

HR FORMS, PAYMENTS, AND INCIDENT REPORTING

Helpful tips for completing your company onboarding.





Workshop Overview

01

HR PAPERWORK

How to respond to onboarding documents.

02

RECEIVING PAYMENTS

Common questions regarding payments

03

WHAT TO DO WHEN?

Case Scenarios

04

Q & A

Here you could describe the topic of the section

01. ON-BOARDING PROCESS & PAPERWORK



ON-BOARDING PROCESS

WHAT TO EXPECT

ON-BOARDING PROCESS

PRE- EMPLOYMENT SCREENINGS

- Industry Specific and Varies Company to Company.
- May include any of the following:
 - ◆ Drug Screening
 - ◆ Background Checks
 - ◆ Immunization
- Complete requirements by deadline.

FORM COMPLETION

Types of Forms:

- W4 IRS Tax Form
- IT-2104 Tax Form
- W9 IRS Tax Form
- Direct Deposit Form

W-4 FORM



PRACTICE COMPLETING THE W4 FORM

----- 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 ▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		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 Additional amount, if any, you want withheld from each paycheck				6 \$	
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 ▶				7	
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)	

For Privacy Act and Paperwork Reduction Act Notice, see page 4. Cat. No. 10220Q Form **W-4** (2019)

IT-2104 FORM



PRACTICE COMPLETING THE IT-2104 FORM



Department of Taxation and Finance

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	
City, village, or post office				State	
				ZIP code	
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"/>				Single or Head of household <input 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.	
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 <input type="text"/> 2 Total number of allowances for New York City (from line 35) 2 <input type="text"/>					
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 <input type="text"/> 4 New York City amount 4 <input type="text"/> 5 Yonkers amount 5 <input type="text"/>					

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

Employee's signature	Date
<input type="text"/>	<input type="text"/>

W-9 FORM



PRACTICE COMPLETING THE W9 FORM

Form W-9 (Rev. October 2018) Department of the Treasury Internal Revenue Service		Request for Taxpayer Identification Number and Certification ▶ Go to www.irs.gov/FormW9 for instructions and the latest information.		Give Form to the requester. Do not send to the IRS.
1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.				
2 Business name/disregarded entity name, if different from above				
Print or type. See Specific Instructions on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.			4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC			Exempt payee code (if any)
	<input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate			Exemption from FATCA reporting code (if any)
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶			(Applies to accounts maintained outside the U.S.)
Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.				
5 Address (number, street, and apt. or suite no.) See instructions.			Requester's name and address (optional)	
6 City, state, and ZIP code				
7 List account number(s) here (optional)				
Part I Taxpayer Identification Number (TIN)				
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.				
Social security number			or	
Employer identification number				
Part II Certification				
Under penalties of perjury, I certify that:				
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and				
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and				
3. I am a U.S. citizen or other U.S. person (defined below); and				
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.				
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.				

REVIEWING THE I-9 FORM



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 (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)		Apt. Number	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	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 (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: _____

OR Code - Section 1
Do Not Write in This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
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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.

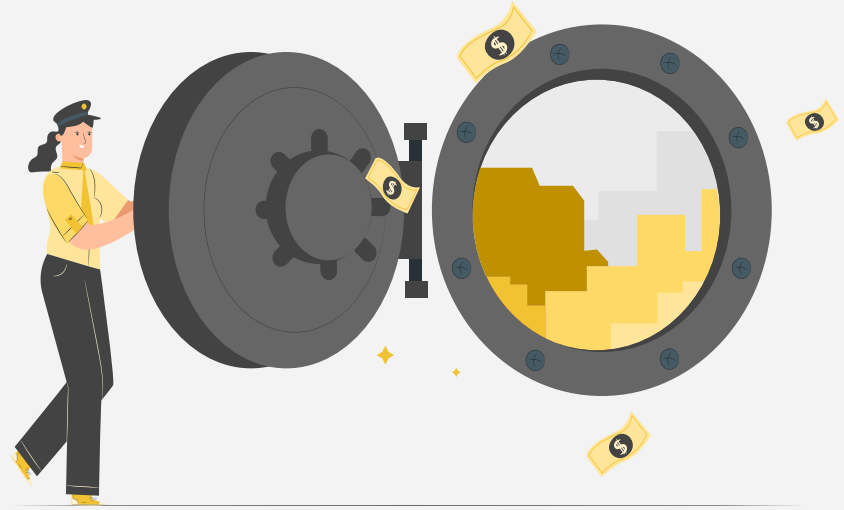
LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	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:	
		10. School record or report card	
		11. Clinic, doctor, or hospital record	
		12. Day-care or nursery school record	
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			

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

Q&A: DOCUMENTS



02. RECEIVING PAYMENTS





Why Sign Up for Direct Deposit?

- ★ Fastest way to get paid
- ★ Preferred by most employers

Ways to Sign Up for Direct Deposit?

