



Westford Recreation

PHASE 1

Town of Westford Employment Packet



Town of Westford Recreation Department
65 Main Street, 3rd Floor, Westford, Massachusetts 01886
Office: (978) 692-5532 Fax: (978) 392-4471

PHASE 1: **Westford Recreation** Town of Westford Employment Packet Check List

New employees must submit a completed Employment Packet with a signed checklist to the Recreation Department **before accruing hours for payment**. All paperwork is expected back one week after the Employment Packet is obtained.

Please check off each item once the action is performed:

- 1) Employee Work Permit:**
 - **Only needed for ages 14-17.** Don't forget to hand in the final Work Permit to Michelle Collett.
- 2) Employee Info Sheet**
- 3) Massachusetts Deferred Compensation SMART Plan Mandatory OBRA Page 1 and 2**
 - See *Reference Material* for more information.
- 3a) Form SSA 1945**
- 4) W-4 Form (Federal)**
- 5) M-4 Form (MA State)**
- 6) I-9 Employer or Authorized Representative Review and Verification Form**
- 7) Policies:** See *Reference Material* for more information.
 - **Sexual Harassment Policy**
 - **Workplace Violence Policy**
- 8) Direct deposit:** Review the *Town of Westford memo* and fill out the *Direct Deposit form*.
Don't forget: when returning the form, attach a *voided check* with an address and name on it, or a *Bank letterhead*, with account number and routing/transit #.
- 9) REMINDER! EEC Background Record Check Consent Form and Fingerprinting**

Signature: _____ Date: _____

Westford Recreation

PHASE1

Employment Packet

Document 1

EMPLOYEE PERMIT APPLICATION

“Promise of Employment”

- First page: please fill out the "Name of Minor" and "Date"
- Second page: if your child is age 14-15, obtain a printed document of the child's most recent physical, the date must be within this school year. Or have the child's physician sign and date the Promise of Employment document where noted. (*The Recreation Department also needs a printed document of the updated physical – please scan and send to erfredkin@westfordma.gov*).
- On the 2nd page: ensure both Parent and Minor sign and date the document where noted.
- Visit the following url on the Westford Public School site:
<https://www.westfordk12.us/district/parents/pages/working-permit-ages-14-18>
- Look for the **Online APPLICATION** link. Fill this form out, follow the directions for all documents that must be uploaded, and submit.
- The signed application will be emailed to you once it is processed.
- Please deliver (in person or by email) the final signed work permit issued by Westford Academy to Recreation Director Michelle Collett.

If you have questions, contact Hilary Langille at hlangille@westfordk12.us or leave a message at 978-692-5570 X7401.

Employment Permit Application for 14 through 17 Year-Olds

Instructions: After completing the form and obtaining the required signatures as indicated, take this completed form to the Superintendent of Schools, or the person your school (including a charter school) has authorized to issue work permits, in the school district where you live or attend school. You should bring with you proof of your age, such as your birth certificate, passport, or immigration record. The Superintendent, or the person your school (including a charter school) has authorized to issue work permits, will then issue you an Employment Permit.

Bring the signed work permit back to your employer who must keep it until you leave the job.

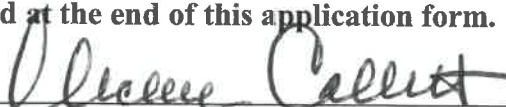
Questions about this application should be directed to the Department of Labor Standards at (617) 626-6952.

If you are under 18 years of age, you must obtain a work permit before starting a new job.¹ G.L. c. 149, §§86-89. The following are the steps you should take; **please note that a Physicians Certificate of Health is required only of 14 and 15 year-olds.**

Steps for Getting an Employment Permit

1. Obtain a job offer from an employer.
2. Ask the employer to complete the following section:

Promise of Employment

Name of Minor:	
Name of Employer:	Town of Westford Recreation
Business Address:	65 Main St Westford Mass
Job Title & Primary Duties:	
Leading activities with children for the WPC After School Program	
Number of hours per day Minor is to be Employed:	4-6
The undersigned agrees to employ this minor as stated above and in compliance with state law. A summary of laws governing minors' hours of work and hazardous occupations can be found at the end of this application form.	
 _____ Signature of Employer or Authorized Agent	<div style="background-color: #ffffcc; height: 20px; width: 100%;"></div> _____ Date

¹ Minors who are 17 years of age, who can show documented proof of a high school diploma or the equivalent to the school official authorized to issue work permits, do not need a signed work permit, but must still complete this permit application.

NOTE: If the minor seeking an employment permit resides outside of Massachusetts, the minor should obtain a work permit from the superintendent of schools in the city/town in Massachusetts where the minor is to be employed.

3. **For 14 and 15 year-olds only (16 and 17 year-olds may skip this step):** Ask your doctor to complete the following section:

Note: The following Certificate of Health must be signed **within 12 months** of the date this application is presented to the school official issuing the permit.

Physician's Certificate of Health

I hereby certify that I have made a thorough physical examination of the following named 14 or 15 year-old minor:

and that, in my opinion, said minor is in sufficiently sound health and physically able to perform the work indicated above. **A summary of laws governing minors' hours of work and hazardous occupations can be found at the end of this application form.**

Signature of Physician

Date

4. Ask your parent, guardian, or custodian to sign below.

I hereby approve the issuance of a permit for the work indicated above. **A summary of laws governing minors' hours of work and hazardous occupations can be found at the end of this application form.**

Name of Parent, Guardian, or Custodian

Signature of Parent, Guardian, or Custodian

Date

5. Sign this application below:

Signature of Minor

Date

Summary of Massachusetts² Laws Regulating Minors' Work Hours and Occupation Restrictions

Prohibited Jobs (Hazardous Orders)

Persons under 14 may not work: There are a few exceptions to this such as working as news carriers, on farms, and in entertainment (with a special permit).

