

GOSHEN CENTRAL SCHOOL DISTRICT

EMERGENCY INFORMATION

Your Name _____

Building _____

Emergency Contact _____

Telephone Number _____

Please check the buildings you would like to substitute in.

High School (9-12)	___	Intermediate School	___
Middle School (6-8)	___	Scotchtown Ave. Elementary	___

Please check the days you are available:

__Monday __Tuesday __Wednesday __Thursday __Friday

Please list the subject areas that you would like to substitute in:

_____	_____
_____	_____
_____	_____

ALL AREAS: _____

Superintendent of Schools
Telephone: 845-615-6720



Cradle of the Trotter
and
Birthplace of Webster's
Dictionary

GOSHEN CENTRAL SCHOOL DISTRICT
227 MAIN STREET
GOSHEN, NEW YORK 10924

Any new full-time employee who is not currently an active member of the appropriate NYS Retirement System(s) MUST complete the corresponding Membership Application which must be filed with the appropriate Retirement System in order to be effective.

Any employee rendering less than full-time service who is not currently an active member of the appropriate NYS Retirement System(s), and wishes to join said NYS Retirement System, MUST complete the corresponding Membership Application. The completed Membership Application must be filed with the corresponding Retirement System in order to be effective.

EXISTING NYS RETIREMENT SYSTEM MEMBERSHIP STATEMENT AND DEDUCTION AUTHORIZATION

I have previously established membership with (check all that apply):

The NYS Teachers' Retirement System (NYSTRS). The NYS Employees' Retirement System (NYSERS).

As a result of being a member of the above Retirement System(s), I understand I may be required, pursuant to Article 15 of the RSSL, to contribute to said Retirement System. I authorize the amount required by said Retirement System(s), if applicable, to be deducted from my pay.

Name (please print): _____

Signature: _____ Date: _____

NYS RETIREMENT SYSTEM WAIVER

I am **not currently a member** of and I would like to waive joining (check all that apply):

The NYS Teachers' Retirement System (NYSTRS) The NYS Employees' Retirement System (NYSERS)
(Teachers, Administrators, Substitute Teachers ONLY) (Support Staff positions, all other substitutes ONLY)

...at this time. This option is ONLY available to eligible employees rendering less than full-time service for the current school year and thereafter.

I hereby acknowledge that I have been informed by the Board of Education, Goshen Central School District, my employer, that as an employee not currently a member of the Retirement System(s) designated above who is, or will be, rendering less than full-time service for the current school year and thereafter, I may, as a matter of right, join the appropriate NYS Retirement System.

I further acknowledge that I understand under present law if I elect to join either Retirement System, I must complete the appropriate Retirement System Membership Application which must be filed with the corresponding Retirement System in order to be effective. As a result of joining either Retirement System, I will be required, pursuant to Article 15 of the RSSL, to contribute to said Retirement System. Such contributions will be deducted from my pay.

If I join either Retirement System, my beneficiary will be protected by a death benefit should I die in service after I have been credited by the System with one year of service.

Upon meeting eligibility requirements, I will be entitled to a lifetime pension at an eligible age as determined by the appropriate NYS Retirement System or a disability pension at an earlier age if I become permanently and totally disabled from gainful employment.

I also understand if I do not elect to join, I may be unable to obtain credit at a later date for service rendered during the period I was not a member.

Name (please print): _____

Signature: _____ Date: _____

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PRINT (last name) (first name) (initial)

OATH OF ALLEGIANCE

I do solemnly swear (or affirm) that I will support the Constitution of the United States of America and the Constitution of the State of New York, and that I will faithfully discharge, according to the best of my ability, the duties of the

Position of: _____
(title of position)

(signature of employee)

Sworn to before me this _____ day of _____
(date) (month) (year)

(District Clerk)

The oath required by section 3002 of the Education Law shall be administered by the president or other head of such school, college, university or institution, or by the office or person, or in the case of a board or body, by a member of the board or body, having authority to employ such person as a teacher, instructor of profession in such school, college, university or institution, and each is hereby authorized to administer it.

This oath should be filed by the employee with the administrative head of the school system in which she (he) is employed, with the superintendent of schools; in supervisory district, with the district superintendent; in other schools, with the head of the school. These officers will forward the oaths to the Bureau of Statistical Services of the State Education Department, Albany, New York.

GOSHEN • CHESTER • HAMPTONBURGH • WALLKILL • WAWAYANDA

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Statement for Conditional Appointment

I, _____, to the best of my knowledge,
(print name)

- do not have
- have (if checked, please list and explain below)

pending criminal charges against me or criminal convictions in any jurisdiction outside of New York State.*

List all pending criminal charges and convictions. Please include the nature of the criminal offense you were charged with/convicted of, the date of the charge/conviction and the location. Attach additional pages, if necessary.

I declare and affirm that the information I entered on this Statement for Conditional Appointment is true, complete and accurate.

Signature of applicant

Date

*Please note that a conviction record will not necessarily be a barrier to employment. Factors such as age at the time of the offense, date, seriousness and nature of the offense, and rehabilitation will be taken into account.

**GOSHEN CENTRAL SCHOOL DISTRICT
PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM**

(Please check one) NEW CHANGE (\$ / % / BANK) CANCEL

Employee Name: _____

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

Checking Savings

PLEASE ATTACH A VOIDED CHECK

NEW: Deposit \$ _____ or _____ % into this account each payroll
CHANGE: From \$ _____ to \$ _____ From _____ % to _____ % From _____ to <u>New bank info</u>
CANCEL: Cancel ALL direct deposits: <input type="checkbox"/> Yes <input type="checkbox"/> No (Receive check instead)
Special Instructions: _____ _____ _____ _____ _____

<p>I authorize GOSHEN CENTRAL SCHOOL DISTRICT, to deposit all payroll-related payments due to me into the designated financial institution and account, and if necessary, to initiate correcting entries, in case error transactions occur. I understand the deposits will be made electronically. I also understand that there are circumstances which may prevent my check from being deposited electronically and the District will provide me with a paycheck should such instances occur.</p> <p>Signed: _____ Date: _____</p>

*Please return this completed form to the Payroll Department for processing.
Must be received by end-of-day Friday before paycheck to be effective that pay period.
Missing/incomplete information will delay changes being made to your employee file.*