



Welcome to the best part of working at Camp, paperwork!

At Camp Seneca Lake, we take the process of adding you to our team very seriously. As such, there are many required forms that need your attention and to be completed in advance of the summer. In an effort to simplify things as much as possible, we've compiled a packet of paperwork that you can print, complete, and scan back to us. Please note that **your work agreement** will be sent via separate email. Please print, sign, and email back to us.

Here are the forms that you'll find in this packet, that we need you to complete.

Camp Health Form and Immunizations: These need to be completed by a health care professional. All staff need a physical that cannot be more than two years old by time you report to Camp in June.

Employee Information Form: Basic information that the JCC in Rochester needs all employees to complete to be entered into their payroll system.

Working Papers: If your 18th birthday is AFTER June 20, 2018, you will be required to submit to Camp working papers that enable you to legally work in New York State as a minor. If your birthday is after this date, please complete the attached form and bring to your High School to receive the working papers. If you do not live in New York, please let Aaron know.

W-4: We have included the 2017 W-4, tax form. The 2018 form is not available yet. We will pass this form along as soon it is available. Please make sure to fill out the appropriate spaces on this form. If you have questions, asking your parents – or trusted financial advisor is recommended.

New York State Tax Form: We have included the 2018 NYS IT-2104 in this packet. If you believe you are exempt from New York State taxes (that is for you to decide, not Camp or the JCC), then we ask that you complete the included form, then contact Aaron Cantor to receive the NYS IT-2104e to complete.

Employee Handbook: Included in this paperwork is confirmation that you have received and read the JCC's employee handbook. As a reminder, this document was provided to you electronically and can be found via our website if you need another copy.

Direct Deposit: We do recommend that all staff members complete and submit a direct deposit form; however, this is not required. This is the only form in the packet that is optional.

I-9 Verification: This form is not in your packet. The Federal Government has released a new I-9 verification form that will be completed at Camp, instead of electronically ahead of time. You will be required to bring the specific documents needed to complete this form, to Camp with you in June.

Thank you again for taking the time to read through this information. Do not hesitate to ask us any questions that you might have.

Aaron and the CSL team.

Applicant's Name

Session

Birth Date

Male Female

Physician's Examination

HEALTH FORM 

This examination should be performed within 12 months of arrival at camp. Examination for some other purpose within this period is acceptable. Examination is for determining fitness to engage in strenuous activity.

Height

Weight

Pulse

Blood Pressure

Hct/Hgb Test (if appropriate)

Urinalysis (if appropriate)

Please rate the following:

V – Satisfactory
X – Not satisfactory
O – Not examined

Eyes	Ears	Nose	Throat	Lungs	Heart	Abdomen	Genitalia	Hernia	Extremities	Posture	Skin	Neuro
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Appraisal

Please address any concerns from above.

Medications

Please list any medications the applicant is currently taking.

Allergies

Please list any allergies the applicant may have.

Immunizations

Date of last tetanus shot

Are immunizations up to date? Yes No

Current Medical Problems and Treatments

Use a second sheet if needed.

Recommendations

List restrictions on the applicant at camp.

I have examined the person herein described and have reviewed the health history. It is my opinion that this person is physically able to engage in camp activities, except as noted above.

I examined the applicant today Yes No

If no, date of examination

Name of Doctor

Signature

Date

Contact Information

Applicant's Name

Session

Birth Date

Male Female

Immunization Form

HEALTH FORM 

Please complete this form and return it to the camp as soon as possible. Your Health Form will not be complete without it.

Immunization	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Latest
DTaP or TDaP Diphtheria, tetanus, pertussis	<input type="text"/> mm/yyyy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Tetanus, Pertussis booster						<input type="text"/>
MMR Mumps, measles, rubella	<input type="text"/>	<input type="text"/>				<input type="text"/>
IPV Polio	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
HIB Haemophilus influenzae type B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
PCV Pneumococcal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Hepatitis B	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Hepatitis A	<input type="text"/>	<input type="text"/>				
Chicken Pox Varicella	<input type="text"/>	<input type="text"/>				
MCV4 Meningococcal meningitis	<input type="text"/>					

Comments

If any of the immunizations listed above have not been received, please provide an explanation.



