



ROMAN CATHOLIC DIOCESE OF SYRACUSE
HUMAN RESOURCES & BENEFITS

Welcome to the Roman Catholic Diocese of Syracuse!

Enclosed please find your new hire packet which includes the required paperwork to get you set up in our payroll system and to enroll in the benefits offered by The Roman Catholic Diocese of Syracuse.

It is a condition of employment that all employees undergo a seminar "Protecting God's Children" within the first 60 days of employment. Please register online by going to www.syracusedioocese.org/our-commitment-to-child-and-youth-protection/safe-environment-training.

For Employees working 30 or more hours per week:

- You must elect benefits within 30 days of your hire date or wait until the next open enrollment. Elected benefits are effective the first of the month following hire date unless hired on the 1st of the month.
- Available benefits include Medical, Prescription, Dental, Vision, Life Insurance and Long Term Disability Insurance.

Instructions for electing benefits online and detailed benefit information can be found at: <http://syracusedioocese.org/offices/finance-operations/human-resources/benefits-information/>

After 30 days of employment you will automatically be enrolled in our 403B retirement plan through Mutual of America at a 3% (pretax). Mutual of America will notify you via US mail and you will have 30 days to decline, increase or remain enrolled at the automatic 3%. After completion of your first year of service, you will be eligible for a 50% match on the first 6% of pay you contribute to the Diocese 403(b) plan. You must work at least 1,000 hours in a plan year to be eligible for the match.

Please review, complete all forms and return to your Parish Business Administrator as soon as possible to ensure timely processing. **You will not be able to receive a paycheck or enroll in benefits until these forms are received by Human Resources.**

Please do not hesitate to contact the HR Department at (315) 422-9101 if you should have any questions.

Sincerely,

Taylor Lehmann
Human Resource and Benefits Coordinator

EXAMPLE

HR Benefit/ Payroll Setup (to be completed by EMPLOYER)- COMPLETE ALL SECTIONS

Personal Information

First Name: John Middle Name: Adam

Last Name: Doe

Print name EXACTLY as it appears on your Social Security Card below:

John A. Doe

Date of Birth: 01/05/1952 Social Security Number: 001-00-0000 Gender: M

Street Address: 424 Montgomery Street

City: Syracuse County: Onondaga State: NY Zip: 13202

Home Ph () Cell Ph # ()

Hire Date: 01/07/2021 Company Code: XD9 Job Title: Maintenance

Location Name: Cathedral Business Unit #: 00101

Employment Status: less than 30 hr / wk 30-34 Hrs/52 wks 30-34 Hrs/ less than 52 wks
 Part Time Per Diem Part Time Seasonal Part Time Temporary
 Full Time Per Diem Full Time Seasonal Full Time Temporary
 35-40 Hrs/52 wks 35-40 Hrs/less than 52 wks

Benefit Eligibility: Not Benefit Eligible (less than 30 hours per week) Benefit Eligible (minimum of 30 hours per week)

Home Dept #: 0071050 Pay Group (# of pay pds): 10 12 21 24 26

Earnings Information

Rate: \$16.00 per Hour per Day per Week Biweekly Bimonthly per Month

Hours worked per week: 32 Weeks per year: 52 Annual Compensation: \$26,624.00

New Hire Paperwork Checklist:

Please check off and attach the following forms:

- W4 Form (Federal Tax WH) NYS Notice and Acknowledgement of pay rate
 IT-2104 (State Tax WH) I9 Form with copy of Ids Direct Deposit Form

Employer Representative Completing this Form: [Signature]

Date: 01/07/2021

Completed new hire paperwork should be submitted to the HR Department within 3 days of the employees hire date (1st page of I9 should be completed by employee before or on 1st day). We can not accept incomplete, outdated or incorrect paperwork. Should you need any assistance or have questions please do not hesitate to contact the HR department. New Hire forms and examples of completed forms may be found on the Diocesan portal at: <https://sites.google.com/a/syrdio.org/contextus/human-resources/employee-forms>.



Please be advised you must notify your new employee of the following:

- 1) They will be assigned a Diocesan email address. IT creates email addresses for new employees on a weekly basis (Fridays) per an ADP New Hire report from HR. IT will then forward the email and log in information to the parish contact.
- 2) They must complete the NYS required Sexual Harassment Training within the ADP system.
- 3) All employees must undergo the "Protecting God's Children" Safe Environment seminar within 60 days of their hire date.
- 4) Additionally, if benefit eligible (30 or more hours per week), they have 30 days from their date of hire to elect benefits which will be effective for the first of the month following date of hire. You may direct them to the diocesan website for detailed benefit information as well as instructions for creating their ADP account at: <https://syracusedioocese.org/offices/finance-operations/human-resources/benefits-information/>.



