Yes No

Do you have a driver's license? Yes No
(Answer only if applicable to job duties)

Are you legally able to accept employment in the United States? Yes No

Have you been convicted of a felony in the last seven years? Yes No
 If yes, please explain: _____

WHERE ARE YOU APPLYING FOR WORK
(PLEASE CIRCLE)

OLYMPIC CENTER OLYMPIC JUMPING COMPLEX

OLYMPIC SPORTS COMPLEX WHITEFACE

ORDA STORE ADMINISTRATION

POSITION YOU ARE APPLYING FOR:

How soon are you available? _____

Previously employed by ORDA? Yes No
 If so, where? _____

ONLY ANSWER THIS QUESTION IF YOU HAVE BEEN INFORMED OF THE JOB REQUIREMENTS:
 Are you able to perform, in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? Yes No

EMPLOYMENT HISTORY Start with your most recent job. Please include military assignments and volunteer work

#1	WORKED FROM _____ TO _____	EMPLOYER: _____
	TITLE AND DUTIES: _____	REASON FOR LEAVING: _____
#2	WORKED FROM _____ TO _____	EMPLOYER: _____
	TITLE AND DUTIES: _____	REASON FOR LEAVING: _____
#3	WORKED FROM _____ TO _____	EMPLOYER: _____
	TITLE AND DUTIES: _____	REASON FOR LEAVING: _____
#4	WORKED FROM _____ TO _____	EMPLOYER: _____
	TITLE AND DUTIES: _____	REASON FOR LEAVING: _____

EDUCATION

NAME OF ELEMENTARY SCHOOL: _____ YEARS COMPLETED (THROUGH 8TH GRADE): _____

NAME OF HIGH SCHOOL: _____ YEARS COMPLETED (THROUGH 12TH GRADE): _____

NAME OF COLLEGE(s) (if applicable) _____ DEGREE(s): _____

DESCRIBE ANY SPECIALIZED TRAINING OR SPECIAL RECOGNITION YOU HAVE RECEIVED:

PERSONAL REFERENCES (do not use relatives nor former employers):

NAME _____ ADDRESS _____ PHONE _____

NAME _____ ADDRESS _____ PHONE _____

NAME _____ ADDRESS _____ PHONE _____

NAME _____ ADDRESS _____ PHONE _____

PLEASE PROVIDE ANY ADDITIONAL INFORMATION YOU'D LIKE US TO CONSIDER WITH YOUR APPLICATION

I hereby certify that the information provided herein is true and accurate to the best of my knowledge. I further authorize investigation of all information provided herein for employment as may be necessary in arriving at an employment decision. This includes contacting references and past employers. In the event of employment, I understand that false or misleading information provided in this application may result in discharge.

_____/____/____
Signature Date

Pursuant to Executive Order 161, no State entity, as defined by the Executive Order, is permitted to ask, or mandate, in any form, that an applicant for employment provide his or her current compensation, or any prior compensation history, until such time as the applicant is extended a conditional offer of employment with compensation. If such information has been requested from you before such time, please contact the Governor's Office of Employee Relations at (518) 474-6988 or via email at info@goer.ny.gov.

ORDA is an Affirmative Action / Equal Opportunity Employer



OLYMPIC REGIONAL
NEW YORK
DEVELOPMENT AUTHORITY

EMPLOYEE DATA SHEET

NAME: _____ SS #: _____

ADDRESS: _____

WOULD YOU BE INTERESTED IN RIDE SHARING/CARPOOL? ____

HOME PHONE #: _____

CELL #: _____ EMAIL: _____

In what order should we attempt to contact you (rank 1, 2, or 3):

Email ____ Cell ____ Phone: ____

EMERGENCY CONTACT: _____

ADDRESS: _____ PHONE #: _____

RELATIONSHIP TO THE PERSON: _____

ALLERGIES/MEDICAL CONDITIONS _____

By signing below, I hereby authorize ORDA to use the above information for business/emergency purposes and for ORDA to contact me and/or my emergency contact via the methods provided.

SIGNATURE: _____ DATE: _____

FOR OFFICE USE:

TITLE: _____ GRADE: _____

PAY RATE: _____ DATE OF HIRE: _____

RETIREMENT # _____

Form W-4 (2019)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2019	
1 Your first name and middle initial _____		Last name _____		2 Your social security number _____	
Home address (number and street or rural route) _____		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."			
City or town, state, and ZIP code _____		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		5 _____		6 \$ _____	
6 Additional amount, if any, you want withheld from each paycheck		6 _____		7 _____	
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption.		• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here <input type="checkbox"/>			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶			
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment _____		10 Employer identification number (EIN) _____	
NYS Olympic Regional Development Authority 2634 Main Street, Lake Placid, NY 12946				14-1634669	

income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line G. Other credits. You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter “-0-” on lines E and F if you use Worksheet 1-6.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you

don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero (“-0-”) on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the “Married, but withhold at higher Single rate” box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the “Married, but withhold at higher Single rate” box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9,

and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 8. Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 9. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

Box 10. Enter the employer's employer identification number (EIN).



Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

IT-2104

First name and middle initial		Last name		Your social security number	
Permanent home address (number and street or rural route)			Apartment number		Single or Head of household <input type="checkbox"/> Married <input type="checkbox"/>
City, village, or post office			State	ZIP code	Married, but withhold at higher single rate <input type="checkbox"/> <i>Note: If married but legally separated, mark an X in the Single or Head of household box.</i>
Are you a resident of New York City? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Are you a resident of Yonkers? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Complete the worksheet on page 3 before making any entries.					
1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 20)					1
2 Total number of allowances for New York City (from line 35)					2
Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.					
3 New York State amount					3
4 New York City amount					4
5 Yonkers amount					5

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Employee's signature	Date
----------------------	------

Penalty – A penalty of \$500 may be imposed for any false statement you make that decreases the amount of money you have withheld from your wages. You may also be subject to criminal penalties.

Employee: detach this page and give it to your employer; keep a copy for your records.

Employer: Keep this certificate with your records.

Mark an X in box A and/or box B to indicate why you are sending a copy of this form to New York State (see instructions):

A Employee claimed more than 14 exemption allowances for NYS A

B Employee is a new hire or a rehire ... B First date employee performed services for pay (mm-dd-yyyy) (see instr.):

Are dependent health insurance benefits available for this employee? Yes No

If Yes, enter the date the employee qualifies (mm-dd-yyyy):

Employer's name and address (Employer: complete this section only if you are sending a copy of this form to the NYS Tax Department.)	Employer identification number
NYS Olympic Regional Development Authority 2634 Main Street, Lake Placid, NY 12946	14-1634669

Instructions

Changes effective for 2019

Form IT-2104 has been revised for tax year 2019. Additional allowances are allowed for covered employees of employers who elected to pay the employer compensation expense tax and for employees who made contributions to a New York Charitable Gifts Trust Fund during 2018. The worksheet on page 3 and the charts beginning on page 4, used to compute withholding allowances or to enter an additional dollar amount on line(s) 3, 4, or 5, have been revised. If you previously filed a Form IT-2104 and used the worksheet or charts, you should complete a new 2019 Form IT-2104 and give it to your employer.

Who should file this form

This certificate, Form IT-2104, is completed by an employee and given to the employer to instruct the employer how much New York State (and New York City and Yonkers) tax to withhold from the employee's pay. The more allowances claimed, the lower the amount of tax withheld.

If you do not file Form IT-2104, your employer may use the same number of allowances you claimed on federal Form W-4. Due to differences in tax law, this may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers. Complete Form IT-2104 each year and file it with your employer if the number of allowances you may claim

is different from federal Form W-4 or has changed. Common reasons for completing a new Form IT-2104 each year include the following:

- You started a new job.
- You are no longer a dependent.
- Your individual circumstances may have changed (for example, you were married or have an additional child).
- You moved into or out of NYC or Yonkers.
- You itemize your deductions on your personal income tax return.
- You claim allowances for New York State credits.
- You owed tax or received a large refund when you filed your personal income tax return for the past year.
- Your wages have increased and you expect to earn \$107,650 or more during the tax year.
- The total income of you and your spouse has increased to \$107,650 or more for the tax year.
- You have significantly more or less income from other sources or from another job.
- You no longer qualify for exemption from withholding.

- You have been advised by the Internal Revenue Service that you are entitled to fewer allowances than claimed on your original federal Form W-4, and the disallowed allowances were claimed on your original Form IT-2104.

Exemption from withholding

You cannot use Form IT-2104 to claim exemption from withholding. To claim exemption from income tax withholding, you **must** file Form IT-2104-E, *Certificate of Exemption from Withholding*, with your employer. You must file a new certificate each year that you qualify for exemption. This exemption from withholding is allowable only if you had no New York income tax liability in the prior year, you expect none in the current year, **and** you are over 65 years of age, under 18, or a full-time student under 25. You may also claim exemption from withholding if you are a military spouse and meet the conditions set forth under the Servicemembers Civil Relief Act as amended by the Military Spouses Residency Relief Act. If you are a dependent who is under 18 or a full-time student, you may owe tax if your income is more than \$3,100.

