

POSITION STATUS CHANGE CHECKLIST: PD PART-TIME ->FULL-TIME EMPLOYEE

Congratulations on your change in status with the Town of West Seneca! Your appointment is pending Town Board approval and meeting required contingencies with the Town of West Seneca.

As part of your transition from part-time to full-time status, we will need you to complete ALL REQUIRED DOCUMENTS in the change status packet.

Below is a list of the documents included in the change status packet. **ALL ARE REQUIRED** unless otherwise noted as optional. Please review your packet before submitting to Human Resources. Use the Document List below to check for completed form. <u>Also, return the paperwork in the order of the Document List below</u>.

DOCUMENT NAME	CHECK WHEN COMPLETED
ECO CHANGE FORM PFRS APPLICATION HIGHMARK OF WNY ENROLLMENT FORM (HEALTH)	Provided by HR upon Request
NYSDCP ENROLLMENT FORM (OPTIONAL)	Provided by HR upon Request

Upon completion of all required documents, your change status packet will be submitted to the Finance Department for set up in the payroll system. Please be aware that incomplete paperwork may delay your effective date.

If you have any questions, please feel free to reach out to me via email at lscibetta@ebchcm.com or phone at (716) 482-7582. I look forward to working together to support the Town of West Seneca.

Lisa Scibetta HR Advisor to the Town of West Seneca

Employee Change Form Information

For Supplementary Payroll Certification Report of Personnel Change to Erie County

Effective Date:

Employee Data					
Social Security Number		Retirement Number:			
Name (Last, First):		Veteran Exemption (Y/N):			
Street Address:		Dates of Service:	From:		
			To:		
City/Town:		Volunteer Firemen: (Y/N)			
Zip Code:		Dates of Service:	From:		
			To:		

Title – Classification – Salary Information					
Are you currently employed by the Town of West Seneca? (Y/N)					
If "yes", complete below. If "no", leave blank:		Must be completed:			
Current Title:			New Title:		
Current Salary:			New Salary:		
Type (Check One)	:	Meeting	Type (Check One):		Meeting
		Daily			Daily
		Hourly			Hourly
		Weekly			Weekly
		BiWeekly			BiWeekly
		Quarterly			Quarterly
		Annually			Annually
Classification:		Competitive	Classification:		Competitive
(Check One)		Non-Competitive	(Check One)		Non-Competitive
		Labor			Labor
		Exempt			Exempt
		Unclassified			Unclassified

Employee Type – For Temporary Appointment, WRITE IN END DATE			
Full Time Permanent	Part Time Temporary Seasonal		
Full Time Provisional	Regular Part Time Permanent		
Full Time Temporary	Regular Part Time Temporary		
Part Time Regular Permanent	Full Time Contingent Permanent		
Part Time Temporary	Part Time Provisional		
Part Time Permanent	Regular Part Time Provisional		

Office of the New York State Comptroller Police and Fire Received Date **Membership Registration** New York State and Local Retirement System 110 State Street, Albany, New York 12244-0001 Plan Tier Rate Date of Membership (mm/dd/yyyy) Fax Number: (518)486-4382 For questions concerning Member Enrollment call: (518) 474-3081 **NYSLRS ID** Social Security Number * **Registration Number** Part 1: Employee – Read information provided on page 2. Middle Initial: **Employee's Last Name:** First Name: **Employee's Address:** City State **Zip Code** Apt Former Name: (if applicable) Date of Birth (mm/dd/yyyy) Sex Male Female X Are you receiving or about to receive a pension from a New York State or New York City public retirement system? Yes No If yes, please indicate name of system: ່ Yes ∐No Are you inactive or withdrawn from a New York State or New York City public retirement system? 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: Employer's Telephone: Employer's Address: Employer's Fax Number:** Regular [2] Full Time Job Code [1] **Employee Classification** 12 Month Temporary 12 Month Provisional Seasonal Part Time Standard For State Agency Use Only -Hire Date [3] **Location Code** Workday [4] **Agency Code** Month Day Year **Frequency of Payment** ___Annually Weekly Bi-Weekly Semi- Monthly Monthly Quarterly Semi- 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.

Part 1-Employee Instructions

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 at www.osc.state.ny.us/retire/retirement_online/job-codes.php to determine which job code is applicable to the employee's job title.
- [2] Regular is the same as Permanent or Probationary. Temporary is anything other than Regular
- [3] Hire Date When enrolling someone through Employer Retirement Online, you <u>must</u> populate the Hire Date field and the Date of Full-Time Permanent Appointment field with the same date. This date <u>must</u> be the Hire Date in order to establish the correct Date of Membership.
- [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 establish a standard workday between six and eight hours as the denominator for their days worked calculation. When entering the information on Employer Retirement Online, you will need to select "Daily" for the work period and then enter the standard workday in the standard hours 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.

Hourly Employees 12 month Employee: \$ X	Daily Employees 12 month Employee: \$\ X 260 = \ Daily Days Annual Rate Worked Wage
10 month Employee: \$\ X \ X \ Standard Days Annual Rate Workday Worked Wage	10 month Employee: \$\ X \ 180 = \$\ \ Daily Days Annual Rate Worked Wage
Unit of Work Employees \$X= Unit Rate # of Events** Annual Wage **Estimated or Actual	Unit of Work Employee Example: Paid \$50 per Meeting \$\frac{50}{\text{Unit Rate}} \times \frac{12 \text{ Meetings}}{\text{# of Events***}} = \frac{\$600}{\text{Annual Wage}} ***An estimate of the number of events is acceptable

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.