New Employee Application Instructions
Important Applicant Information

Please Note: Once your New Employee Forms application packet (available for download on our website) is complete we will be processing new hires Monday thru Wednesdays from 8:30 AM until 1:00 PM each week thru August 23rd, 2017.

Please bring (2) two of the following forms of identification with you:
- Driver’s License
- Social Security Card or Official Birth Certificate
- Current Passport

Please bring ORIGINAL COLLEGE TRANSCRIPTS in a sealed envelope.

Prior Teaching experience for salary consideration:
- Verification of prior full time teaching experience from the district you worked on their letterhead.

Please print, complete, and return the following forms:
- New Employee Forms
- Receipt of Completed Mandatory Fingerprinting

Please keep for your records the following items:
- Lynn Public School Policies and Procedures
Lynn Public Schools 100 Bennett Street Lynn, MA 01905
(781) 593-1680 | Human Resources

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT YOUR SIGNATURE
PLEASE READ CAREFULLY

POSITION DESIRED __________________________ DATE OF APPLICATION _______________

Name
Last / First / Middle / Maiden

Present Address
Number / Street / City / State / Zip

Home Telephone (___) __________________________ Social Security No. ___________ 

Work Telephone (___) __________________________ Emergency Phone (___)

It is the policy of the Lynn Public Schools not to discriminate on the basis of race, color, national origin, age, sex, religion, sexual orientation, home status, or disability in admission to, access to, treatment in, or employment in its programs and activities in compliance with Title VI and VII of Civil Rights Act of 1964, Title IX of the 1972 Education Amendments to the Civil Rights Act of 1964, Title IX of the 1972 Education Amendments to the Civil Rights Act, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination in Employment Act, the Americans with Disabilities Act, and M.G.L., Ch.76, Sec. 5, M.G.L., Ch. 151B, and M.G.L., Ch. 151C.

Please Provide All Information Requested
Your complete application form will be maintained in our active files for two (2) years from the date of application. You may submit a new application at any time.

Teacher Certification Area _______________ Level _______ Certification # _________

Teacher Experience (If Applicable)

School Taught ___________________ Grade Levels | From ___________ To ___________

School Taught ___________________ Grade Levels | From ___________ To ___________

Educational History

<table>
<thead>
<tr>
<th>TYPE OF SCHOOL</th>
<th>SCHOOL NAME</th>
<th>LOCATION</th>
<th>YRS COMPLETED</th>
<th>MAJOR AND DEGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>College</td>
<td></td>
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<tr>
<td>Business or Trade School</td>
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<tr>
<td>Graduate School</td>
<td></td>
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</tr>
</tbody>
</table>

Application for Employment Lynn Public Schools | Updated December 2013
Page 1
**Employment Record** | Starting with present or most recent, list all previous employers. Include self-employment and summer and part-time jobs.

<table>
<thead>
<tr>
<th>Last or Present Employer</th>
<th>Type of Business</th>
<th>Type or Classification of Job</th>
<th>Brief Description of Job Duties</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Address</th>
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<table>
<thead>
<tr>
<th>Telephone (__)</th>
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</table>

<table>
<thead>
<tr>
<th>Base Salary $</th>
<th>Dates Worked</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Reason for Leaving</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Prior Employer</th>
<th>Type of Business</th>
<th>Type or Classification of Job</th>
<th>Brief Description of Job Duties</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<table>
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<tr>
<th>Address</th>
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<table>
<thead>
<tr>
<th>Telephone (__)</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Base Salary $</th>
<th>Dates Worked</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Reason for Leaving</th>
</tr>
</thead>
</table>

**Professional/Work References** | List two past supervisors and one person who is not related to you who have knowledge of your qualifications for the position for which you are applying.

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Title/Relationship</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Full Street Address</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Telephone (__)</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Name</th>
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</table>

<table>
<thead>
<tr>
<th>Title/Relationship</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Full Street Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Telephone (__)</th>
</tr>
</thead>
</table>
Special Skills

Applicant for Office/Clerical Work

<table>
<thead>
<tr>
<th>Typing</th>
<th>No.</th>
<th>Words Per Minute</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Dictation

<table>
<thead>
<tr>
<th>Yes</th>
<th>No.</th>
<th>Words Per Minute</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Computer Skills

Hardware

Software

Please List Other Skills and/or Equipment / Language Experience You Have Acquired

Applicant for Shop/Maintenance Work

Type of Machines Operated

Years Experience

Type of Machines Operated

Years Experience

List Other Shop/Production Skills

Served Apprenticeship? Yes | No | Type

How Were You Referred To

Lynn Public Schools

(Circle Only One)

By My College

Advertisement

By An Employee

(Walk-In)

(If so, please include employee's name above)

Other

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for separation from the Lynn Public Schools, if employed. I understand that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing on my employment.

