|  |  |  |  |
| --- | --- | --- | --- |
| Orientation Checklist | | | |
| Employee Name: |  | Date: |  |
| Budget Title: |  | Telephone: |  |
| Hire Date: |  |  | |
| Negotiating Unit: |  | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **New Hire Forms** | | | | | | | | | | |
| *Complete and return the documents below to HR at Cleveland Hall 403 or by email to* [*hr@buffalostate.edu*](mailto:hr@buffalostate.edu) *on or before your first day of employment.* | | | | | | | | | | |
| [Direct Deposit Form](https://hr.buffalostate.edu/sites/hr/files/documents/ac2772_0.pdf)  [HRMS-2 Personal Data Collection Form](https://hr.buffalostate.edu/sites/hr/files/documents/hrms2%20%282%29.docx)  [NYS IT-2104 (state)](https://www.tax.ny.gov/pdf/current_forms/it/it2104_fill_in.pdf)  [W-4 (federal)](https://www.irs.gov/pub/irs-pdf/fw4.pdf) | | | | [Oath of Office Form](https://hr.buffalostate.edu/sites/hr/files/documents/dos1690_buffalostate.pdf) (review [Public Officers Law](https://ethics.ny.gov/reports-and-publications))  [I-9 Form\*](https://www.uscis.gov/sites/default/files/document/forms/i-9.pdf) (review [Instructions](https://www.uscis.gov/sites/default/files/document/forms/i-9instr.pdf) & [Acceptable Documents](https://www.uscis.gov/i-9-central/form-i-9-acceptable-documents))  [Voluntary Self Identification of Disability](https://hr.buffalostate.edu/sites/hr/files/documents/voluntary_self_identify_disability_cc_305.pdf)  [Time and Attendance Form](https://hr.buffalostate.edu/sites/hr/files/documents/TAS.docx)  \*Form I-9 must be completed in person with original documents | | | | | | |
|  | | | | | | | | | | |
| **Benefit Enrollment Forms** | | | | | | | | | | |
| *After you have finished the* [*online orientation*](https://hr.buffalostate.edu/benefits)*, complete this checklist to acknowledge you have reviewed the benefits, policies, and completed all required forms, and* ***return all applicable documents below within 30 business days (45 for graduate assistants)*** *of your appointment to* ***HR, Cleveland Hall 403 or by email to*** [***benefits@buffalostate.edu***](mailto:benefits@buffalostate.edu)***, or bring the forms with you to your New Employee Orientation.*** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Health Insurance:** | | | | | | | | | | |
| I wish to enroll in the following [health insurance plan](http://www.cs.ny.gov/employee-benefits/login/): | | | | | | | | | | |
| Empire Plan | | | | | | |  | | | |
| Blue Cross Blue Shield of WNY (HMO) | | | | | | |  | | | |
| Independent Health (HMO) | | | | | | |  | | | |
|  | If enrolling, select coverage type and complete the appropriate health insurance enrollment form: | | | | | | | | | |
|  | | individual  family  health insurance enrollment form ([PS-404](https://www.cs.ny.gov/forms/ps404.pdf)) | | | | | | | | |
| Student Employee Health Plan (graduate assistants) | | | | | | | | | | |
|  | | health insurance enrollment form ([PS-404G](https://www.cs.ny.gov/employee-benefits/hba/memos/2021/ps404g.pdf)) | | | | | | | | |
| [Opt-Out Program](http://hr.buffalostate.edu/opt-out-program), complete: | | | | | | | | | | |
|  | | [PS-409](https://hr.buffalostate.edu/sites/hr/files/documents/ps409.pdf) Form  [PS-404](https://www.cs.ny.gov/forms/ps404.pdf) Form | | | | | | | | |
| If electing family coverage, provide the following documentation: | | | | | | | | | | |