Persons under 16 years old may *NOT*:

- Operate, clean or repair power-driven machinery (except office machines or machines in retail or food service not otherwise prohibited)
- Cook (except on electric or gas grills that do not have open flames)
- Operate fryolators, rotisseries, NEICO broilers, or pressure cookers
- Operate, clean or repair power-driven food slicers, grinders, choppers, processors, cutters and mixers
- Perform any baking activities
- Operate microwave ovens (except to heat food in microwave ovens with a maximum capacity of 140 degrees Fahrenheit)
- Clean kitchen surfaces that are hotter than 100 degrees Fahrenheit
- Filter, transport, or dispose of cooking oil or grease hotter than 100 degrees Fahrenheit
- Work in freezers or meat coolers
- Work in a manufacturing facility or occupation (e.g., in a factory, as an assembler)
- Work on ladders, scaffolds or their substitutes
- Work in garages, except dispensing gas and oil
- Work in brick or lumber yards
- Work in amusement places (e.g., pool or billiard room, or bowling alley)
- Work in barber shops
- Work in construction, transportation, communications, or public utilities (except doing clerical work away from heavy machinery off the job-site)
- Work in warehouses (except doing clerical work)
- Load or unload trucks, railroad cars, or conveyors
- Ride in or on a motor vehicle (except in a passenger seat wearing a seatbelt)

- Wash windows in public or commercial buildings if the window sill is more than 10 feet above the ground

² This is a compilation of state and federal child labor laws. The most protective laws are presented here and apply to all employers of teens including parents who may employ their children. There are additional regulations in this area not summarized here and some exceptions for employers in agricultural industries. Questions about the state child labor laws should be directed to the Massachusetts Office of the Attorney General, Fair Labor and Business Practices Division (617-727-3465). Questions about federal child labor laws should be directed to the U.S. Department of Labor, Wage and Hour Division (617-624-6700).

- Work doing laundry in a commercial laundry or dry cleaning establishment
- Work as a public messenger
- Work at processing operations (e.g., in meat, fish, or poultry processing or cracking nuts, bulk or mass mailing)
- Work around boilers or in engine rooms
- Do industrial homework
- Work with dangerous electrical machinery or appliances
- Work that is determined by the Massachusetts Attorney General to be dangerous to the health and well-being of minors
- **Work in any of the occupations or tasks prohibited for persons under age 18**

Persons under 18 years old may *NOT*:

- Drive a vehicle, forklift or work assist vehicle (except golf carts in certain circumstances)
- Ride as a passenger in a forklift
- Operate, clean or repair power-driven meat slicers, grinders or choppers
- Operate, clean or repair power-driven bakery machines (except for certain countertop models and pizza dough rollers)
- Work 30 feet or more above ground or water
- Handle, serve, or sell alcoholic beverages
- Use circular or band saws, guillotine shears, wood chippers, or abrasive cutting discs
- Use power-driven woodworking machines
- Use, service, drive or work from hoisting machines
- Operate or load power-driven paper balers, compactors, or other power-driven paper processing machines
- Use power-driven metal-forming, punching, or shearing machines
- Use buffing or polishing equipment
- Manufacture brick, tile, or kindred products
- Manufacture or store explosives
- Work in excavation, wrecking, demolition, or shipbreaking
- Work in forest fire fighting, forest fire prevention, timber track operations or forestry service
- Work in logging, sawmilling, or mining
- Work slaughtering, packing, or processing meat or poultry
- Work in railway operations
- Work in roofing or on or about a roof
- Work in foundries or around blast furnaces
- Work manufacturing phosphorus or phosphorus matches
- Work where they are exposed to radioactive substances
- Work as a firefighter or engineer on a boat
- Oil or clean hazardous machinery in motion
- **Work in any job requiring the possession or use of a firearm***

Tasks not specifically permitted by the US DOL Secretary of Labor are prohibited.
Legal Work Hours for Teens in Massachusetts

Note: After 8:00 p.m., all minors must have the direct and immediate supervision of an adult supervisor who is located in the workplace and is reasonably accessible to the minor, unless the minor works at a kiosk, cart or stand in the common area of an enclosed shopping mall that has security from 8:00 p.m. until the mall is closed to the public.*

14 and 15 Year Olds

Work Hours

Only between 7 a.m. and 7 p.m. during the school year

Not during school hours

Only between 7 a.m. and 9 p.m. during the summer

(from July 1 through Labor Day)

Maximum Hours When School Is in Session

18 hours a week

3 hours a day on school days

8 hours a day Saturday, Sunday, holidays

6 days a week

Maximum Hours When School Is Not in Session

40 hours a week

8 hours a day

6 days a week

16 and 17 Year Olds

Work Hours*

Only between 6 a.m. and 10 p.m. (on nights preceding a regularly scheduled school day) – if the establishment stops serving clients or customers at 10:00 p.m., the minor may be employed until 10:15 p.m.

Only between 6 a.m. and 11:30 p.m. (on nights not preceding a regularly scheduled school day).

Exception for restaurants and racetracks: only between 6 a.m. and 12:00 midnight (on nights not preceding a regularly scheduled school day).

Maximum Hours of Work – Whether or Not School is in Session

48 hours a week

9 hours a day

6 days a week

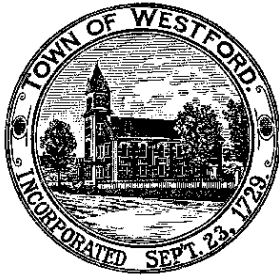
* Indicates a change MA Child Labor Laws, effective date January 3, 2007.

Westford Recreation
PHASE1
Employment Packet

Document 2

Town of Westford
Employee Info Sheet

- Fill out all personal, educational, and emergency contact information.