EXAMPLE

Notice and Acknowledgement of Pay Rate and Payday Under Section 195.1 of the New York State Labor Law Notice for Hourly Rate Employees

1. Employer Information

Name: **Cathedral of Immaculate Conception**
 Doing Business As (DBA) Name(s): **Cathedral of Immaculate Conception**
 FEIN (optional): **N/A**

Physical Address: **259 E. Onondaga Street
Syracuse, NY 13202**
 Mailing Address: **259 E. Onondaga Street
Syracuse, NY 13202**
 Phone: **(315) 422-4177**

8. Employee Acknowledgement:
 On this day I have been notified of my pay rate, overtime rate (if eligible), allowances, and designated pay day on the date given below. I told my employer what my primary language is.

Check one:
 I have been given this pay notice in English because it is my primary language.
 My primary language is _____, I have been given this pay notice in English only, because the Department of Labor does not yet offer a pay notice form in my primary language.

John Doe
 Print Employee Name
John Doe
 Employee Signature
01/07/2021
 Date
Amanda Kolo
 Supervisor of HR + Benefits
 Preparer's Name and Title

The employee must receive a signed copy of this form. The employer must keep the original for 6 years.

Please note: It is unlawful for an employee to be paid less than an employee of the opposite sex for equal work. Employers also may not prohibit employees from discussing wages with their co-workers.

3. Employee's rate of pay:
 \$ **16.00** per hour

4. Allowances taken:
 None
 Tips _____ per hour
 Meals _____ per meal
 Lodging _____
 Other _____

5. Regular payday: Thursday

6. Pay is:
 Weekly
 Bi-weekly
 Other

7. Overtime Pay Rate:
 \$ **24.00** per hour (This must be at least 1½ times the worker's regular rate with few exceptions.)

2. Notice given:
 At hiring
 Before a change in pay rate(s), allowances claimed or payday

EXAMPLE

Form **W-4**

Employee's Withholding Certificate

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

- ▶ Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
- ▶ Give Form W-4 to your employer.
- ▶ Your withholding is subject to review by the IRS.

2022

Step 1: Enter Personal Information	(a) First name and middle initial John A.	Last name Doe	(b) Social security number 001-00-0000
	Address 424 Montgomery Street		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code Syracuse NY 13202		
(c) <input checked="" type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)			

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

**Step 2:
Multiple Jobs
or Spouse
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ▶

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$		
	Multiply the number of other dependents by \$500 . . . ▶ \$		
Add the amounts above and enter the total here			3 \$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

**Step 5:
Sign
Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ **John Doe** Employee's signature (This form is not valid unless you sign it.) ▶ **1/4/2022** Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

EXAMPLE



Department of Taxation and Finance

Employee's Withholding Allowance Certificate

IT-2104

New York State • New York City • Yonkers

First name and middle initial John A.	Last name Doe	Your Social Security number 001-00-0000
Permanent home address (number and street or rural route) 424 Montgomery Street		Apartment number
City, village, or post office Syracuse	State NY	ZIP code 13202
Single or Head of household <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher single rate <input type="checkbox"/> Note: If married but legally separated, mark an X in the Single or Head of household box.		
Are you a resident of New York City? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Are you a resident of Yonkers? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Complete the worksheet on page 4 before making any entries.		
1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 19)		1 0
2 Total number of allowances for New York City (from line 31)		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 John Doe	Date 1/4/2022
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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 rehired ... 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
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Instructions

Important information

The 2021-2022 New York State budget was signed into law on April 19, 2021. Changes to New York State personal income tax have caused withholding tax changes for taxpayers with taxable income:

- more than \$2,155,350, and who are married filing jointly or a qualified widow(er);
- more than \$1,077,550, and who are single or married filing separately; or
- more than \$1,616,450, and who are head of household.

Accordingly, if you previously filed a Form IT-2104 and earn more than the amounts listed above, you should complete a new 2022 Form IT-2104 and give it to your employer.

Changes effective for 2022

Form IT-2104 has been revised for tax year 2022. The worksheet on page 4 and the charts beginning on page 5, 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 2022 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 the federal Form W-4 you most recently submitted to your employer was for tax year 2019 or earlier, and you did not file Form IT-2104, your employer may use the same number of allowances you claimed on your federal Form W-4. Due to differences in federal and New York State tax law, this may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers.

