



July 20, 2020

Dear Ronald Kroening,

This is to confirm our offer and your acceptance of the position as a Student Intern - Summer STEM Institute in the NSF: Habitat Restoration & Ed NY department at Pace University.

- Your position start date is Saturday, August 01, 2020.
- In this position, your hourly pay rate is \$15.00. Your overtime rate of pay is \$22.50 per hour for all the hours worked in excess of 35 hours per week.
- As a part time Pace university employee, your pay is based on two week pay-period lag. Your first pay check will be issued on Monday, August 31, 2020, assuming (1) University Human resource has received all the required documentation and (2) you and your supervisor have correctly entered and approved your time into our time management system Please refer to Attachment A – Payroll Calendar for 2020 for all future pay dates.
- In general, you can work a maximum of 20 hours per week during the academic year and a maximum of 35 hours per week during the summer and when classes are not in session. If you hold more than one position, you still may not exceed the aforementioned hours per week. **Please note that the actual number of hours that you are authorized to work in this position may be less than the maximum depending on the department's needs and funding for the position.**
- Your supervisor, Dr. Christelle Scharff, will outline the responsibilities and expectations of your position.

All new employees are required to complete their new-hire paperwork and Employment Eligibility Verification Form I-9 on or before their first day of work. Please note you will be receiving an email message from Pace University with the subject line including the phrase, "TalentEd Records," which will provide a link to our online electronic paperwork system. Once all new hire paperwork has been submitted, **please visit the Human Resources office either before or on your start date** to provide original identification to complete the new hire process. Human Resources offices are located at the following locations:

<u>Westchester</u>	<u>New York City</u>
Human Resources 100 Summit Lake Drive, 3 rd Floor Valhalla, NY 10595	Human Resources 110 William Street, 11 th Floor New York, NY 10038

Please note that it is University payroll policy for all newly hired employees to **provide their original Social Security Card**. In addition, please **sign and return** the attached **Acknowledgment Regarding Wage Rate and Pay Days** form with all other documents to be submitted to the Human Resources Department.

Pace University provides eligible part-time employees with paid sick leave in accordance with the New York City Earned Sick Time Act. Please refer to the Employee Paid Sick Leave policy posted on the HR website to determine your eligibility for sick leave benefit.

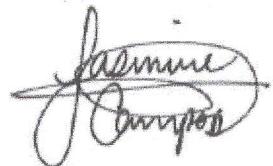
Required Training Initiatives

All Pace University employees are required to complete and on-line Harassment and Discrimination Prevention training program. If you have not completed this mandatory training already, you will receive an email within the first few weeks of employment from "donotreply@lawroom.com" with a link and instructions on how to access the training course. You are required to complete the Harassment and Discrimination Prevention course within 30 days of receiving the LawRoom email. Upon a completion, print out your certificate to retain with your personal records. If you have any questions, please contact the Talent Development department via email at talentdev@pace.edu.

Information Technology Services (ITS), in partnership with the SANS institute, has launched a program that will deliver information security training to all University employees. The content provides detailed information on how to avoid common information security attacks and is designed to raise end user awareness about the ever changing cyber threats that institutions are regularly exposed to. In order to ensure that you have the proper tools to identify and mitigate these threats, this required course must be completed within your first 30 days of employment. You will receive an email notification from <mailto:noreply@securingthehuman.org> and should use your Portal username and password to logon to the training site. If you have any questions or experience any access issues, please contact Larry Robcke, Information Security Analyst, at lrobcke@pace.edu.

We extend a warm welcome from Pace University and hope your employment will prove to be a rewarding experience.

Sincerely,

A handwritten signature in black ink, appearing to read "Jasmine Campos".