Town of Westford Recreation Department

65 Main Street, 3rd Floor
Westford, Massachusetts 01886
Office: (978) 692-5532 Fax: (978) 392-4471

EMPLOYEE INFO SHEET

Personal Information

Date: _____

Name: _____ Birth Date: _____ M/F: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Mailing Address (If Different from above): _____ City: _____

State: _____ Zip Code: _____ Home Phone: () _____

Cell Phone: () _____ Email: _____

Education, Training & Experience

Completed Leadership Program year: _____

CPR Expiration date/Date to be completed: _____ First Aid Expiration date/Date to be completed: _____

High School & Vocational School

School Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Number of years completed: _____

Did you graduate? () Yes or () No Career Focus: _____ Degree/Diploma earned: _____

College & University

School Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Number of years completed: _____

Did you graduate? () Yes or () No Major: _____ Degree/Diploma earned: _____

Emergency Contact Information

Emergency Contact: _____ Relationship: _____

Home Phone: () _____ Cell Phone: () _____ Work Phone: () _____ EXT: _____

Emergency Contact: _____ Relationship: _____

Home Phone: () _____ Cell Phone: () _____ Work Phone: () _____ EXT: _____

Known Allergies: _____

Westford Recreation
PHASE1
Employment Packet

Document 3
Massachusetts Deferred Compensation
SMART PLAN Mandatory OBRA

- Please fill out highlighted areas.
- For more information on OBRA, please read the attached Reference Material.



Participant Enrollment Governmental 457(b) Plan

Massachusetts Deferred Compensation SMART Plan - Mandatory OBRA

98966-02

Participant Information

Last Name			First Name			MI			Social Security Number														
<i>(The name provided MUST match the name on file with Service Provider.)</i>																							
Mailing Address												E-Mail Address											
City			State			Zip Code			<input type="checkbox"/> Married		<input type="checkbox"/> Unmarried		<input type="checkbox"/> Female		<input type="checkbox"/> Male								
Mo			Day			Year			Mo		Day		Year										
Home Phone						Work Phone						Date of Birth						Date of Hire					
<input type="checkbox"/> Check box if you prefer to receive quarterly account statements in Spanish.												Annual Income (Required for My Total Retirement enrollment)											
												Do you have a retirement savings account with a previous employer or an IRA? <input type="checkbox"/> Yes or <input type="checkbox"/> No											

Important Notice: Employees participating in the Massachusetts Deferred Compensation SMART Plan - OBRA Mandatory Plan (the Plan) must complete Social Security Form SSA-1945. The Plan has been designated as an alternative retirement system for part time employees not covered by their employers retirement system. The SSA-1945 explains the potential effects of the Windfall Elimination Provision and Government Pension Offset Provision under the Social Security law which may reduce the amount of your Social Security retirement or disability benefits, and/or benefits received by you as a spouse or an ex-spouse. If you have any questions regarding SSA-1945 or if you have not completed SSA-1945, please contact your employer.

Payroll Information

Division Name			To be completed by Representative:						Division Number					
---------------	--	--	------------------------------------	--	--	--	--	--	-----------------	--	--	--	--	--

Do not complete this section if you are electing to enroll in the My Total Retirement.

Select My Own Investment Options:

I elect to direct my own investments.

I understand and agree that my employer and other Plan fiduciaries will not be liable for the results of my personal investment decisions.

Make your investment election for future deposits in the Investment Option Information section.

Investment Option Information (applies to all contributions) - Please refer to your communication materials for information regarding each investment option.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

INVESTMENT OPTION				INVESTMENT OPTION			
NAME	TICKER	CODE	%	NAME	TICKER	CODE	%
SMARTPath Retirement Allocation Fund.....	N/A	SMPT00	_____	SMARTPath 2040 Retirement Fund.....	N/A	SMPT40	_____
SMARTPath 2010 Retirement Fund.....	N/A	SMPT10	_____	SMARTPath 2045 Retirement Fund.....	N/A	SMPT45	_____

Last Name First Name M.I. Social Security Number

SMARTPath 2015 Retirement Fund..... N/A	SMPT15 _____	SMARTPath 2050 Retirement Fund..... N/A	SMPT50 _____
SMARTPath 2020 Retirement Fund..... N/A	SMPT20 _____	SMARTPath 2055 Retirement Fund..... N/A	SMPT55 _____
SMARTPath 2025 Retirement Fund..... N/A	SMPT25 _____	SMARTPath 2060 Retirement Fund..... N/A	SMPT60 _____
SMARTPath 2030 Retirement Fund..... N/A	SMPT30 _____	SMARTPath 2065 Retirement Fund..... N/A	SMPT65 _____
SMARTPath 2035 Retirement Fund..... N/A	SMPT35 _____	SMART Capital Preservation Fund..... N/A	MELINC _____

MUST INDICATE WHOLE PERCENTAGES = 100%

-OR-

My Total Retirement Information

The My Total Retirement provided by Empower Advisory Group, LLC will automatically direct your investment elections and will rebalance your account periodically, as necessary. This election will be effective as soon as administratively feasible following receipt of your completed enrollment form and signed Advisory Services Agreement. By electing My Total Retirement, you agree to the fees associated with this service and understand the fees will be deducted from your account in accordance with the attached Advisory Services Agreement. If you prefer to make your own investment decisions and not participate in this service, simply select the Select My Own Investment Options box and enter your investment instructions in the Investment Option Information section.

My Total Retirement:

By checking this box, I elect to have my account professionally managed by Empower Advisory Group, LLC until such time as I cancel my enrollment in the service.

Plan Beneficiary Designation

This designation is effective upon execution and delivery to Service Provider at the address below. I have the right to change the beneficiary. If any information is missing, additional information may be required prior to recording my beneficiary designation. If my primary and contingent beneficiaries predecease me or I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan Document or applicable law.

