<table>
<thead>
<tr>
<th>Name</th>
<th>Telephone</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jennifer Sinatra, Manager</td>
<td>2-6217</td>
<td>2-6208</td>
</tr>
<tr>
<td>Theresa Intini, Assistant Manager</td>
<td>2-6190</td>
<td>2-6208</td>
</tr>
<tr>
<td>Marianne Lopiccolo, Supervisor</td>
<td>2-4888</td>
<td>2-6208</td>
</tr>
<tr>
<td>Patricia Hines, Team Leader</td>
<td>2-6091</td>
<td>2-6208</td>
</tr>
<tr>
<td>Deborah Phelan, Team Leader</td>
<td>2-6199</td>
<td>2-6208</td>
</tr>
<tr>
<td>Mary Schoen</td>
<td>2-6388</td>
<td>2-6208</td>
</tr>
<tr>
<td>Karen Accurso</td>
<td>2-6094</td>
<td>2-6208</td>
</tr>
<tr>
<td>Janet Downey</td>
<td>2-6198</td>
<td>2-6208</td>
</tr>
<tr>
<td>Jean Schaal, Supervisor</td>
<td>2-1119</td>
<td>2-6150</td>
</tr>
<tr>
<td>Susan Koehler</td>
<td>2-6149</td>
<td>2-6150</td>
</tr>
</tbody>
</table>
1. **State employees** are paid bi-weekly on Wednesdays for work performed two weeks earlier. Professional employees fall into two categories:
   - United University Professions, bargaining units 08
   - Management Confidential, bargaining unit 13

2. **Salary Deferral Program**
   Management Confidential, bargaining unit 13 members are required to participate in the New York State Deficit Reduction Legislation Program. This program requires the withholding of one day’s salary from your first five paychecks.
   - The five day salary deferral payment will be sent to you six weeks after your permanent separation from State Service.
   - The repayment will be at your current salary or the salary it was withheld at whichever is higher. UUP employees do not participate in the Salary Deferral Program.

3. **Salary Factors**
   As a fiscal year cannot be divided equally into bi-weekly pay periods, a payroll factor is used to compute the bi-weekly salary as follows:
   - Faculty paid in 21 pay periods - .047619 times your annual salary.
   - Non-teaching professionals, Management Confidential, and faculty paid in 26 pay periods - .038356 times your annual salary (Leap year factor is .038251).
   - Salary deferral factor is .034250 times your annual salary (applies to Management Confidential employees).
   - Part-time employees must multiply the bi-weekly salary by their percentage of obligation (FTE).

4. **Paycheck Information**
   - First paycheck - review all information for accuracy.
   - Name and address changes - inform your supervisor. Your department will forward information to Human Resource Services - Payroll.
   - Tax withholding changes - Form W-4 (federal), and form IT-2104 (state) must be completed and forwarded to Human Resource Services - Payroll.
   - Mail Drop ID - review to insure proper distribution of your paycheck.
   - Direct Deposit (ONLY) - you will receive an advice (statement).
   - Partial Direct Deposit - you will receive a paycheck and an advice.

**NOTE:** You are responsible for all earnings and deductions reported on your paycheck/advice. Make sure that you understand the amount of your gross earnings and net pay to ensure that your paycheck reflects what you expect. Immediately contact the payroll office if you believe there is an overpayment or underpayment.
DIRECT DEPOSIT FOR STATE EMPLOYEES

ENROLLMENT INFORMATION
The Electronic Direct Deposit Program offers employees greater flexibility in choosing a financial institution, and provides a cost-effective method of servicing the banking needs for Stony Brook employees.

Eligible employees may elect to direct deposit their net salary into an account at any bank, savings and loan associations, Federal or State chartered credit union, or similar institution that has Automated Clearing House (ACH) capabilities, and chooses to participate in the New York Electronic Direct Deposit Program. All Financial Institutions are required to have funds available at the opening of business on payday.