Withholding allowances

You may **not** claim a withholding allowance for yourself or, if married, your spouse. Claim the number of withholding allowances you compute in Part 1 and Part 5 of the worksheet on page 3. If you want more tax withheld, you may claim fewer allowances. **If you claim more than 14 allowances**, your employer **must** send a copy of your **Form IT-2104** to the New York State Tax Department. You may then be asked to verify your allowances. If you arrive at negative allowances (less than zero) on lines 1 or 2 and your employer cannot accommodate negative allowances, **enter 0** and see *Additional dollar amount(s)* below.

Income from sources other than wages – If you have more than \$1,000 of income from sources other than wages (such as interest, dividends, or alimony received), reduce the number of allowances claimed on line 1 and line 2 (if applicable) of the IT-2104 certificate by one for each \$1,000 of nonwage income. If you arrive at negative allowances (less than zero), see *Withholding allowances* above. You may also consider making estimated tax payments, especially if you have significant amounts of nonwage income. Estimated tax requires that payments be made by the employee directly to the Tax Department on a quarterly basis. For more information, see the instructions for Form IT-2105, *Estimated Tax Payment Voucher for Individuals*, or see *Need help?* on page 6.

Other credits (Worksheet line 14) – If you will be eligible to claim any credits other than the credits listed in the worksheet, such as an investment tax credit, you may claim additional allowances.

Find your filing status and your New York adjusted gross income (NYAGI) in the chart below, and divide the amount of the expected credit by the number indicated. Enter the result (rounded to the nearest whole number) on line 14.

Single and NYAGI is:	Head of household and NYAGI is:	Married and NYAGI is:	Divide amount of expected credit by:
Less than \$215,400	Less than \$269,300	Less than \$323,200	66
Between \$215,400 and \$1,077,550	Between \$269,300 and \$1,616,450	Between \$323,200 and \$2,155,350	68
Over \$1,077,550	Over \$1,616,450	Over \$2,155,350	88

Example: You are married and expect your New York adjusted gross income to be less than \$323,200. In addition, you expect to receive a flow-through of an investment tax credit from the S corporation of which you are a shareholder. The investment tax credit will be \$160. Divide the expected credit by 66. $160/66 = 2.4242$. The additional withholding allowance(s) would be 2. Enter 2 on line 14.

Married couples with both spouses working – If you and your spouse both work, you should each file a separate IT-2104 certificate with your respective employers. Your withholding will better match your total tax if the higher wage-earning spouse claims all of the couple's allowances and the lower wage-earning spouse claims zero allowances. **Do not** claim more total allowances than you are entitled to. If your combined wages are:

- less than \$107,650, you should each mark an **X** in the box *Married, but withhold at higher single rate* on the certificate front, and divide the

total number of allowances that you compute on line 20 and line 35 (if applicable) between you and your working spouse.

- \$107,650 or more, use the chart(s) in Part 6 and enter the additional withholding dollar amount on line 3.

Taxpayers with more than one job – If you have more than one job, file a separate IT-2104 certificate with each of your employers. Be sure to claim only the total number of allowances that you are entitled to. Your withholding will better match your total tax if you claim all of your allowances at your higher-paying job and zero allowances at the lower-paying job. In addition, to make sure that you have enough tax withheld, if you are a single taxpayer or head of household with two or more jobs, and your combined wages from all jobs are under \$107,650, reduce the number of allowances by seven on line 1 and line 2 (if applicable) on the certificate you file with your higher-paying job employer. If you arrive at negative allowances (less than zero), see *Withholding allowances* above.

If you are a single or a head of household taxpayer, and your combined wages from all of your jobs are between \$107,650 and \$2,263,265, use the chart(s) in Part 7 and enter the additional withholding dollar amount from the chart on line 3.

If you are a married taxpayer, and your combined wages from all of your jobs are \$107,650 or more, use the chart(s) in Part 6 and enter the additional withholding dollar amount from the chart on line 3 (Substitute the words *Higher-paying job for Higher earner's wages* within the chart).

Dependents – If you are a dependent of another taxpayer and expect your income to exceed \$3,100, you should reduce your withholding allowances by one for each \$1,000 of income over \$2,500. This will ensure that your employer withholds enough tax.

Following the above instructions will help to ensure that you will not owe additional tax when you file your return.

Heads of households with only one job – If you will use the head-of-household filing status on your state income tax return, mark the *Single or Head of household* box on the front of the certificate. If you have only one job, you may also wish to claim two additional withholding allowances on line 15.

Additional dollar amount(s)

You may ask your employer to withhold an additional dollar amount each pay period by completing lines 3, 4, and 5 on Form IT-2104. In most instances, if you compute a negative number of allowances and your employer cannot accommodate a negative number, for each negative allowance claimed you should have an additional \$1.85 of tax withheld per week for New York State withholding on line 3, and an additional \$0.80 of tax withheld per week for New York City withholding on line 4. Yonkers residents should use 16.75% (.1675) of the New York State amount for additional withholding for Yonkers on line 5.