You may only designate one primary and one contingent beneficiary on this form. However, the number of primary or contingent beneficiaries you name is not limited. If you wish to designate more than one primary and/or contingent beneficiary, do not complete the section below. Instead, complete and forward the Beneficiary Designation form.

Primary Beneficiary

100.00%

% of Account Balance (_____)	Social Security Number _____	Primary Beneficiary Name _____	Date of Birth _____
Phone Number (Optional) _____	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)		
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

Contingent Beneficiary

100.00%

% of Account Balance (_____)	Social Security Number _____	Contingent Beneficiary Name _____	Date of Birth _____
Phone Number (Optional) _____	Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)		
	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other <input type="checkbox"/> Domestic Partner		

Participation Agreement

Withdrawal Restrictions - I understand that the Internal Revenue Code (the "Code") and/or my employer's Plan Document may impose restrictions on transfers and/or distributions. I understand that I must contact the Plan Administrator to determine when and/or under what circumstances I am eligible to receive distributions or make transfers.

Investment Options - If I elect to direct my own investments, I understand that by signing and submitting this Participant Enrollment form for processing, I am requesting to have investment options established under the Plan as specified in the Investment Option Information section. I understand and agree that this account is subject to the terms of the Plan Document. I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that investment option information, including prospectuses, disclosure documents and Fund Profile sheets, have been made available to me and I understand the risks of investing.

I understand if I elect to have my account managed by Empower Advisory Group, LLC, that my entire account, including any transfers or rollovers, will be professionally managed and I have not completed the Investment Option Information section. In the event investment option information is completed, my election to have my account professionally managed will override my investment option elections. Dollar cost averaging and asset allocation are not available if my account is professionally managed. I understand that the applicable fees will be deducted from my account. In order to enroll in the My Total Retirement, I understand that I must provide my date of birth, gender, marital status, state of residence and annual income. If any of this information is not provided, I understand that I will not be enrolled in the My Total Retirement.

Last Name

First Name

M.I.

Social Security Number

Compliance With Plan Document and/or the Code - Participation in this Plan is mandatory. A deduction will be taken from your wages and invested on your behalf based on your employer's Plan Document. I agree that my employer or Plan Administrator may take any action that may be necessary to ensure that my participation in the Plan is in compliance with any applicable requirement of the Plan Document and/or the Code. I understand that the maximum annual limit on contributions is determined under the Plan Document and/or the Code. I understand that it is my responsibility to monitor my total annual contributions to ensure that I do not exceed the amount permitted. If I exceed the contribution limit, I assume sole liability for any tax, penalty, or costs that may be incurred.

Incomplete Forms - I understand that in the event my Participant Enrollment form is incomplete or is not received by Service Provider at the address below prior to the receipt of any deposits, I specifically consent to Service Provider retaining all monies received and allocating them to the default investment option.

Account Corrections - I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days, the correction will only be processed from the date of notification forward and not on a retroactive basis.

My Total Retirement Fee - If you elect the My Total Retirement, a quarterly fee will be assessed. If you wish to cancel your enrollment in the future please call your Plan's Voice Response System number.

Signature(s) and Consent

Participant Consent

I have completed, understand and agree to all pages of this Participant Enrollment form including the terms of the My Total Retirement Agreement.

Deferral agreements must be entered into prior to the first day of the month that the deferral will be made.

Participant Signature

Date

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

After all signatures have been obtained, this form can be:

Uploaded electronically to:

Login to account at

www.mass-smart.com

Click on *Upload Documents* to submit

We will not accept hand delivered forms at express mail addresses.

OR

Sent regular mail to:

Empower

PO Box 173764

Denver, CO 80217-3764

OR

Sent express mail to:

Empower

8515 E. Orchard Road

Greenwood Village, CO 80111

Securities, when presented, are offered and/or distributed by Empower Financial Services, Inc., Member FINRA/SIPC. EFSI is an affiliate of Empower Retirement, LLC; Empower Funds, Inc.; and registered investment adviser Empower Advisory Group, LLC. This material is for informational purposes only and is not intended to provide investment, legal or tax recommendations or advice.

Westford Recreation

PHASE1

Employment Packet

Document 3a

FORM SSA 1945

**Statement Concerning Your Employment in a
Job Not Covered by Social Security**

- Please fill out highlighted areas

Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name _____

Employee ID# _____

Employer Name _____

Employer ID# _____

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.

Signature of Employee _____

Date _____

Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse, surviving spouse, or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, www.socialsecurity.gov/online/ssa-1945.pdf. Paper copies can be requested by email at ofsm.oswm.rqct.orders@ssa.gov or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.

Westford Recreation
PHASE1
Employment Packet

Document 4

FORM W4

Employee's Withholding Certificate

- Please fill out highlighted areas
- NOTE: On line 4C under Step 4, write the term "EXEMPT" if there is a preference to *not* withhold taxes. This may be a consideration for students making under \$8000 annually.

Employee's Withholding Certificate

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.

2024

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	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 .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <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, and when to use the estimator at www.irs.gov/W4App.

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). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

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 Dependent and Other Credits	If your total 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 for qualifying children and other dependents. You may add to this the amount of any other credits. 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)	\$ _____

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

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

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

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 and you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: \$29,200 if you're married filing jointly or a qualifying surviving spouse; \$21,900 if you're head of household; \$14,600 if you're single or married filing separately
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230

Westford Recreation
PHASE1
Employment Packet

Document 5

M-4 FORM

- Fill out highlighted areas.
- If you are a student and do not plan to make over \$8000 in a year, you may claim “exempt” status.

FORM
M-4

MASSACHUSETTS EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Rev. 11/19



Print full name
Print home address.....

Social Security no.
City..... State..... Zip.....