On payday, you will receive an Advice (statement). The net amount on the Advice is the amount which was credited to your account.

If you wish to participate in the Electronic Direct Deposit Program:

1. Complete the Direct Deposit enrollment form. Please note that this is the ONLY form we accept for enrollment and changes. The Office of the State Comptroller suggests that you attach a voided personal check to the application if you wish to deposit your net salary into your checking account. If you wish to deposit your check into your savings account, your account number and bank routing number must be provided.

2. Sign the enrollment form. The joint account holder, if applicable, must also sign the form.

3. Completed form can be submitted at New Employee Orientation or mailed directly to:
   Human Resource Services
   390 Administration Building
   Stony Brook University
   Stony Brook, NY 11794-0751

4. The Direct Deposit Enrollment / Change form is also available at our web site at www.stonybrook.edu/hr/. Log on and see how easy it is to set up your direct deposit with the financial institution of your choice.

ELECTRONIC DIRECT DEPOSIT PARTICIPATION REQUIREMENTS

1. Direct Deposit enrollment is transferred when an employee moves from one agency to another.

2. Employees may choose up to seven direct deposits.

3. When changing accounts and/or financial institutions, keep both accounts open until the new account has been credited with your net salary. In the period the change is submitted, the deposit to the old account will continue until the direct deposit to the new account takes place.

4. Employees may add, change or cancel a direct deposit by completing a new Direct Deposit Enrollment/Change form and submitting to:
   Human Resource Services
   390 Administration Building
   Stony Brook University
   Stony Brook, NY 11794-0751

STONY BROOK UNIVERSITY COMPLIES WITH ALL PERTINENT FEDERAL AND STATE LEGISLATION
Direct Deposit Form for NYS Employees

<table>
<thead>
<tr>
<th>Section A: Employee Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME (LAST, FIRST, MD)</td>
</tr>
<tr>
<td>WORK PHONE #(____) _________</td>
</tr>
<tr>
<td>LAST FOUR DIGITS OF SOCIAL SECURITY # _____</td>
</tr>
<tr>
<td>AGENCY/DEPT CODE _____ ______</td>
</tr>
</tbody>
</table>

For more than three accounts or if you prefer to list each financial institution on a separate form, use additional forms as necessary. Up to seven fixed amount or percentage deposits may be processed as well as one excess (not pay) deposit.

<table>
<thead>
<tr>
<th>Section B: Account Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>New or Add'l Account *</td>
</tr>
<tr>
<td>Changes</td>
</tr>
<tr>
<td>Joint Account Holder *</td>
</tr>
<tr>
<td>Cancel</td>
</tr>
<tr>
<td>Changes</td>
</tr>
<tr>
<td>Account #</td>
</tr>
<tr>
<td>Amount, Percentage or Excess</td>
</tr>
</tbody>
</table>

1. ○ Savings □ Checking
2. □ Savings □ Checking
3. □ Savings □ Checking

For new/additional accounts with joint account holders or to add a joint account holder to existing accounts, both signatures are required in Section D.

Section C: This section must be completed by your financial institution for new/additional accounts when directing funds into a savings account or into a checking account if a voided personal check is not attached. The employee’s name MUST appear on the account(s).

As a representative of the below named financial institution, I certify that this institution is ACH capable and agrees to receive and deposit the salary to the account shown above in accordance with Part 102 of the Rules, and Regulations of the State of New York and to be bound by such rules. Salary credited to the account below will be available to the depositor on payday.