**JEWISH COMMUNITY CENTER OF GREATER ROCHESTER
(New/Rehire Employee Information Form)**

Personal Data: To be completed by new/rehire employee

Last Name _____ First Name _____ MI _____

Preferred Name _____ Social Security # _____

Address _____

City _____ State _____ Zip Code _____

Home Phone # _____ Cell Phone # _____

Date of Birth _____ US Citizen ___ Yes ___ No Gender ___ M ___ F

Race ___ White ___ Black/African America ___ Hispanic Latino ___ Asian ___ Multiple Races

___ American Indian/Alaska Native ___ Native Hawaiian/Other Pacific Islander

Email Address _____

Emergency Contact Information

Name _____ Relationship _____

Day Phone # _____ Cell Phone # _____

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
ALBANY, NY 12234

APPLICATION FOR EMPLOYMENT CERTIFICATE

See reverse side of this form for information concerning employment of minors.

All signatures must be handwritten in ink, and applicant must appear in person before the certifying official.

PART I – Parental Consent – (To be completed by applicant and parent or guardian)

Parent or guardian must appear at the school or issuing center to sign the application for the first certificate for full-time employment, unless the minor is a graduate of a four-year high school and presents evidence thereof. For all other certificates, the parent or guardian must sign the application, but need not appear in person to do so.

Date.....

I, Age

[Applicant]

Home Address, apply for a certificate as checked below

[Full Home Address including Zip Code]

- Nonfactory Employment Certificate – Valid for lawful employment of a minor 14 or 15 years of age enrolled in day school when attendance is not required.
- Student General Employment Certificate – Valid for lawful employment of a minor 16 or 17 years of age enrolled in day school when attendance is not required.
- Full-Time Employment Certificate – Valid for lawful employment of a minor 16 or 17 years of age who is not attending day school.

I hereby consent to the required examination and employment certification as indicated above.

.....
[Signature of Parent or Guardian]

PART II – Evidence of Age – (To be completed by issuing official only)

..... – Check evidence of age accepted – Document # (if any)

[Date of Birth]

Birth Certificate State Issued Photo I.D Driver’s License Schooling Record Other.....
[Specify]

PART III – Certificate of Physical Fitness

Applicant shall present documentation of physical exam from a school or private physician, physician’s assistant or nurse practitioner licensed to practice within New York State. Said examination must have been given within 12 months prior to issuance of the employment certificate. Date of physical exam on file with school If physical exam is over 12 months, provide student with certificate of physical fitness to be completed by school medical director or private health care provider. If the physical exam or Certificate of Physical Fitness is limited with regards to allowed work/activity, the issuing official shall issue a Limited Employment Certificate (valid for a period not to exceed 6 months unless the limitation noted by the physician is permanent, then the certificate will remain valid until the minor changes jobs. Enter the limitation on the employment certificate. THE PHYSICIAN’S CERTIFICATION SHOULD BE RETURNED TO THE APPLICANT.

PART IV – Pledge of Employment – (To be completed by prospective employer)

Part IV must be completed only for: (a) a minor with a medical limitation; and (b) for a minor 16 years of age or legally able to withdraw from school, according to Section 3205 of the Education Law, and must show proof of having a job.

The undersigned will employ residing at

[Applicant]

as ...Camp Counselor..... at200 Camp Road, Penn Yan NY 14527.....
[Description of Applicant’s Work] [Job Location]

for6..... days per week hours per day, beginning8..... a.m. p.m.

..... Factory ending..... a.m.4..... p.m.
[Name of Firm]

Nonfactory

1200 Edgewood Ave, Rochester NY 14618.....
[Address of Firm]

.....585-461-2000 x263... Starting date ...6/21/2018.....
[Telephone Number] [Signature of Employer]

PART V – Schooling Record – (To be completed by school official)

Part V must be completed only for a minor 16 years of age who is leaving school and resides in a district (New York City and Buffalo) which require a minor 16 years of age to attend school, according to Section 3205 of the Education Law.