Note: If you are requesting your employer to withhold an additional dollar amount on lines 3, 4, or 5 of this allowance certificate, the additional dollar amount, as determined by these instructions or by using the chart(s) in Part 6 or Part 7, is accurate for a weekly payroll. Therefore, if you are not paid on a weekly basis, you will need to adjust the dollar amount(s) that you compute. For example, if you are paid biweekly, you must double the dollar amount(s) computed.

Avoid underwithholding

Form IT-2104, together with your employer's withholding tables, is designed to ensure that the correct amount of tax is withheld from your pay. If you fail to have enough tax withheld during the entire year, you may owe a large tax liability when you file your return. The Tax Department must assess interest and may impose penalties in certain situations in addition to the tax liability. Even if you do not file a return, we may determine that you owe personal income tax, and we may assess interest and penalties on the amount of tax that you should have paid during the year.

Employers

Box A – If you are required to submit a copy of an employee's Form IT-2104 to the Tax Department because the employee claimed more than 14 allowances, mark an **X** in box A and send a copy of Form IT-2104 to: **NYS Tax Department, Income Tax Audit Administrator, Withholding Certificate Coordinator, WA Harriman Campus, Albany NY 12227-0865**. If the employee is also a new hire or rehire, see *Box B* instructions. See Publication 55, *Designated Private Delivery Services*, if not using U.S. Mail.



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space 	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
-----------------------	----------------------------------

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code



Employer Completes Next Page






Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Section 2 Do Not Write In This Space 
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative	Employer's Business or Organization Name NYS Olympic Reg. Dev. Auth.	
Employer's Business or Organization Address (Street Number and Name) 2634 Main Street		City or Town Lake Placid	State NY	ZIP Code 12946

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



**NEW YORK STATE OLYMPIC REGIONAL DEVELOPMENT AUTHORITY
EMPLOYEE IDENTIFICATION CARD**

EFFECTIVE: September 2019

Each employee of the NYS Olympic Regional Development Authority is issued an Employee Identification Card.

The Employee Identification Card is for Identification purposes only.

The Employee Identification Card may be required as proof of employment through the Olympic Authority for venue access. The Olympic Authority reserves the right to verify all employment through the Human Resources Office or the Finance Office before venue access is permitted. The Employee Identification Card is not to be used as a credential for entry into any event or ORDA Venues unless explicitly directed to do so by the President/CEO, the Department Supervisor or the Human Resources office.

The Employee Identification card must be surrendered to your supervisor upon leave from employment.

Misuse of the Employee Identification Card may result in immediate revocation.

Any lost or misplaced Employee Identification Card must be immediately reported to your supervisor.

The Employee Identification Card is the property of the New York state Olympic Regional Development Authority.

(Employee) PRINT NAME: _____

(Employee) SIGNATURE: _____

DATE: _____



OLYMPIC REGIONAL
NEW YORK
DEVELOPMENT AUTHORITY

IT Usage Sign Off

This confirms that I received the following as it pertains to ORDA computer/information technology usage:

- Acceptable Use Standard _____
- Cardholder Data Standard _____
- E-Mail Standard _____
- Mobile Computing _____
- Password Standard _____
- Cardholder Data Breach Standard _____
- Cell Phone Usage Policy _____

By signing below, I acknowledge receipt of the policies/protocols marked above, that I have read them or will read them and that I understand that I must comply with the policies/protocols contained therein as a condition of employment.

Name: _____

Signature: _____

Date: _____



STORAGE OF NON-ORDA PROPERTY AT ORDA SITES

Release and Waiver for Liability and Indemnity Agreement

The undersigned acknowledges that the NYS Olympic Regional Development Authority (ORDA) and any of the properties under its jurisdiction are extending a special privilege in allowing him or her to store his or her property during the dates provided below. In consideration of the privilege to store property on ORDA property and/or in ORDA's building, the undersigned, for himself or herself and any personal representative, heirs, and next of kin, hereby acknowledges, agrees and represents the following:

RELEASE I agree to release, waive, discharge, and covenant not to sue ORDA and its properties, its directors, officers, employees, and agents, the State of New York, the NYS Department of Environmental Conservation, the Town of North Elba, the Town of North Elba Parks District and the Town of Johnsbury from all liability to me, my personal representative, heirs, and next of kin for any loss, theft, damage, claim or demands therefore on account of injury to my property, whether caused by the negligence of ORDA or otherwise during the dates provided below.