Employee:

File this form with your employer. Otherwise, Massachusetts Income Taxes will be withheld from your wages without exemptions.

Employer:

Keep this certificate with your records. If the employee is believed to have claimed excessive exemptions, the Massachusetts Department of Revenue should be so advised.

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. Your personal exemption. Write the figure "1." If you are age 65 or over or will be before next year, write "2"
2. If married and if exemption for spouse is allowed, write the figure "4." If your spouse is age 65 or over or will be before next year and if otherwise qualified, write "5." See Instruction C.....
3. Write the number of your qualified dependents. See Instruction D.....
4. Add the number of exemptions which you have claimed above and write the total.....
5. Additional withholding per pay period under agreement with employer \$.....
 - A. Check if you will file as head of household on your tax return.
 - B. Check if you are blind. C. Check if spouse is blind and not subject to withholding.
 - D. Check if you are a full-time student engaged in seasonal, part-time or temporary employment whose estimated annual income will not exceed \$8,000.

EMPLOYER: DO NOT withhold if Box D is checked.

I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

Date..... Signed.....

THIS FORM MAY BE REPRODUCED

THE COMMONWEALTH OF MASSACHUSETTS, DEPARTMENT OF REVENUE

A. Number. The more exemptions you claim on this certificate, the less tax withheld from your employer. If you claim more exemptions than you are entitled to, civil and criminal penalties may be imposed. However, you may claim a smaller number of exemptions without penalty. If you do not file a certificate, your employer must withhold on the basis of no exemptions.

If you expect to owe more income tax than will be withheld, you may either claim a smaller number of exemptions or enter into an agreement with your employer to have additional amounts withheld.

You should claim the total number of exemptions to which you are entitled to prevent excessive overwithholding, unless you have a significant amount of other income. Underwithholding may result in owing additional taxes to the Commonwealth at the end of the year.

If you work for more than one employer at the same time, you must not claim any exemptions with employers other than your principal employer.

If you are married and if your spouse is subject to withholding, each may claim a personal exemption.

B. Changes. You may file a new certificate at any time if the number of exemptions increases. You must file a new certificate within 10 days if the number of exemptions previously claimed by you decreases. For example, if during the year your dependent son's income indicates that you will not

provide over half of his support for the year, you must file a new certificate.

C. Spouse. If your spouse is not working or if she or he is working but not claiming the personal exemption or the age 65 or over exemption, generally you may claim those exemptions in line 2. However, if you are planning to file separate annual tax returns, you should not claim withholdingg exemptions for your spouse or for any dependents that will not be claimed on your annual tax return.

If claiming a spouse, write "4" in line 2. Entering "4" makes a withholding system adjustment for the \$4,400 exemption for a spouse.

D. Dependent(s). You may claim an exemption in line 3 for each individual who qualifies as a dependent under the Federal Income Tax Law. In addition, if one or more of your dependents will be under age 12 at year end, add "1" to your dependents total for line 3.

You are not allowed to claim "federal withholding deductions and adjustments" under the Massachusetts withholding system.

If you have income not subject to withholding, you are urged to have additional amounts withheld to cover your tax liability on such income. See line 5.

Westford Recreation

PHASE1

Employment Packet

Document 6

FORM I9

Employee Eligibility Verification Department of Homeland Security

- Fill out highlighted areas.
- Bring a valid form of ID to Westford Recreation, such as a passport, or 2 forms of ID (choosing one from List B and one from List C of the I-9 List of Acceptable Documents on page 3.)
- Fill out page one, *Section 1*, "I attest" box 1,2, 3 or 4, and employee signature and date.
- Page two, *Section 2*, fill out identification document data for List A, or List B and C dependent on choice of identification.



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No. 1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number	
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input 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 (Enter USCIS or A-Number.)				
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)				
		If you check Item Number 4., enter one of these:				
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	Additional Information				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.	First Day of Employment (mm/dd/yyyy):
---	---------------------------------------

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
--	--	---------------------------

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code
--	--

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central. The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	AND	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.



**Supplement A,
Preparer and/or Translator Certification for Section 1**

**Department of Homeland Security
U.S. Citizenship and Immigration Services**

**USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 07/31/2026**

Last Name (<i>Family Name</i>) from Section 1.	First Name (<i>Given Name</i>) from Section 1.	Middle initial (if any) from Section 1.
--	--	---

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code



Supplement B, Reverification and Rehire (formerly Section 3)

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1.	First Name (<i>Given Name</i>) from Section 1.	Middle initial (if any) from Section 1.
--	--	---

Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 Instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Westford Recreation
PHASE1
Employment Packet

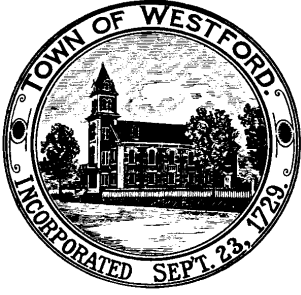
Document 7

POLICIES

Employee Statement of
Acknowledgement of

- *Sexual Harassment Policy*
- *Workplace Violence Policy*

- Fill out highlighted areas
- Please read the attached Reference Material so to understand, become familiar with, and comply with Town of Westford policies.



*Westford 2000
A Peaceable Community*

EMPLOYEE STATEMENT OF ACKNOWLEDGEMENT OF SEXUAL HARASSMENT POLICY

This is to acknowledge that I have received a copy of the Town of Westford's Sexual Harassment Policy.

I understand that it is my responsibility to read, understand, become familiar with and comply with the materials that have been provided.

Any questions about this policy should be directed to the Human Resources Director at 978-399-2541.

Signed forms need to be returned to Human Resources.

[Redacted Signature Box]

Employee Signature

[Redacted Date Box]

Date of Receipt

[Redacted Name Box]

Please Print Name

Westford Recreation, TOW

Department

This is a town wide policy, including all unions, and falls under the Town of Westford's Personnel Policies.