- ★ Open student checking account at your local bank or credit union.
- ★ Submit Form.

HOW TO GET PAID

1. How do we get paid?
2. When do we get paid?
3. How much do I get paid?
4. How many hours will I be paid for?

03 WHAT TO DO WHEN?



THINK

Think about the scenario and follow-up questions

PAIR

Partner with 1 - 2 individuals and discuss each of the questions.

SHARE

Volunteer to share your group's opinion

SCENARIO I

Angela the Wintern is excited to be part of Avon's Product Development Team. She arrives 30 minutes late on her first day and her manager has already begun to discuss the team project and goals. Angela feels uncomfortable about arriving late so she sits in the back hoping not to disrupt the meeting. During lunch she notices that a few of her teammates have already started ideating and feels left out. Unsure of the project, Angela decides to eat lunch alone to avoid calling attention to her confusion. By the end of the day, everyone EXCEPT Angela seems to be on the same page when it comes to the project. Angela is feeling excluded and isn't sure if the Winternship is the right for her.

REFLECTION QUESTIONS - I



THINK

Think about the scenario and follow-up questions

PAIR

Partner with 1 - 2 individuals and discuss each of the questions.

SHARE

Volunteer to share your group's opinion

Answer these questions in your group:

1. What could Angela have done avoid feeling left out?
2. Is there any steps she can take to remedy this?
3. As a member of Angela's team, you noticed that she arrived late and isn't contributing to the group meetings. What steps would you take?

SUGGESTED ACTION STEPS

COMMUNICATE WITH YOUR TEAM

- Be sure to include EVERYONE in all team activities.
- Talk through conflicts ask for clarification.

ASK FOR HELP

- If you need support, ASK for it. Find someone you can talk to and do not hesitate to ask for support.

CONTACT THE WITNY TEAM

- If you need us reach out! Big or small.
 - Slack
 - Email
witny@cornell.edu

COMMUNICATE WITH YOUR MANAGER

- Managers are there to support your success and the success of the project. Keeping them in the loop when you need help is vital to your success.

OFFER HELP

- Offer support to anyone who needs it
- Advocate on the behalf of your team members
- Be encouraging and inclusive to everyone on your team.

THINK

Think about the scenario and follow-up questions

PAIR

Partner with 1 - 2 individuals and discuss each of the questions.

SHARE

Volunteer to share your group's opinion

SCENARIO 2

Cleo is a Wintern at ABC corporation. She is approaching the end of week 1 and is concerned because she must leave her office early each Friday in order to participate in religious observance. She is too scared to bring this up with her manager because she doesn't know if they will understand. She has asked her teammates and is the only one who will need to leave early. Cleo is worried.

REFLECTION QUESTIONS - 2



THINK

Think about the scenario and follow-up questions

PAIR

Partner with 1 - 2 individuals and discuss each of the questions.

SHARE

Volunteer to share your group's opinion

Answer these questions in your group:

1. What are the first steps Cleo should take?
2. How can Cleo's team provide her with support?
3. What steps should anyone in need of a special accommodations take?

SUGGESTED ACTION STEPS

COMMUNICATE WITH YOUR MANAGER

- Ask for special accommodations as soon as possible.
- Reasons for accommodation request include but are not limited to:
 - Accessibility requests
 - Religious observance
 - Religious prayer
 - ETC

CONTACT THE WITNY TEAM

- If you need us reach out! Big or small.
 - Slack
 - Email
witny@cornell.edu

OFFER HELP

- Offer support to anyone who needs it
- Advocate on the behalf of your team members
- Be encouraging and inclusive to everyone on your team.

THINK

Think about the scenario and follow-up questions

PAIR

Partner with 1 - 2 individuals and discuss each of the questions.

SHARE

Volunteer to share your group's opinion

SCENARIO 3

Workplaces bring together a variety of people with different beliefs, levels of social awarenesses, and personalities. As an intern you will find yourself interacting and working with new people.

For this scenario, let's discuss the steps you should take if you feel unsafe or uncomfortable due to someone else's behavior.

REFLECTION QUESTIONS - 3



THINK

Think about the scenario and follow-up questions

PAIR

Partner with 1 - 2 individuals and discuss each of the questions.

SHARE

Volunteer to share your group's opinion

Answer these questions in your group:

1. What are some steps you can take if you are being made to feel unsafe or uncomfortable?
2. What are some steps you can take if you witness someone being made to feel unsafe or uncomfortable?
3. Who would you reach out to if you either witnessed or experienced any issues while at work?

WORKPLACE REPORTING

STEP 1

Remove yourself from any situation that makes you feel unsafe

STEP 2

Report any incidents directly to a WiTNY team member.

There is no time restrictions on when you report it, but the sooner the better.

STEP 3

Address the issue with your manager

04. Q&A