INDEMNIFICATION I agree to indemnify and save and hold harmless ORDA and its properties, its directors, officers, employees, and agents, the State of New York, the NYS Department of Environmental Conservation, the Town of North Elba, the Town of North Elba Parks District and the Town of Johnsbury from any loss, liability, theft, damage or cost that may incur due to my storing my property, upon or about ORDA's premises whether caused by the negligence of ORDA or otherwise.

ACCEPTANCE OF RISK I acknowledge that ORDA does not guarantee the security of the property being stored. In addition, I realize that the property may not be locked, secured or guarded. Therefore, I agree to assume full responsibility for and risk of property damage due to the negligence of ORDA or otherwise while my property is stored during the dates provided below.

CONTACT PERSON I agree to provide a contact person and a phone number so that, in the event of an emergency, the contact person will be responsible for my property.

The undersigned further expressly agree that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as New York State law allows and that, if any portion is held invalid, it is agreed that the balance shall continue in full legal force and effect.

Last Name: _____ First Name: _____

Contact Person (Not Yourself): _____ Phone: _____

Storage Dates: September 2019 TO May 2020

Signature: _____ Date: _____



OLYMPIC REGIONAL
NEW YORK
DEVELOPMENT AUTHORITY

DIRECT DEPOSIT AUTHORIZATION

PLEASE READ THIS FORM CAREFULLY AND WRITE CLEARLY

If this is a new direct deposit, you should:

- 1) Already have the account set up at the bank
- 2) Verify your account number (including dashes if needed) and the transit routing number with you bank.
- 3) Notify your bank that you are going to set up direct deposit through payroll

Please check **ONE** of the following:

A new direct deposit (complete all of the information below)

Cancel direct deposit (complete item C below)

Change amount of direct deposit (complete items C through E below)

A) Bank Name: _____

B) Bank Transit Routing Number: _____

C) Account Number: _____

D) Circle One: CHECKING SAVINGS

E) Amount per pay period: \$ _____
(If entire net pay deposited, write "FULL")

I authorize ORDA and the bank listed above to deposit my net pay or portion thereof, as indicated above, into my account each payday. If funds to which I am not entitled are deposited to my account, I authorize ORDA to direct the bank listed above to return said funds. I understand that my deposit may not be credited to my account until the actual check pay date. I understand that it is my responsibility to ensure that my wages are being deposited correctly into my account each payday.

If you would like your pay stub e-mailed to you on pay day, please enter you e-mail address _____

Employee Signature

Date

Employee Name (Please print)



OLYMPIC REGIONAL
NEW YORK
DEVELOPMENT AUTHORITY

Why not have your Direct Deposit Pay Stub e-mailed to you on pay day?

We already have your direct deposit information. On the other side of this page just write in your e-mail address just above the Employee Signature line, Sign, Print, and Date. It's that easy.

Your password will be the last four numbers of your social security number.

If you would like to set up direct deposit, just complete the entire form.

Turn in the completed form to your payroll office.

As always we still offer all of you paycheck information and W-2s on-line.
Please see the attached instructions on how to register



OLYMPIC REGIONAL
NEW YORK
DEVELOPMENT AUTHORITY

NOTIFICATION

Optional Membership in Retirement Benefit

As an employee who works on a less than full-time year-round basis (seasonal or part-time), you may choose to participate in the New York State Employees' Retirement System.

I understand that benefit eligibility and vesting rights are established by the New York State and Local Retirement Systems. More information may be found at:

www.osc.state.ny.us/retire

If you choose **NOT** to join at this time, please complete the following:

Name, please print

Social Security number

Signature

Date

By signing above, I certify that I am not currently a member of the New York State Retirement System with another employer. I understand that if I am already a member of the NYS Retirement System, that I must enroll through ORDA as well.

NOTE: ALL MEMBERS OF THE RETIREMENT SYSTEM MUST JOIN THE RETIREMENT SYSTEM THROUGH ALL PARTICIPATING EMPLOYERS WITH WHOM S/HE WORKS.



New York State and Local Retirement System

110 State Street, Albany, New York 12244-0001

Fax Number: (518) 486-4382

For questions concerning Member

Enrollment call: (518) 474-3081

NYSLRS ID

--	--	--	--	--	--	--	--	--	--

Received Date

--	--	--	--	--	--	--	--	--	--

Employees' Retirement System Membership Registration

RS 5420

(Rev. 10/18)

Plan	Tier	Rate	Date of Membership (mm/dd/yyyy)		

Social Security Number *

--	--	--	--	--	--	--	--	--	--	--	--

Registration Number

--	--	--	--	--	--	--	--	--	--

Part 1: Employee – Read information provided on page 2. Complete part 1 and sign at the bottom of the form.