I certify that the records of
[Name of School] [Address]

Show that whose date of birth is
[Name of Applicant]

Is in grade.....
[Signature of Principal or Designee]

PART VI – Employment Certification – (To be completed by issuing official only)

Certificate Number Date Issued

.....
[School or Issuing Center]

.....
[Address]

.....
[Signature of Issuing Officer]

THIS APPLICATION DOES NOT AUTHORIZE EMPLOYMENT

GENERAL INFORMATION

An employment Certificate (Student Nonfactory, Student General, or Full Time) may be used for an unlimited number of successive job placements in lawful employment permitted by the particular type of certificate.

A Nonfactory Employment Certificate is valid for 2 years from the date of issuance or until the student turns 16 years old, with the exception of a Limited Employment Certificate. A Limited Employment Certificate is valid for a maximum of 6 months unless the limitation noted by the physician is permanent, then the certificate will remain valid until the minor changes job. It may be accepted only by the employer indicated on the certificate.

A new Certificate of Physical Fitness is required when applying for a different type of employment certificate, if more than 12 months have elapsed since the previous physical for employment.

An employer shall retain the certificate on file for the duration of the minor's employment. Upon termination of employment, or expiration of the employment certificate's period of validity, the certificate shall be returned to the minor. A certificate may be revoked by school district authorities for cause.

A minor employed as a Newspaper Carrier, Street Trades Worker, Farmworker, or Child Model, must obtain the Special Occupational Permit required.

A minor 14 years of age and over may be employed as a caddy, babysitter, or in casual employment consisting of yard work and household chores when not required to attend school. Employment certification for such employment is not mandatory.

An employer of a minor in an occupation which does not require employment certification should request a Certificate of Age.

PROHIBITED EMPLOYMENT

Minors 14 and 15 years may not be employed in, or in connection with a factory (except in delivery and clerical employment in an enclosed office thereof), or in certain hazardous occupations such as: construction work; helper on a motor vehicle; operation of washing, grinding, cutting, slicing, pressing or mixing machinery in any establishment; painting or exterior cleaning in connection with the maintenance of a building or structure; and others listed in Section 133 of the New York State Labor Law.

Minors 16 and 17 years of age may not be employed in certain hazardous occupations such as: construction worker; helper on a motor vehicle, the operation of various kinds of power-driver machinery; and others listed in Section 133 of the New York State Labor Law.

HOURS OF EMPLOYMENT

Minors may not be employed during the hours they are required to attend school.

Minors 14 and 15 years of age may not be employed in any occupation (except farmwork and delivering, or selling and delivering newspapers):

When school is in session:

- more than 3 hours on any school day, more than 8 hours on a nonschool day, more than 6 days in any week, for a maximum of 18 hours per week, or a maximum of 23 hours per week if enrolled in a supervised work study program approved by the Commissioner.
- after 7 p.m. or before 7 a.m.

When school is not in session:

- more than 8 hours on any day, 6 days in any week, for a maximum of 40 hours per week.
- after 9 p.m. or before 7 a.m.

This certificate is not valid for work associated with newspaper carrier, agriculture or modeling.

Minors 16 and 17 years of age may not be employed: --

When school is in session:

- more than 4 hours on days preceding school days; more than 8 hours on days not preceding school days (Friday, Saturday, Sunday and holidays), 6 days in any week, for a maximum of 28 hours per week.
- between 10 p.m. and 12 midnight on days followed by a school day without written consent of parent or guardian and a certificate of satisfactory academic standing from the minor's school (to be validated at the end of each marking period).
- between 10 p.m. and 12 midnight on days not followed by a school day without written consent of parent or guardian.

When school is not in session:

- more than 8 hours on any day, 6 days in any week, for a maximum of 48 hours per week.

EDUCATION LAW, SECTION 3233

"Any person who knowingly makes a false statement in or in relation to any application made for an employment certificate or permit as to any matter by this chapter to appear in any affidavit, record, transcript, certificate or permit therein provided for, is guilty of a misdemeanor."