|  | | marriage certificate  if married over one year, attach current proof of financial interdependence  birth certificate(s) for all dependents  social security card(s) for all dependents | | | | | | | | |
| I do not wish to enroll in health insurance. | | | | | | | | | | |
|  | | | | | | | | | | |
| **Dental and Vision Care:** | | | | | | | | | | |
| complete PS-404 (M/C, M/C Classified, PBANYS, NYSCOPBA, PEF)  complete PS-404G (graduate assistant)  complete [UUP Enrollment Card](http://uupinfo.org/benefits/forms/btfenrollmentform.pdf) | | | | | | | | | | |
| **Retirement Plan(s):** | | | | | | | | | | |
| I wish to join the NYS [Employees’ Retirement System (ERS)](http://www.osc.state.ny.us/retire/). | | | | | | | [Plan Application](http://www.osc.state.ny.us/retire/forms/rs5420.pdf) | | | |
| I wish to join the NYS [Teachers’ Retirement System (TRS)](http://www.nystrs.org/).  *(TRS available only to teaching, librarian, or coach positions.)* | | | | | | | [Plan Application](https://www.nystrs.org/getmedia/15e8c2ba-5fd2-4f93-b8a7-32cc2aa91a89/net-2.pdf) | | | |
| I wish to join the [Optional Retirement Program (ORP)](https://www.suny.edu/retirement/orp/).   *(ORP available only to full or part-time term/MC professionals and faculty.)* | | | | | | | [Plan Application](http://www.retirementatwork.org/suny) | | | |
|  | | [Retirement Election Form](http://www.suny.edu/media/suny/content-assets/documents/benefits/retirement-systems/Retirement-Election-Form.docx)  [Retirement History Sheet](http://www.suny.edu/media/suny/content-assets/documents/benefits/retirement-systems/Retirement-History-Worksheet.docx) | | | | | | | | |
| I wish to join the NYS [Police and Fire Retirement System (PFRS)](http://www.osc.state.ny.us/retire/). | | | | | | | [Plan Application](http://osc.state.ny.us/retire/forms/pf5022.pdf#search=%20PF5022%20) | | | |
| I am presently a member of NYS TRS, ERS or PFRS: | | | | | | | | | | |
|  | | Membership Number: |  | | Membership Date: | |  | | Tier: |  |
| I am presently a member of the SUNY Optional Retirement Program (ORP). | | | | | | | | | | |
| I do not wish to join a retirement plan at this time (optional for part-time appointees only). | | | | | | | | | | |
|  | | | | | | | | | | |
| **Life & Disability Insurances:** | | | | | | | | | | |
| [Group Life Insurance](http://www.cs.ny.gov/otherben/life/mclife.cfm): *(available only to M/C employees)* | | | | | | | | | | |
|  | | complete [application](https://hr.buffalostate.edu/sites/hr/files/documents/ps934.pdf) | | | | | | | | |
| [Group Life Insurance](https://www.metlife.com/info/uupbasiclifeactivemembers/): *(available only to UUP employees)* | | | | | | | | | | |
|  | | complete [application](http://uupinfo.org) *(click on Benefits/Benefits Forms)* | | | | | | | | |
| [Long-Term Disability Insurance](https://www.suny.edu/insurance/ltd/): *(available only to faculty and professional employees)* | | | | | | | | | | |
|  | | complete [waiver request](https://www.suny.edu/media/suny/content-assets/documents/benefits/ltd/LTD-Waiver-Request.pdf) (if applicable) | | | | | | | | |
|  | | | | | | | | | | |
| **Additional Benefits and Resources:** | | | | | | | | | | |
| [Voluntary Savings Plan and College Savings Program](https://hr.buffalostate.edu/voluntary-savings-plan-and-college-savings-program)  [Tuition Assistance](http://hr.buffalostate.edu/employee-tuition-assistance)  [Flex Spending Accounts](http://www.flexspend.ny.gov/)  Vacation and Sick Leave (see CBA) | | | | | | | | | | |