Employee's Last Name:		First Name:			Middle Initial:
Employee's Address:	Apt	City	State	Zip Code	
Former Name: (if applicable)		Date of Birth (mm/dd/yyyy)		Gender	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
Are you receiving or about to receive a pension from a New York State or New York City public retirement system? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate name of system: _____					
Are you inactive or withdrawn from a New York State or New York City public retirement system? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate name of system: _____ (NYS Teachers', NYS Employees', NYS Police and Fire, NYC Police Pension Fund, NYC Fire Pension Fund, NYC Board of Education, NYC Teachers', NYC Employees')					

Part 2: Employer – See page 2 for additional information and instructions regarding the completion of this form.

Employer's Name: NYS Olympic Regional Development Authority				Employer's Telephone: 518-302-5346			
Employer's Address: 2634 Main Street, Lake Placid, NY 12946				Employer's Fax Number: 518-302-8157			
Job Code [1]			Employee Classification				
			<input type="checkbox"/> 12 Month <input type="checkbox"/> 10 Month <input type="checkbox"/> 12 M Provisional <input type="checkbox"/> On Call <input type="checkbox"/> Seasonal <input type="checkbox"/> Substitute <input type="checkbox"/> Per Diem				
<input type="checkbox"/> Regular [2]		<input type="checkbox"/> Full Time		<input type="checkbox"/> Temporary		<input type="checkbox"/> Part Time	
Hire Date [3a]		Date of Full-Time Permanent Appointment [3b]		Location Code		Standard Workday [4]	
Month	Day	Year	Month	Day	Year	5	1
						1	2
						6	
For a substitute, seasonal, on call or per diem employee, please check if he/she is working on the day the application is being submitted. <input type="checkbox"/> Yes							

Frequency of Payment

Weekly
 Bi-Weekly
 Semi - Monthly
 Monthly
 Quarterly
 Semi- Annually
 Annually
 Other- Please Specify _____

Projected Annualized Wage [5]

Tier 6 requires employers to determine the Annualized Wage for individuals who work part-time, seasonal, or on an hourly, daily, or unit of work basis. We ask that you use this calculation for all other tiers as well. See page 2 for examples.

Important: If your employment is on a part-time, temporary or provisional basis, or less than 12 months a year, membership is optional. If your membership is optional, you must sign and date below to affirm Retirement System Membership.

I acknowledge that my membership in the New York state and Local Retirement System is governed by provisions of Article 15 of the Retirement and Social Security Law and that I am entitled to all the benefits thereof. I understand that, as required by law, a deduction will be made from my salary or compensation for retirement contributions.

Employee's Signature: _____ **Date:** _____

Employee's Telephone Number:	Employee's Email Address:
-------------------------------------	----------------------------------

Part 1 – Employee Instructions

Important: If your employment is on a part-time, temporary or provisional basis, or less than 12 months a year, membership is optional. If your membership is optional and you **do not wish** to join the Retirement System, do not complete this application.

Warning: If you are receiving or are about to receive a pension from another New York State or New York City public retirement system, contact us directly before enrolling in NYSLRS. Enrollment may result in suspension of your pension benefit. NYSLRS retirees should contact us directly before enrollment to discuss working after retirement and possible restoration of membership.

Membership Information:

- If you are currently an active or vested member of any other public retirement system in New York State, you should contact that system concerning the advantages of transferring your membership to this System. Failure to contact that system could cause loss of the privilege of transferring membership and may affect contribution cessation dates.
- **If you were previously a member of any public retirement system in New York State, and your membership was terminated or withdrawn, you may be eligible for a reinstatement of that membership. It is highly recommended that if you have a prior Tier 1 or 2 membership in any New York public retirement system that you complete the Tier Reinstatement application, RS5506 and include it with your membership registration application.**
- You may also be eligible to receive credit for public service earned with a participating employer before your current date of membership. This additional service may impact your future benefits.
- You are covered by the Death Benefit allowed by law for your tier and plan status. If you have not already done so, complete an RS5127 Designation of Beneficiary with Contingent Beneficiaries form to designate beneficiary(ies) to receive an Ordinary Death Benefit. If there is no RS5127 Designation of Beneficiary with Contingent Beneficiaries on file with this System, your Ordinary Death Benefit will become payable to your estate.