Form W-4 (2018)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

Line F. Credit for other dependents. When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

----- 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		OMB No. 1545-0074 2018	
▶ 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.					
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 2018, and I certify that I meet both of the following conditions for exemption.					
<ul style="list-style-type: none"> • 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 ▶					
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)	



Department of Taxation and Finance

Employee's Withholding Allowance Certificate

IT-2104

New York State • New York City • Yonkers

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 withheld 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 18) <table border="1"><tr><td>1</td><td></td></tr></table> 2 Total number of allowances for New York City (from line 29) <table border="1"><tr><td>2</td><td></td></tr></table>			1		2			
1								
2								
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 <table border="1"><tr><td>3</td><td></td></tr></table> 4 New York City amount <table border="1"><tr><td>4</td><td></td></tr></table> 5 Yonkers amount <table border="1"><tr><td>5</td><td></td></tr></table>			3		4		5	
3								
4								
5								

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

Employee's signature	Date
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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
Louis S. Wolk JCC of Greater Rochester - 1200 Edgewood Ave, Rochester NY 14618	16-0743060

Instructions

Changes effective for 2018

Form IT-2104 has been revised for tax year 2018. The worksheet on page 3 and the charts beginning on page 4, 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 2018 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 you do not file Form IT-2104, your employer may use the same number of allowances you claimed on 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. 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.
- The total income of you and your spouse has increased to \$107,650 or more for the tax year.
- You have significantly more or less income from other sources or from another job.
- You no longer qualify for exemption from withholding.

Receipt of Handbook

I have received the employee handbook for the Jewish Community Center of Greater Rochester, and I understand that I am responsible for reading the personnel policies and practices described within it. I understand that this handbook replaces any and all prior handbooks, policies and practices of Camp and the JCC.

I agree to abide by the policies and procedures contained therein. I understand that the policies and benefits contained in this employee handbook may be added to, deleted or changed by the JCC at any time. I understand that neither this manual nor any other written or verbal communications by a management representative or agent of the JCC is intended to, in any way, create a contract of employment or change the JCC's policy if employment-at-will which means that either the JCC or I may terminate my employment at any time, for any reason, without or without case and with or without notice.

If I have questions regarding the content or interpretation of this handbook I will bring them to the attention of the human resource manager.

PRINTED NAME: _____ DATE: _____

EMPLOYEE SIGNATURE: _____

Review of Non-Harassment and Sexual Harassment Policies

I acknowledge that this day that I have reviewed the JCC's policies regarding non-harassment and sexual harassment located at Camp and in the Jewish Community Center of Greater Rochester handbook, and that I fully understand my obligations and responsibilities as outlined therein including, but not limited to, the reporting procedures to be followed in the event I or any other employee is subject to harassment or sexual harassment by another employee.

PRINTED NAME: _____ DATE: _____

EMPLOYEE SIGNATURE: _____

Employee Direct Deposit Enrollment Form

To enroll in Full Service Direct Deposit, simply fill out this form and give it to the Human Resource department. Attach a voided check for each checking account not a deposit slip.

If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a saving deposit slip. This will help ensure that you are paid correctly.

Account Information

The last item must be for the remaining amount owed to you. Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.

1. Bank Name/City/State: _____
Routing/Transit# _____ Account Number: _____
Checking Savings I wish to deposit: \$ _____ or Entire Net Amount
2. Bank Name/City/State: _____
Routing/Transit# _____ Account Number: _____
Checking Savings I wish to deposit: \$ _____ or Entire Net Amount
3. Bank Name/City/State: _____
Routing/Transit# _____ Account Number: _____
Checking Savings I wish to deposit: \$ _____ or Entire Net Amount

Important! Please read and sign.

I hereby authorize the JCC, either directly or through its payroll service provider, to deposit any amounts owed me, by initiating credit entries to my account at the financial institution indicated on this form. Further, I authorize the indicated financial institution to accept and to credit any credit entries indicated by the JCC, either directly or through its payroll service provider to my account. In the event that the JCC deposits funds erroneously into my account, I authorize the JCC to debit my account for an amount not to exceed the original amount of the erroneous credit.

Employee Name: _____ SS# _____

Employee Signature: _____ Date: _____

Please allow two pay periods to go into effect.