For tax years 2020 or later, withholding allowances are no longer reported on federal Form W-4. Therefore, if you submit a federal Form W-4 to your employer for tax year 2020 or later, and you do not file Form IT-2104, your employer may use zero as your number of allowances. 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

EXAMPLE

Employee Direct Deposit Enrollment Form



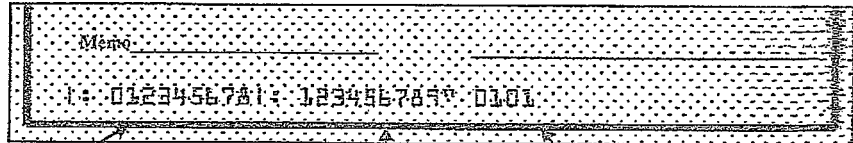
Payroll Manager - Please complete this section and send a copy to ADP for enrollment. (Please print.)

Company Code: _____ Company Name: _____ Employee File Number: _____

Payroll Mgr. Name: _____ Payroll Mgr. Signature: _____

To enroll in Full Service Direct Deposit, simply fill out this form and give to your payroll manager. Attach a voided check for each checking ~~and~~ savings deposit slip. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as ~~the~~ savings deposit slip. This will help ensure that you are paid correctly.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.



Routing/Transit #
(A 9-digit number always between these two marks)

Checking Account #

Check #
(this number matches the number in the upper right corner of the check - not needed for sign-up)

IMPORTANT! Please read and sign before completing and submitting.

I hereby authorize ADP to deposit any amounts owed me, as instructed by my employer, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by ADP to my account. In the event that ADP deposits funds erroneously into my account, I authorize ADP to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until ADP and Bank have received written notice from me of its termination in such time and in such manner as to afford ADP and Bank reasonable opportunity to act on it.

Employee Name: John Doe Social Security #: 001-00-0000

Employee Signature: John Doe Date: 01/07/2021

Account Information

The last item must be for the remaining amount owed to you. To distribute to more accounts, please complete another form.

Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.

- Bank Name/City/State: Key Bank
Routing Transit #: 000000001 Account Number: 00000000
 Checking Savings Other I wish to deposit: \$ _____ or Entire Net Amount
- Bank Name/City/State: _____
Routing Transit #: _____ Account Number: _____
 Checking Savings Other I wish to deposit: \$ _____ or Entire Net Amount
- Bank Name/City/State: _____
Routing Transit #: _____ Account Number: _____
 Checking Savings Other I wish to deposit: \$ _____ or Entire Net Amount

ATTENTION PAYROLL MANAGER:

Employers must keep each original employee enrollment form on file as long as the employee is using FSDD, and for two years thereafter.

ADP is a registered trademark of ADP of North America Inc.
Full Service Direct Deposit (FSDD) is a service mark of Automatic Data Processing, Inc.
02-184-049 10M Printed in USA © 1999, 1998 Automatic Data Processing, Inc.

EXAMPLE



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

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

▶ **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 (Family Name) DOE		First Name (Given Name) John		Middle Initial A	Other Last Names Used (if any)	
Address (Street Number and Name) 424 Montgomery St.			Apt. Number	City or Town Syracuse	State NY	ZIP Code 13202
Date of Birth (mm/dd/yyyy) 01/05/1952	U.S. Social Security Number 001 - 00 - 0000		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 checked="" type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)
<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. (See instructions)
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.
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____
QR Code - Section 1 Do Not Write In This Space

Signature of Employee John Doe	Today's Date (mm/dd/yyyy) 01/07/2021
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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 (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

STOP Employer Completes Next Page STOP

EXAMPLE



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

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

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) DOE	First Name (Given Name) John	M.I. A.	Citizenship/Immigration Status U.S. Citizen
List A	OR	List B	AND	List C
Identity and Employment Authorization		Identity	Employment Authorization	

Document Title	Document Title License	Document Title S.S.C.	
Issuing Authority	Issuing Authority NYS DMV	Issuing Authority S.S.A.	
Document Number	Document Number 000000	Document Number 001-00-0000	
Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy) 01/08/2023	Expiration Date (if any) (mm/dd/yyyy)	
Document Title	Additional Information		QR Code - Sections 2 & 3 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): **01/07/2021** (See instructions for exemptions)

Signature of Employer or Authorized Representative Amanda Kolb	Today's Date (mm/dd/yyyy) 01/07/2021	Title of Employer or Authorized Representative Supervisor of HR/Benefits	
Last Name of Employer or Authorized Representative Kolb	First Name of Employer or Authorized Representative Amanda	Employer's Business or Organization Name Diocese of Syracuse	
Employer's Business or Organization Address (Street Number and Name) 240 E. Onondaga Street	City or Town Syracuse	State NY	ZIP Code 13202

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)
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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
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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
1. U.S. Passport or U.S. Passport Card	OR	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	AND	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		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. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (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.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
For persons under age 18 who are unable to present a document listed above:				
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		10. School record or report card		
		11. Clinic, doctor, or hospital record		
	12. Day-care or nursery school record			

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

Refer to the instructions for more information about acceptable receipts.