Jasmine Campos
Senior Talent Acquisition Specialist
University Talent Acquisition

CC: Dr. Christelle Scharff
Susan Downey

Attachment A – Payroll Calendar for 2020/2021

Payroll Calendar for 2020

JAN.	15	JUL.	13
	31		31
FEB.	15	AUG.	15
	28		31
MAR.	15	SEP.	14
	30		28
APR.	13	OCT.	15
	30		31
MAY	15	NOV.	15
	31		30
JUN.	15	DEC.	14
	29		31

Payroll Calendar for 2021

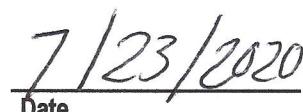
JAN.	15	JUL.	15
	31		31
FEB.	15	AUG.	15
	28		31
MAR.	15	SEP.	15
	31		30
APR.	15	OCT.	15
	30		31
MAY	15	NOV.	15
	31		30
JUN.	15	DEC.	15
	30		31

Please note there is a one pay-period lag for overtime compensation for full time employees eligible for overtime. This means all overtime earned from the 1st through the 15th is paid in the pay check received at the end of the month. Likewise all overtime earned from the 16th through the end of the month is paid in the pay check received on the working day closest to the 15th of the following month. For additional information please contact the Human Resources Department at (914) 923-2730.

Acknowledgment Regarding Wage Rate and Pay Days

I acknowledge that I have been notified of my wage rate, overtime rate (if applicable), and the receipt of Attachment A – Payroll Calendar for 2020 to the Offer Letter dated July 20, 2020


Ronald Kroening


Date



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) <i>Kroening</i>	First Name (Given Name) <i>Ronald</i>	Middle Initial <i>D</i>	Other Last Names Used (if any)
Address (Street Number and Name) <i>1435 E 70th St</i>	Apt. Number	City or Town <i>Brooklyn</i>	State <i>NY</i> ZIP Code <i>11234</i>
Date of Birth (mm/dd/yyyy) <i>09/12/2001</i>	U.S. Social Security Number <i>121-90-5674</i>	Employee's E-mail Address <i>rk24279n@pace.edu</i>	Employee's Telephone Number <i>(917)-618-0982</i>

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
_____ | QR Code - Section 1
Do Not Write In This Space |
| 2. Form I-94 Admission Number:
OR
_____ | |
| 3. Foreign Passport Number:
Country of Issuance: _____ | |

Signature of Employee <i>Ronald Kroening</i>	Today's Date (mm/dd/yyyy) <i>07/23/2020</i>
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Preparer and/or Translator Certification (check one):

- | | |
|---|---|
| <input checked="" type="checkbox"/> I did not use a preparer or translator. | <input type="checkbox"/> 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



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 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)	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				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Additional Information			QR Code - Sections 2 & 3 Do Not Write In This Space	

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		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

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
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Employee's Withholding Certificate

OMB No. 1545-0074

► 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.

2020

Step 1:
Enter
Personal
Information

(a) First name and middle initial	Last name	(b) Social security number
Donald D	Kroening	121-90-5674
Address		► 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 .
1435 E 70 th Street		
City or town, state, and ZIP code		
Brooklyn NY 11234		
(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 online estimator, 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 2020 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 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) \$ _____

1000

I am a dependent →

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.

Donald Kroening

Employee's signature (This form is not valid unless you sign it.)

→ 7/23/2020

Date

Employers
Only

Employer's name and address

First date of

employment

Employer identification
number (EIN)



Department of Taxation and Finance

Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

IT-2104

First name and middle initial <i>Ronald D</i>	Last name <i>Kroening</i>	Your Social Security number <i>121-90-5674</i>
Permanent home address (number and street or rural route) <i>1435 E 70th St</i>	Apartments <i>—</i>	Single or Head of household <input checked="" type="checkbox"/> Married <input type="checkbox"/>
City, village, or post office <i>Brooklyn</i>	State <i>NY</i>	Married, but withhold at higher single rate <input type="checkbox"/>
ZIP code <i>11234</i>		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 checked="" type="checkbox"/> No <input 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 20)	1 <input type="text" value="0"/>	
2 Total number of allowances for New York City (from line 35)	2 <input type="text" value="0"/>	
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" value="0"/>	
4 New York City amount	4 <input type="text" value="0"/>	
5 Yonkers amount	5 <input type="text" value="0"/>	

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

Employee's signature <i>Ronald Kroening</i>	Date <i>7/23/2020</i>
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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 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
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Instructions

Changes effective for 2020

Form IT-2104 has been revised for tax year 2020. 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 2020 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 do 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 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 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.