Telephone (978)399-2915 Fax (978)399-2571

Town of Westford Personnel Policies and Procedures

5.5 ANTI-HARASSMENT POLICY

Policy:

The Town shall not allow any form of harassment or any such conduct that has the purpose or effect of interfering with an individual's ability to perform his or her work or creating an intimidating, hostile or offensive work environment. Furthermore, it is the intent and desire of the Town to provide a work environment that is free from verbal, physical or visual signs of sexual, racial or ethnic harassment, including but not limited to sexual advances or requests for sexual favors.

The Town Manager and Department Heads shall be aggressive in efforts to identify and eliminate any actions, conduct, or behavior that is intended or has the effect of creating harassment, intimidation or an offensive or hostile work environment. Employees may consult with the Affirmative Action Officer in instances where such conduct or behavior has occurred. All consultations are confidential. With the consent of the employee, the Affirmative Action Officer may refer the matter to the Town Manager or Department Head, as appropriate.

5.6 Sexual Harassment

Purpose:

The policy of the Town of Westford regarding sexual harassment in the workplace by managers, supervisors, employees, members of the public who use Town facilities, vendors and contractors. This memorandum also describes examples of conduct that may constitute unlawful sexual harassment and set forth a complaint procedure to be followed by persons who believe that they are victims of unlawful sexual harassment.

Policy:

The Town of Westford fully supports the right of all persons to hold employment in, or enjoy access to, our facilities in an atmosphere which promotes equal opportunities and prohibits discriminatory practices, including sexual harassment. It is the Town's policy to maintain an environment that is free of sexual harassment. Sexual harassment by managers, supervisors, and employees, members of the public who use Town facilities, vendors and contractors is unlawful and unacceptable and will not be tolerated. Further, any retaliation against an individual complaining of sexual harassment or cooperating with the investigation of sexual harassment is similarly unlawful and also will not be tolerated.

We view allegations and concerns about sexual harassment very seriously, and we will respond quickly and decisively to instances when complaints of sexual harassment are brought to our attention.

Where it has been demonstrated to our satisfaction that such harassment has occurred, we will promptly deal with and eliminate any harassment and/or other unlawful conduct. We will impose such corrective action as is necessary up to and including termination.

Please note that while this policy set forth our goals of promoting a workplace that is free of sexual harassment, it should not be construed as preventing, limiting, or delaying the Town of Westford from taking disciplinary action against any individual up to and including termination, in circumstances where the Town of Westford deems disciplinary action appropriate regardless of whether such conduct satisfies the definition of sexual harassment.

Definition of Sexual Harassment

A. The legal definition of sexual harassment:

Sexual harassment is a form of sex discrimination that is illegal under both Title VII of the Civil Rights Act of 1964 and G.L.

c 151B. These laws provide that unwelcome sexual advances, requests for sexual favors, and other physical or verbal conduct of a sexual nature constitute sexual harassment when:

- Submission to or rejection of such advances, requests or conduct is made whether explicitly a term or condition of an individual's employment or a basis for employment decisions affecting the individual; or
- Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, humiliating or sexually offensive work environment.

These definitions are broad and include any sexually orientated conduct, whether it is intended to harass or not, that is unwelcome and has the effect of creating a workplace environment that is hostile, offensive, and intimidating or humiliating to either male or female workers.

B. Examples of conduct that can constitute unlawful sexual harassment:

Sexual harassment does not refer to behavior or occasional compliments of a socially acceptable nature. It refers to behavior that is not welcome, that is personally offensive and that fails to respect the rights of others. Sexual harassment occurs in a variety of situations which share a common element: the inappropriate introduction of sexual activities or comments into the work environment.

Sexual harassment often involves relationships of unequal power. Such situations may contain elements of coercion, such as when compliance with requests for sexual favors becomes a criterion for granting privileges or favorable treatment on the job. However, sexual harassment may also involve relationships among "equals," such as when repeated advances or demeaning verbal comments by a co-worker towards another co-worker have a harmful effect on a person's ability to perform his or her work. Sexual harassment can also involve employee behavior directed at non-employees or non-employee behavior directed at employees.

Examples of sexual harassment include, but are not limited to:

- Repeated, unwanted sexual flirtations, advances, or propositions;
- Continued or repeated verbal abuse or innuendo of a sexual nature;
- Uninvited physical contact such as touching, hugging, patting, brushing or pinching;
- Verbal comments of a sexual nature about an individual's body or sexual terms used to describe an individual;
- Display of sexually suggestive objects, pictures, posters or cartoons;
- Continued or repeated jokes, language, epithets, or remarks of a sexual nature in front of people who find them offensive;
- Comments or inquiries about a person's body or activity, deficiencies, or prowess; prolonged staring or leering at a person;
- Making obscene gestures or suggestive or insulting sounds, such as whistling;
- The demand for sexual favors accompanied by an implied or overt threat concerning an individual's employment status or promises of preferential treatment, such as favorable performance reviews, salary increases, promotions, increased benefits, or continued employment;
- Indecent exposure;
- Assault or coerced sexual acts.

This behavior is unacceptable in the workplace itself and in other work-related settings such as work-related social events and travel.

C. Dispelling common myths about harassers and victims:

Contrary to popular belief, sexual harassment is not limited to prohibited behavior by a male employee toward a female employee or by a supervisory employee toward a non-supervisory employee. Sexual harassment can be found in any of the following less "traditional" situations:

1. A man as well as a woman may be a victim of sexual harassment, and a woman as well as a man may be the harasser.
2. The harasser does not have to be the victim's supervisor. He or she may be a supervisory employee who does not directly supervise the victim, a co-worker, or in some circumstances, a non-employee such as a member of the public who uses Town facilities.
3. The victim does not have to be the opposite sex of the harasser.
4. The victim does not have to be the person at whom the unwelcome sexual conduct is directed; the victim may be someone who is affected by such conduct even though it is directed by another person. For example, the sexual harassment of one employee may create an intimidating, hostile, humiliating or offensive work environment for a coworker, or may interfere with the coworker's work performance. In addition, consensual

sexual behavior in the office between two employees may be offensive to a third employee or result in favoritism that harms the third employee.