| **Payroll and Other Useful Information:** | | | | **Policies:** | | | | | | |
| [Buff State Alert](https://hr.buffalostate.edu/buff-state-alert)  [Child Care Center](http://childcarecenter.buffalostate.edu/)  [The Daily Bulletin](https://dailybulletin.buffalostate.edu/)  [Employee Assistance Program](http://eap.buffalostate.edu)  [Employee Orientation Toolkit](http://hr.buffalostate.edu/employee-orientation-toolkit)  [Employee Self Service](https://hr.buffalostate.edu/employee-self-service)  [Health Insurance Marketplace](http://www.nystateofhealth.ny.gov/)  [Holidays](http://hr.buffalostate.edu/holidays)  [Morton Lane Credit Union](https://www.mortonlanedirect.com/)  [NYS Payroll Online](https://hr.buffalostate.edu/sites/hr/files/documents/nys_payroll_online.pdf)  [Payroll Calendar](https://hr.buffalostate.edu/sites/hr/files/documents/2025-2026_Admin_Payroll_Calendar.pdf)  [Privacy Notice](https://hr.buffalostate.edu/sites/hr/files/documents/privacy_notice.pdf)  [University Police](https://police.buffalostate.edu/)  [SUNY BOT Policies](https://www.suny.edu/media/suny/content-assets/documents/boardoftrustees/SUNY_BOT_Policies.pdf) | | | | [Alcohol and Drug Use in the Workplace Policy](http://adminpolicylibrary.buffalostate.edu/sites/adminpolicylibrary.buffalostate.edu/files/uploads/Documents/Alcohol%20Drugs%20Workplace%20Policy%20Library%203-16.pdf)  [Child Protection Policy](https://adminpolicylibrary.buffalostate.edu/sites/adminpolicylibrary/files/documents/Child%20Protection%20Policy%20Library%2003-14-2023.pdf)  [Discrimination and Harassment Policy](https://adminpolicylibrary.buffalostate.edu/sites/adminpolicylibrary/files/documents/Discrimination%20and%20Harrassment%20Policy%2011-2018.pdf)  [Electronic Resources Policy](https://adminpolicylibrary.buffalostate.edu/sites/adminpolicylibrary/files/documents/Electronic%20Resources%20%28Policy%20on%20the%20Use%20of%29%20CIO%20VP%20_FINALIZED%202-3-20.pdf)  [Emergency Closings Policy](https://adminpolicylibrary.buffalostate.edu/sites/adminpolicylibrary/files/documents/Emergency%20Closings%20Policy%20_120621_Final.pdf)  [Nursing Mothers – Express Breast Milk Policy](https://adminpolicylibrary.buffalostate.edu/sites/adminpolicylibrary/files/documents/Nursing%20Mothers%20Policy%20Library%206-2024.pdf)  [Sexual Harassment, Sexual Assault and Other Forms of Sexual Misconduct Policy](https://adminpolicylibrary.buffalostate.edu/sites/adminpolicylibrary/files/documents/Sexual%20Harrassment%20Policy%20%20final.pdf)  [Smoke-Free, Tobacco-Free, and Cannabis-Free Campus Policy](https://adminpolicylibrary.buffalostate.edu/sites/adminpolicylibrary/files/documents/smoke%20free%20policy%20_%20Final_052023.pdf)  [Workplace Violence Prevention Policy and Training](http://adminpolicylibrary.buffalostate.edu/sites/adminpolicylibrary.buffalostate.edu/files/uploads/Documents/Workplace%20Violence%20Prevention%20Policy%20Library%203-16.pdf)  See all policies at [Administrative Policy Library](https://adminpolicylibrary.buffalostate.edu/administrative-policy-library) | | | | | | |
| I acknowledge that I have received all applicable [Buffalo State policies](https://adminpolicylibrary.buffalostate.edu/administrative-policy-library) and agree to read, understand, and comply with its contents as a condition of my employment. | | | | | | | | | | |
|  | | | | | |  | |  | | |
| Employee Signature | | | | | |  | | Date | | |

Rev. 8/2025