Part 2 – Employer Instructions - Field Explanation and information:

- [1] Job Code– As the employer, you will need to reference our job code list to determine which job code is applicable to the employee's job title. If the title is accountant, auditor, physician, attorney, engineer or architect, please submit documentation as indicated at https://www.osc.state.ny.us/retire/employers/employer_reporting_basics/emp-membership-basics/independent_vs_employee.php.
- [2] Regular is the same as Permanent or Probationary. Temporary is anything other than regular.
- [3a] Hire Date is the first time the employee was hired for the job criteria entered.
- [3b] Full-Time permanent appointment box must only be completed if at anytime the employee is appointed to a (permanent or probationary) 12 month, full-time position earning no less than current state minimum wage
- [4] Standard Workday – A standard workday (hrs/day) applies to all tiers. The minimum number of hours that can be established for a standard workday is six, while the maximum is eight. A standard workday is the denominator to be used for the days worked calculation; it is not necessarily the number of hours the person actually works. For example, if a bus driver works four hours a day, you must still establish a standard workday between six and eight hours as the denominator for their days worked calculation. When entering the information on the Employer Retirement Online, you will need to select "Daily" for Work Period and then enter the standard work day in the standard day field.
- [5] Projected Annualized Wage – Examples of Tier 6 annual wage for individuals paid at an Hourly, Daily or Unit of Work basis of compensation:

<p>Hourly Employees</p> <p>12 month Employee: \$ _____ X _____ X 260 = \$ _____</p> <p style="text-align: center;">Hourly Standard Days Annual Rate Workday Worked Wage</p> <p>10 month Employee: \$ _____ X _____ X 180 = \$ _____</p> <p style="text-align: center;">Hourly Standard Days Annual Rate Workday Worked Wage</p>	<p>Daily Employees</p> <p>12 month Employee: \$ _____ X 260 = \$ _____</p> <p style="text-align: center;">Daily Days Annual Rate Worked Wage</p> <p>10 month Employee: \$ _____ X 180 = \$ _____</p> <p style="text-align: center;">Daily Days Annual Rate Worked Wage</p>
<p>Unit of Work Employees</p> <p>\$ _____ X _____ = _____</p> <p style="text-align: center;">Unit Rate # of Events** Annual Wage</p> <p>**Estimated or Actual</p>	<p>Unit of Work Employee Example: Paid \$50 per Meeting</p> <p>\$ <u>50</u> X <u>12 Meetings</u> = \$ <u>600</u></p> <p style="text-align: center;">Unit Rate # of Events*** Annual Wage</p> <p>***An estimate of the number of events is acceptable</p>

Note: Any questions regarding annualized wage, please contact the Retirement System.

***Social Security Disclosure Requirement**

In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of your Social Security account number is mandatory pursuant to Sections 11, and 34 of the Retirement and Social Security Law. The number will be used in identifying retirement records and in the administration of the Retirement System.

Personal Privacy Protection Law

The Retirement System is required by law to maintain records to determine eligibility for and calculate benefits. Failure to provide information may interfere with the timely payment of benefits. The System may be required to provide certain information to participating employers. The official responsible for record maintenance is the Director of Member and Employer Services, NYS and Local Retirement System, Albany, NY 12244; call toll-free at 1-866-805-0990 or 518-474-7736 in the Albany Area.



Office of the New York State Comptroller
 New York State and Local Retirement System
 Employees' Retirement System
 Police and Fire Retirement System
 110 State Street, Albany, New York 12244-0001

For Office Use Only
Receipt Date

Designation of Beneficiary With Contingent Beneficiaries

RS 5127
(Rev. 9/14)

THIS FORM MUST BE SIGNED, NOTARIZED AND FILED WITH THE RETIREMENT SYSTEM PRIOR TO YOUR DEATH TO BE EFFECTIVE.

Please **PRINT** clearly, using only blue or black ink.

Member/Pensioner Information

Registration/Retirement Number: _____	Last 4 Digits of Social Security Number* _____
Name: _____	Former Name: _____
Home Address: _____	
City, State, Zip Code: _____	Date of Birth: _____
Telephone Number: _____	Email Address: _____

Employed By: NYS Olympic Regional Development Authority	Employer Address: 2634 Main Street, Lake Placid, NY 12946
--	--

IMPORTANT INFORMATION REGARDING THIS FORM

Make sure that you:

- If you find this form is not suited to the type of designation you prefer please advise the Retirement System. In the meantime, for your protection and the protection of your beneficiary(ies), you should make an interim designation using this form. If you wish to designate more beneficiaries than this form allows or to designate a Trust, Guardianship or payment under the Uniform Transfers to Minors Act please contact the Retirement System for the appropriate form.
- Attachments to your beneficiary form are **unacceptable**.
- New beneficiary forms filed will supersede any previous designation. Therefore, if you want to **add** or **delete** a beneficiary, for example a new child, you must include on the new form **all** beneficiaries you wish to designate.
- The same person or persons cannot be designated as both primary and contingent beneficiaries. We make payment to a contingent beneficiary(ies) only if **all** primary beneficiary(ies) die before you do.
- If you wish to have these benefits distributed through your estate, you should name "my estate" as beneficiary. Your estate can be named as either primary or contingent beneficiary. However, if you name your estate as primary beneficiary, you may not name any contingent beneficiary.
- This form is for designating beneficiaries to receive your ordinary death or post retirement death benefit. You may not designate beneficiaries to receive accidental death benefits. The beneficiaries entitled to receive accidental death benefits are mandated by statute.

