



**POSITION STATUS CHANGE CHECKLIST: 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. Also, return the paperwork in the order of the Document List below.

<b>DOCUMENT NAME</b>	<b>CHECK WHEN COMPLETED</b>
ECO CHANGE FORM	_____
ERS APPLICATION	_____
HIGHMARK OF WNY ENROLLMENT FORM (HEALTH)	Provided by HR upon Request
CSEAEBF ENROLLMENT FORM (DENTAL & VISION)	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](mailto: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: (Check One)	Competitive	Classification: (Check One)	Competitive
	Non-Competitive		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	



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

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Received Date
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# Employees' Retirement System Membership Registration

RS 5420

(Rev. 11/22)

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

Social Security Number \*

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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)		Sex	
				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X	
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:				Employer's Telephone:					
Employer's Address:				Employer's Fax Number:					
Job Code [1]		Employee Classification				<input type="checkbox"/> Regular [2] <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part Time			
		<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							
Hire Date [3a]		Date of Full-Time Permanent Appointment [3b]		Location Code		Standard Workday [4]		For State Agency Use Only – Agency Code	
Month	Day	Year	Month	Day	Year				
For a substitute, seasonal, on call or per diem employee, please check if he/she/they 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.
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**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:
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**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](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><b>Hourly Employees</b>  12 month Employee: \$ _____ X _____ X 260 = \$ _____                                    Hourly     Standard     Days     Annual                                    Rate         Workday     Worked     Wage</p> <p>10 month Employee: \$ _____ X _____ X 180 = \$ _____                                    Hourly     Standard     Days     Annual                                    Rate         Workday     Worked     Wage</p>	<p><b>Daily Employees</b>  12 month Employee: \$ _____ X 260 = \$ _____    Daily     Days     Annual    Rate     Worked     Wage</p> <p>10 month Employee: \$ _____ X 180 = \$ _____    Daily     Days     Annual    Rate     Worked     Wage</p>
<p><b>Unit of Work Employees</b>  \$ _____ X _____ = _____            Unit Rate           # of Events**           Annual Wage</p> <p>**Estimated or Actual</p>	<p><b>Unit of Work Employee Example: Paid \$50 per Meeting</b>  \$ <u>  50  </u> X <u>  12 Meetings  </u> = \$ <u>  600  </u>            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.