<table>
<thead>
<tr>
<th>Section C: Name of Financial Institution</th>
<th>Account Type</th>
<th>Savings</th>
<th>Checking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depositor’s Account Number</td>
<td>Routing Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. NAME OF FINANCIAL INSTITUTION</td>
<td>Account Type</td>
<td>Savings</td>
<td>Checking</td>
</tr>
<tr>
<td>Depositor’s Account Number (EFT Format)</td>
<td>Routing Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Print or Type Representative’s Name</td>
<td>Signature of Representative</td>
<td>Telephone Number</td>
<td>Date</td>
</tr>
<tr>
<td>2. NAME OF FINANCIAL INSTITUTION</td>
<td>Account Type</td>
<td>Savings</td>
<td>Checking</td>
</tr>
<tr>
<td>Depositor’s Account Number (EFT Format)</td>
<td>Routing Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Print or Type Representative’s Name</td>
<td>Signature of Representative</td>
<td>Telephone Number</td>
<td>Date</td>
</tr>
<tr>
<td>3. NAME OF FINANCIAL INSTITUTION</td>
<td>Account Type</td>
<td>Savings</td>
<td>Checking</td>
</tr>
<tr>
<td>Depositor’s Account Number (EFT Format)</td>
<td>Routing Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Print or Type Representative’s Name</td>
<td>Signature of Representative</td>
<td>Telephone Number</td>
<td>Date</td>
</tr>
</tbody>
</table>

Section D: Employee/Joint Account Holders Certification: I certify that I read and understand the instructions to this form, including the authorization for recovery. In signing this form, I authorize my salary payment to be sent to the designated financial institution(s) to be deposited into the specified account(s). The joint account holder for accounts listed in Section B, if any, must sign on the corresponding line for new/additional accounts or account holder(s).

| Employees Signature | Date |
| B-1 Joint Account Holder | Date |
| B-2 Joint Account Holder | Date |
| B-3 Joint Account Holder | Date |
INSTRUCTIONS

Please complete the form as described below, and then forward it to your agency/department payroll or personnel office. You can also contact that office for assistance in completing the form.

NEW/ADDITIONAL ACCOUNT OR CHANGES IN ACCOUNT HOLDERS

Employee must complete Sections A, B, and D for each new/additional account or for changes in account holders. See instructions below for Section C.

Section A: Indicate your name, work phone number and Agency/Department code. For your personal privacy, enter only the last four digits of your social security number.

Section B: To enroll in direct deposit or add an account, place a check mark in the account type (checking or savings) and in the “New or Additional” column. For changes in account holders, place a check mark in the account type and in the appropriate “Change” column. Indicate the name of the financial institution, account number, and amount or percentage to be deposited.

◊ Employees may choose up to seven fixed amount or percentage deposits, as well as one excess (net pay) deposit. This form accommodates up to three accounts. For more than three accounts or if you prefer to list each financial institution on a separate form, use additional forms as necessary.

◊ Account number is obtained from a personal check, bank statement, or the financial institution.

◊ To deposit a fixed amount, enter a specific amount (may include cents, e.g. $100.25). To deposit a portion of the paycheck, enter a specific percent (must be a full percentage, e.g. 50%). Write the word “excess” to deposit the remainder of monies after all other distributions.

Section C: For Savings Accounts, this section must be completed by your financial institution (s). For Checking Accounts, this section must be completed by your financial institution (s) if you are not attaching a voided personal check. The employee's name must appear on the account.

Section D: The Employee/Joint Account Holder Certification must be signed by the employee in all instances and any joint account holder if this is a new/addicted account. By signing this form, the employee and any joint account holder each allows the State, through the financial institution, to debit the account in order to recover any salary to which the employee was not entitled or that was deposited to the account in error. This means of recovery shall not prevent the State from utilizing any other lawful means to retrieve salary payments to which the employee is not entitled.

CHANGES TO MONEY OR PERCENTAGE AMOUNT

Employees may add, change or cancel the money or percentage amount deposited to an account by completing Sections A, B, and D of a new Direct Deposit Form. Section C does not need to be completed for these changes. In Section B, place a check mark in the appropriate “Change” column. New fixed amount or percentage direct deposits will be assigned a lesser priority than existing fixed amount or percentage direct deposits. For example, if an employee's pay is not sufficient to cover all direct deposits, the most recently designated direct deposit(s) will not be taken.