5. Sexual harassment does not depend on the victim's suffering an economic injury, such as losing a promotion, as a result of the harasser's conduct. As the examples of improper conduct listed above show, sexual harassment can occur whenever unwelcome conduct of a sexual nature creates an intimidating, hostile humiliating or offensive work environment.

Employee Responsibilities:

Each employee of the Town of Westford is personally responsible for ensuring that his or her conduct does not sexually harass any other employee or non-employee in the workplace. Each employee is responsible for cooperating in any investigation of alleged sexual harassment if requested to do so by the person conducting the investigation.

Supervisor and Manager Responsibilities:

It is the responsibility of each supervisor and manager to strictly enforce the terms of this policy. Supervisors, managers, or department heads who become aware of incidents of sexual harassment in their departments, even in the absence of a formal complaint, should take appropriate actions to eliminate the conduct. Supervisors and managers may seek further information and guidance from the Human Resources Department.

Ways of Dealing with Sexual Harassment

A. Self-help:

If an individual believes that he or she is being sexually harassed, the most immediate goal is to stop the offensive conduct. Individuals should:

- Promptly and firmly confront whoever is doing the harassing.
- State that his/her conduct offends, intimidates, and/or embarrasses you.
- Describe how the harassment negatively affects your work.
- Request that he or she stop the conduct immediately.
- Say things like: "Please don't touch me. I don't like it. It makes me uncomfortable." "I don't think jokes like that are funny. Please don't tell them when I am in the room." "I'd like it a lot better if you'd comment on the quality of my work rather than on the way I look.", "My name is _____, not 'honey'."

If practical, bring a witness with you for this discussion. After the discussion, write a summary of the conversation, including the date and name of anyone who accompanied you.

In all instances where an individual believes that he or she has been sexually harassed, it is helpful, not necessary, to write down a description of the offensive conduct, the date or dates on which it took place, and the names of anyone who witnessed the conduct or heard offensive remarks.

B. Seeking Guidance:

In some instances, confronting the harasser directly may be too intimidating or uncomfortable, particularly when the harasser is an immediate supervisor. An individual who wants to discuss his/her situation may contact the Town's Human Resource Director for more information about sexual harassment and the complaint procedure in order to decide whether to make a complaint.

C. Formal Complaint:

An individual who believes that they have been subjected to sexual harassment has a right to file a formal complaint with his/her supervisor or, if appropriate, the Human Resource Director. This may be done orally or in writing. The supervisor and/or the Human Resource Director will conduct an investigation in a fair and expeditious manner.

The investigation will include a private interview with the person filing the complaint and with any witnesses. An interview with the alleged harasser will also be conducted. Once the investigation has been completed, the supervisor and/or the Human Resources Director will present the findings to the appropriate department head.

If an investigation of a complaint of sexual harassment reveals that an employee, supervisor, manager or department head has engaged in actions or conduct constituting sexual harassment, the Department Head and/or the Town Manager will act promptly to eliminate the offending conduct and take appropriate disciplinary action, up to and including discharge. The disciplinary action taken will depend upon the seriousness of the violation.

Disciplinary action will be taken by the appropriate Department Head, in accordance with the Human Resources Policy and Procedures Manual, appropriate union contract, or other appropriate disciplinary procedure. Such action may include: counseling, informal or formal reprimands, oral or written warnings, suspension, demotion, transfers, and other formal sanctions including termination of employment. It is the responsibility of all supervisors, managers and department heads to strictly enforce the terms of this policy.

Any supervisor, manager or department head who prevents or attempts to prevent an individual from making a complaint of sexual harassment or who fails to cooperate with or interfere in any way with the investigation of such a complaint, will be subject to disciplinary action.

No retaliation for Filing Complaint of Sexual Harassment: No employee, supervisor, or manager shall be retaliated or discriminated against in any way for making a complaint of sexual harassment or for assisting in the investigation of such a complaint. Retaliation against any person for reporting sexual harassment is unlawful and will not be tolerated; further, it will subject the retaliator(s) to disciplinary action.

Any non-employee found to have committed an act of sexual harassment may be removed from town premises, or other appropriate action may be taken.

Confidentiality: All actions taken to investigate and resolve complaints through this procedure shall be conducted with as much confidentiality as possible without compromising the thoroughness of the investigation. The individual filing the complaint will be informed of the results of the investigation.

If you would like to file a sexual harassment complaint, you may do so by contacting your supervisor at his/her office. You can also contact the Human Resource Director, who may be reached at 978-692-5501. These persons are also available to discuss any concerns you may have and to provide information to you about the Town's policy on sexual harassment and the complaint process.

D. Appeals Process:

Employees who believe they have been unfairly disciplined may appeal the decision to the Town Manager. This request for review must be put in writing to the Town Manager, and must be received within one calendar week of the Department Head's decision. The Town Manager can be reached by telephone at 978-692-5500, or by interoffice mail.

E. Union Grievances:

Town employees who are union members may elect to file a grievance under their collective bargaining agreement.

F. Other Options:

Should employees choose to pursue a course of action outside of the Town, several options exist. They may file a complaint with the Massachusetts Commission Against Discrimination and/or the Equal Opportunity Commission. These government agencies handle complaints of job discrimination, including sexual harassment, and can be reached at:

Massachusetts Commission Against Discrimination
One Ashburton Place, Room 601
Boston, MA 02108
617-727-3990

U.S. Equal Employment Opportunity Commission
1 Congress Street
Boston, MA 02114
617-565-3200

Please note that these agencies have a short time period for filing complaints. You must file a complaint with the MCAD within six months of the occurrence, and with the EEOC within 180 days.