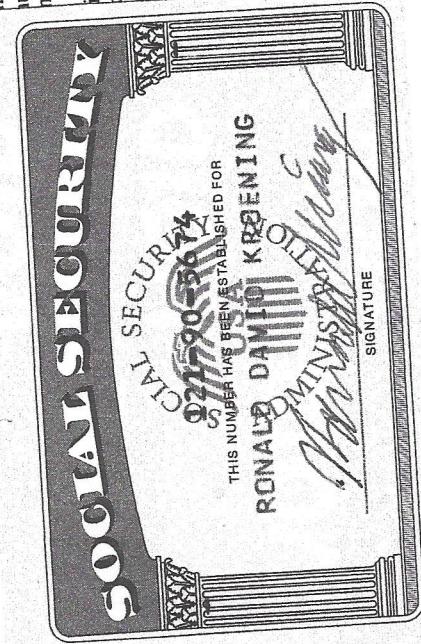
YOUR SOCIAL SECURITY CARD

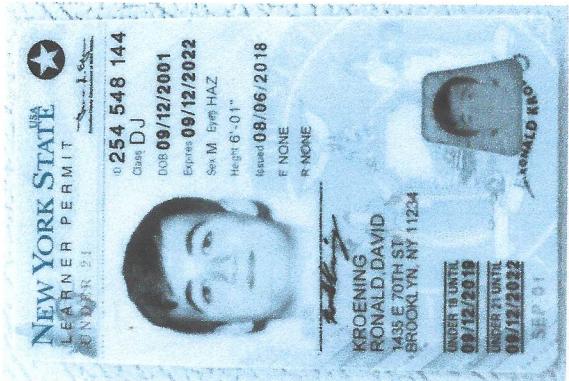
Detach the card below and sign it in ink immediately.
Keep your card in a safe place to prevent loss or theft.
Do not laminate your card.

ord your number in a safe place
ber to prevent their misuse.
application and submit evidence
submit evidence of U.S.
out exactly what you need to do.
sure your employer gets your
keeping purposes. Such use is
Security number by such an
organization. Private organizations
hey know your number.
number must tell you: whether
mber, and how the number will

ial Security card will be marked
on officials if you use the
work, your Social Security card
ACTION". If you show this card
e to show your U.S. immigration

ar or more;
n up for Medicare;
ge 65 or older—to apply for SSI.





State of New York)

:
County of Kings)

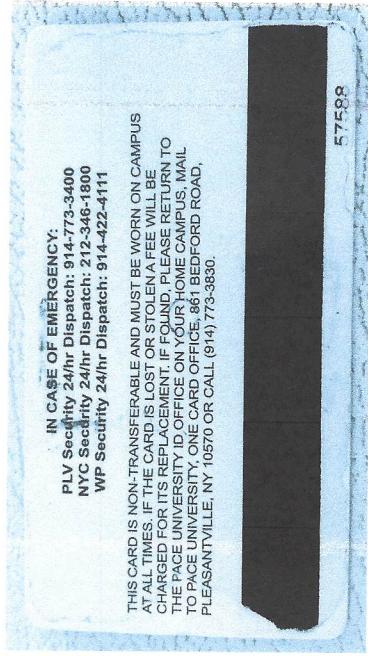
On the 22nd Day of July in the year 2020 before me, the undersigned, personally appeared Ronald D. Kroening, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument.

Dorothy Turano
Notary Public

DOROTHY TURANO
Notary Public, State of New York
No. 24-4833992
Qualified in Kings County
Commission Expires Sep. 30, 2021

Ronald D. Kroening

Ronald D. Kroening



State of New York)
County of Kings)
:

On the 22nd Day of July in the year 2020 before me, the undersigned, personally appeared Ronald D. Kroening, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument.

Dorothy Turano
Notary Public

DOROTHY TURANO
Notary Public, State of New York
No. 24-4833992
Qualified in Kings County
Commission Expires Sep. 30, 2027

Ronald D. Kroening
Ronald D. Kroening