To change direct deposit priorities, please contact your agency payroll or personnel office. Financial institution changes may take up to two payroll periods to become effective. Employees should maintain accounts canceled and replaced by new accounts until the new transaction is complete. If canceled accounts are not temporarily maintained until the new account receives the employee's direct deposit transaction, employees may experience a delay in payments. Joint account holder's signature is not required for these transactions.

CANCELLATIONS

The agreement represented by this authorization will remain in effect until canceled by the employee, the financial institution, or the State agency. To cancel the agreement, the employee must complete Sections A, B and D of a new Direct Deposit Form for the transaction(s) to be canceled. Joint account holder's signature is not required. The financial institution may cancel the agreement by providing the employee and the State agency with a written notice 30 days in advance of the cancellation date. The financial institution cannot cancel the authorization without notification to both the employee and the State agency. The State agency may cancel an employee’s direct deposits when internal control policies would be compromised by this form of salary payment.

NOTE: Direct deposit advice statements are distributed by the enrollee’s agency. If the statement is unclaimed, it will be held by the agency for thirty (30) days after which time the statement will be destroyed.

ADDITIONAL INFORMATION

The information on this form is required pursuant to Part 102 of the Codes, Rules and Regulations of New York State (2 NYCRR 102). This form is a legal document and cannot be altered by the agency, employee or financial institution. If there are any changes, the employee must complete a new form. The information supplied by the employee will be provided only to the designated financial institution (s) and/or their agent (s) for the purpose of processing payments. Failure by the employee to provide the requested information may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program of the Bureau of State Payroll Services, NYS Office of the State Comptroller.
STATE EMPLOYEES—PAYROLL PARKING DEDUCTION AUTHORIZATION

CIRCLE ONE: START: CANCEL

Garage Use Only

Cashier’s Initials:__________

Paid Current Month ___/____ Year

Paid Next Month ___/____ Year

Payroll Deduction to Start ___/____ Year

CHECK ONE BOX:

☐ Council 82, CSEA, NYSCOPBA, UUP & PEF $ 16.24 $ 7.50

☐ 10 month Faculty *(coverage from Sept. thru May only) 16.24 6.96

☐ GSEU and MC 22.72 10.49

MONTHLY FEE BI-WEEKLY DEDUCTION

NAME:_________________________ PARKING CARD NUMBER____________________

SOCIAL SECURITY (LAST 4-DIGITS) __ __ __ __ DEPARTMENT __________________________

EMPLOYEE ID# _______ CAMPUS PHONE # _______ MEMBER OF UNION ______________________

PLEASE READ THE FOLLOWING STATEMENT

I hereby authorize the State comptroller to deduct the appropriate amount, based on my bargaining unit, from my bi-weekly paychecks, for the purpose of paying the University Garage Parking fee. I must submit all forms, Start or Cancel, to any of the Parking Garage Offices (Bursar, HSC Garage, Hospital Garage, HSC Campus Card).

- I understand that the bi-weekly deduction will end and parking access terminated if I go on Leave of Absence.
- I understand that there will be no prorated refunds; if my card has been used during any period of time during the month, the full parking fee will be deducted from my check.
- I understand that the parking fee is a monthly amount plus applicable sales tax which is annualized and deducted from my paychecks in bi-weekly installments.
- I understand that the bi-weekly deduction is subject to change, based upon any increase in parking fees.
- I understand that the bi-weekly deduction may be rounded to the nearest penny to ensure that the full parking fee is deducted from my paycheck.

10-MONTH FACULTY ONLY

- INITIALLY can only be started at the beginning of the Fall semester in September.
- WILL automatically be stopped after 21 paychecks in the month of June and re-started in September.
- IF working during Summer Session, must pay parking garage directly.

My signature below confirms that I have read the above and agree to participate in this program based upon all the requirements.

PRINT NAME_________________________ EMPLOYEE SIGNATURE_________________________ DATE ________

STONY BROOK UNIVERSITY COMPLIES WITH ALL PERTINENT FEDERAL AND STATE LEGISLATION