In addition to the above mentioned government agencies, the Town's Employee Assistance Program assists employees who are dealing with the stress of harassment or seeking guidance for addressing the behavior. The Town's EAP may be contacted through their 24-hour hotline number at: 1-800-828-6025. Indicate you are with the Westford EAP.

All people have the right to engage attorneys to represent their interests. This list is not exhaustive and is not intended to represent legal advice or referral. All employees are encouraged to avail themselves of the complaint procedure offered by the Town of Westford.

Sexual Harassment Coordinators:

Jodi Ross, Town Manager

Pam Tebbetts, Director Human Resources



*Westford 2000
A Peaceable Community*

EMPLOYEE STATEMENT OF ACKNOWLEDGEMENT OF WORKPLACE VIOLENCE POLICY

This is to acknowledge that I have received a copy of the Town of Westford's Workplace Violence Policy.

I understand that it is my responsibility to read, understand, become familiar with and comply with the materials that have been provided.

Any questions about this policy should be directed to the Human Resources Director at 978-399-2541.

Signed forms need to be returned to Human Resources.

Employee Signature

Date

Please Print Name

Westford Recreation, TOW

Department

This is a town wide policy, including all unions, and falls under the Town of Westford's Personnel Policies.

Telephone (978)399-2915 Fax (978)399-2571

Workplace Violence Policy approved by BOS 6/14/16

Westford Recreation
PHASE1
Employment Packet

Document 8

DIRECT DEPOSIT

**Direct Deposit Authorization Form
and Payroll Welcome Memo**

- This form gathers the necessary banking information to facilitate Direct Deposit. Once processed, the automatic deposit is FAST, and makes everybody's life much easier. The Town of Westford does not like reissuing lost checks so we strongly encourage you sign-up.
- When returning the filled out "Direct Deposit" form **make sure one of the following is included:**
 - An *updated voided check* that has a name and address on it.
 - Or a *bank provided letter* that includes both the *routing* and *account number*.



Town of Westford
DIRECT DEPOSIT AUTHORIZATION FORM
for Seasonal & Intermittent Employees

Employee Name: _____ Employee ID #: _____

Department: _____ Position: _____

ACCOUNT INFORMATION:

NEW REQUEST CANCEL CHANGE: _____ Eff Date: _____
Comment/Reason for change

Bank Name: _____

Routing #: _____ Account #: _____

Checking Account Net Amount **OR** Dollar Amount: \$ _____

Savings Account Net Amount **OR** Dollar Amount: \$ _____

REQUIRED - Please attach a voided check or a bank provided document that includes both the routing and account number as proof of your account. Deposit slips cannot be accepted as proof of account.

Your bank will prenote/test your account for the first payroll following the addition and/or change to your account. Your first check will be a LIVE check and it may take up to 2 payroll cycles after the receipt of the authorization for it to take effect.

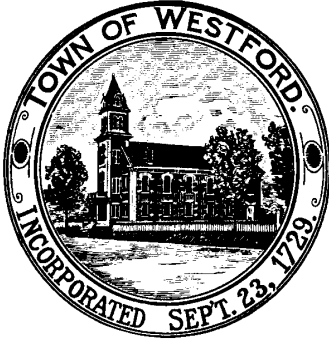
This authorization is to remain in full force and effect until the Town of Westford receives written notification from me of its revocation in such time and in such manner as to afford the Town of Westford and the DEPOSITORY a reasonable opportunity to act on it.

I hereby authorize the Town of Westford to initiate credit entries to my checking account and/ or savings account and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my indicated above at the depository financial institution named above, and to credit the same to such account.

EMAIL ADDRESS FOR ELECTRONIC ADVICE SUBMISSION:

By providing this email address, _____
I authorize the Town of Westford to send me an electronic copy of my Direct Deposit Statement and to eliminate any hard copy advice.

Employee Signature: _____ Date: _____
(Original Signature Required)



TOWN OF WESTFORD
DEPARTMENT OF HUMAN RESOURCES
TOWN HALL
55 MAIN STREET
WESTFORD, MASSACHUSETTS 01886
Telephone (978) 399-2915 Fax (978) 399-2571
<https://westfordma.gov/274/Human-Resources>

Welcome to the Town of Westford Payroll

Payroll for Town of Westford employees is paid on a weekly basis. As a new employee paperwork needs to be completed to process your pay.

Please note, your first paycheck will be prenoted by your bank(s), therefore, your first paycheck will be a live check and will be printed and mailed to the address on file. Subsequent paychecks will be paid by direct deposit to the account(s) you provide. If you choose email notification you will receive a weekly email notification on Tuesday afternoon from payroll@westfordma.gov, titled Direct Deposit Advice, with an attachment of your paystub. The password to the paystub document will be the last 4 digits of your Social Security number. **The funds should be available at your financial institution(s) on Thursday of each week.**

If you have any questions, please feel free to contact the Human Resources Department at 978-399-2915.

Westford Recreation
WPC Employment Packet

Document 9

REMINDER!

Background Record Check Consent form

- You recieved this form from Director Michelle Collett when you were interviewed. If it has not been filled out, PLEASE FILL IT OUT AND DELIVER IT TO THE REC DEPARTMENT AS SOON AS POSSIBLE. ***First priority – see the link below:***

[Background Record Check Consent form](#)

- Once the background check is processed, you will receive a Fingerprint Appointment Notification Letter in your email.
- Please review the letter and ***follow the directions to schedule your Fingerprinting session.*** There are a number of accessible locations.