- **Complete all requested information.**
- **Sign and date the form.**
- **Have the form notarized, making sure the notary has entered the date his or her commission expires.**
- **Mail your completed form to:**

New York State and Local Retirement System
Member & Employer Services
Registration – Mail Drop 5-6
110 State Street
Albany, NY 12244-0001

PERSONAL PRIVACY PROTECTION LAW

In accordance with the Personal Privacy Protection Law you are hereby advised that pursuant to the Retirement and Social Security Law, the Retirement System is required to maintain records. The records are necessary to determine eligibility for and to calculate benefits. Failure to provide information may result in the System's inability to pay benefits the way you prefer. The System may provide certain information to participating employers. The official responsible for maintaining these records is the Director of Member & Employer Services, New York State and Local Retirement Systems, Albany, NY 12244. For questions concerning this form, please call 1-866-805-0990 or 518-474-7736.

* SOCIAL SECURITY DISCLOSURE REQUIREMENT

In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of the Social Security Account Number is mandatory pursuant to sections 11, 31, 34 and 334 of the Retirement and Social Security Law. The number will be used in identifying retirement records and in the administration of the Retirement System.

Please go to the reverse side of this form to designate beneficiaries, sign and date the form, and have the form notarized.

Do not alter this form or make stipulations. The use of correction fluid or other alterations on this form will render the designation invalid.

To the Comptroller of the State of New York.

Designation of Primary Beneficiary(ies). I hereby name the following beneficiary(ies) to receive any ordinary death or post retirement death benefit, payable on my behalf. If I have named more than one beneficiary, it is my intention that those living at the time of my death should share equally any benefit payable. I reserve the right to change this designation at any time.

Name _____ Male Female

Address _____

Relationship _____ Birth Date _____

Telephone Number _____

Name _____ Male Female

Address _____

Relationship _____ Birth Date _____

Telephone Number _____

Name _____ Male Female

Address _____

Relationship _____ Birth Date _____

Telephone Number _____

Name _____ Male Female

Address _____

Relationship _____ Birth Date _____

Telephone Number _____

Name _____ Male Female

Address _____

Relationship _____ Birth Date _____

Telephone Number _____

Name _____ Male Female

Address _____

Relationship _____ Birth Date _____

Telephone Number _____

Designation of Contingent Beneficiary(ies). If all of the designated primary beneficiaries die before I do, any ordinary death or post retirement death benefit payable on my behalf shall be paid to the following. If I have named more than one beneficiary, it is my intention that those living at the time of my death should share equally any benefit payable. If I out-live all of these contingent beneficiaries, any benefit payable should be paid to my estate. I reserve the right to change this designation at any time.

Name _____ Male Female

Address _____

Relationship _____ Birth Date _____

Telephone Number _____

Name _____ Male Female

Address _____

Relationship _____ Birth Date _____

Telephone Number _____

Name _____ Male Female

Address _____

Relationship _____ Birth Date _____

Telephone Number _____

Name _____ Male Female

Address _____

Relationship _____ Birth Date _____

Telephone Number _____

This form must be signed, dated and notarized in order to be valid

Member/Pensioner Signature _____

Date _____

Acknowledgement To Be Completed by a Notary Public

State of _____ County of _____

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public Stamp

NOTARY PUBLIC (Please sign and affix stamp)



OLYMPIC REGIONAL
NEW YORK
DEVELOPMENT AUTHORITY

**Acknowledgement of Codes of Ethics and Conduct as well as
Harassment/Discrimination Policy and Complaint Form**

NAME: _____

VENUE: _____

DEPARTMENT: _____

As an employee of the Olympic Regional Development Authority, I have received and read O.R.D.A.'s Discrimination and Sexual Harassment Policy, the New York State Code of Conduct, and ORDA's Ethics Policy, and understand, my obligations as an employee to adhere to these policies and codes.

I also acknowledge receipt of Discrimination/Complaint form and understand that if I have a complaint of harassment/discrimination, that I am to submit this form pursuant to the directions contained therein and that I may obtain another complaint form from my payroll office or the ORDA Human Resources Office.

Signature

Date

OLYMPIC REGIONAL DEVELOPMENT AUTHORITY