Signature of Applicant

Date Signed

Date Available To Begin Work

If any of your educational or employment records are under other than the above name, please provide other name.
I understand that my appointment with the Lynn School Department is Contingent upon the satisfactory completion of the Fingerprinting for the National Criminal Background Check.

Signature of Applicant ____________________________________________

Date Signed ____________________________________________________
CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

SCHOOL ________________________________

PARENT OF ________________________________

POSITION ________________________________

TO BE USED BY ORGANIZATIONS USING CONSUMER REPORTING AGENCIES TO CONDUCT CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.

The Lynn Public Schools is registered under the provisions of M.G. L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to the Lynn Public Schools to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Lynn Public Schools with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The Lynn Public Schools may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the Lynn Public Schools must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of Applicant ________________________________

Date Signed ________________________________

PLEASE COMPLETE THE NEXT PAGE
LYNN PUBLIC SCHOOLS 100 BENNETT STREET  LYNN, MA 01905  
HUMAN RESOURCES (781) 593-1680 | FAX (781) 477-7312  

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT YOUR SIGNATURE  
PLEASE READ CAREFULLY  

CORI FORM SUBJECT INFORMATION:  
A red asterisk (*) denotes a required field  

* Last Name                        * First Name                        Middle Name                        Suffix

Maiden Name (or other name(s) by which you have been known)

* Date of Birth                        Place of Birth

* Last Six Digits of Your Social Security Number:

Sex:_________                Height:______                Eye Color:_________                Race:_________

Driver's License or ID #:__________________                State of Issue:__________________

Mother's Full Maiden Name:

Father's Full Name:

CURRENT AND FORMER ADDRESSES:

Street Number and Name                        City or Town                        State                        Zip

Street Number and Name                        City or Town                        State                        Zip

The information above was verified by reviewing the following form(s) of government issued identification:

VERIFIED BY:

Name of Verifying Employee (Please Print)

Signature of Verifying Employee
I understand that my appointment with the Lynn School Department is Contingent upon the satisfactory completion of the Physical Performed by Quadrant Health Strategies.

Signature of Applicant ________________________________________________

Date Signed __________________________________________________________
Authorization for Medical Services

*Please have employee bring this form to their appointment*  *Must present Photo ID at time of service (license, passport, government ID)*

Patient Name: ____________________________  SSN: ____________________________

Company Name: City of Lynn, Public Schools  Date of Birth: ____________________________

Location, Street Address: 100 Bennett Street, Lynn, MA 01905  Date/Time of Appointment: ____________________________

Specify Job Position: ____________________________

☐ Pre-Placement Physical Exam (Full Time Teachers/Staff)
  Physical Exam
  Drug Screen, Hair Follicle

☐ Pre-Placement Physical Exam (Cafeteria Worker)
  Physical Exam
  Drug Screen, Hair Follicle
  Lift Test, 50 lbs (all 3 categories, Counter height, Shoulder height & Carry)

☐ Drug Screen, Pre-Placement (Substitute Personnel)
  Non-NIDA 5 panel

☐ Drug Screen, Hair Follicle
  □ Reasonable Suspicion  □ Follow-up

☐ Work-Related Injury/Illness  ☐ Fit-For-Duty Exam  ☐ Return-to-Work Exam

Call Contact to discuss while patient is here

Billing:  Invoice Employer ______  Employee Pays at Time of Visit ______  Workers Compensation ______

Date of Injury: ____________________________

Workers Comp Insurance Company: ____________________________  PH: ______  FAX: ______
(Name, Address, Phone, Fax)

Authorized by: ____________________________  Title: Director of Human Resources
Phone: 781-477-7220 Ext. 3162  Date: ____________________________

Employee is authorized to reschedule Appointment?  □ Yes  ☑ No
Schedule by Date: ____________________________
LYNN PUBLIC SCHOOLS

James Leo McGuinness Administration Building - 100 Bennett Street, Lynn, MA 01905
Tel. (781) 593-1680 ~ Fax: (781) 477-7487

DEMOGRAPHIC SURVEY

Question 1. Are you Hispanic or Latino? Select only one:

_____ No, not Hispanic or Latino

_____ Yes, Hispanic or Latino: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Question 2. What is your race? You may select one or more races:

_____ White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

_____ Black or African American: a person having origins in any of the black racial groups of Africa.

_____ American Indian or Alaskan Native: a person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

_____ Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

If there are no changes to be made, please check below:

_____ No race or ethnicity changes.
<table>
<thead>
<tr>
<th>Race</th>
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<th>Hispanic or Latino</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>01</td>
<td>33</td>
</tr>
<tr>
<td>Black or African American</td>
<td>02</td>
<td>34</td>
</tr>
<tr>
<td>Asian</td>
<td>03</td>
<td>35</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>04</td>
<td>36</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>05</td>
<td>37</td>
</tr>
<tr>
<td><strong>Combination of Two Races</strong></td>
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<td></td>
</tr>
<tr>
<td>White &amp; Black or African American</td>
<td>06</td>
<td>38</td>
</tr>
<tr>
<td>White &amp; Asian</td>
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<tr>
<td>White &amp; American Indian or Alaska Native</td>
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<tr>
<td>White &amp; Native Hawaiian or Other Pacific Islander</td>
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<tr>
<td>Black or African American &amp; Asian</td>
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<td>42</td>
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<tr>
<td>Black or African American &amp; American Indian or Alaska Native</td>
<td>11</td>
<td>43</td>
</tr>
<tr>
<td>Black or African American &amp; Native Hawaiian or Other Pacific Islander</td>
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<td>44</td>
</tr>
<tr>
<td>Asian &amp; American Indian or Alaska Native</td>
<td>13</td>
<td>45</td>
</tr>
<tr>
<td>Asian &amp; Native Hawaiian or Other Pacific Islander</td>
<td>14</td>
<td>46</td>
</tr>
<tr>
<td>American Indian or Alaska Native &amp; Native Hawaiian or Other Pacific Islander</td>
<td>15</td>
<td>47</td>
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<td><strong>Combination of Three Races</strong></td>
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<tr>
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<tr>
<td>White &amp; Black or African American &amp; American Indian or Alaska Native</td>
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<tr>
<td>White &amp; Black or African American &amp; Native Hawaiian or Other Pacific Islander</td>
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<tr>
<td>White &amp; Asian &amp; American Indian or Alaska Native</td>
<td>19</td>
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<tr>
<td>White &amp; Asian &amp; Native Hawaiian or Other Pacific Islander</td>
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<tr>
<td>White &amp; American Indian or Alaska Native &amp; Native Hawaiian or Other Pacific Islander</td>
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<td>Black or African American &amp; Asian &amp; Native Hawaiian or Other Pacific Islander</td>
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<td>54</td>
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<tr>
<td>Black or African American &amp; Asian &amp; American Indian or Alaska Native</td>
<td>23</td>
<td>55</td>
</tr>
<tr>
<td>Black or African American &amp; Native Hawaiian or Other Pacific Islander &amp; American Indian or Alaska Native</td>
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<td>56</td>
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<tr>
<td>Asian &amp; Native Hawaiian or Other Pacific Islander &amp; American Indian or Alaska Native</td>
<td>25</td>
<td>57</td>
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</tr>
<tr>
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</tr>
<tr>
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<td>30</td>
<td>62</td>
</tr>
<tr>
<td><strong>Combination of Five Races</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White &amp; Black or African American &amp; American Indian or Alaska Native &amp; Native Hawaiian or Other Pacific Islander</td>
<td>31</td>
<td>63</td>
</tr>
</tbody>
</table>
## Employment Eligibility Verification

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

➤ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

### 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.)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Last Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>Employee's E-mail Address</th>
<th>Employee's Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

- [ ] 1. A citizen of the United States
- [ ] 2. A noncitizen national of the United States (See instructions)
- [ ] 3. A lawful permanent resident (Alien Registration Number/USCIS Number):
- [ ] 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy):

Some aliens may write "N/A" in the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
- An Alien Registration Number/USCIS Number OR
- Form I-94 Admission Number OR
- Foreign Passport Number.

1. Alien Registration Number/USCIS Number: ____________________________

2. Form I-94 Admission Number: ____________________________

3. Foreign Passport Number: ____________________________

Country of Issuance: ____________________________

Signature of Employee: ____________________________

Today's Date (mm/dd/yyyy): ____________________________

### Preparer and/or Translator Certification (check one):

- [ ] I did not use a preparer or translator.  
- [ ] A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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: ____________________________

Today's Date (mm/dd/yyyy): ____________________________

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
Section 2. Employer or Authorized Representative Review and Verification

(Employee or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "List of Acceptable Documents.")

<table>
<thead>
<tr>
<th>Employee Info from Section 1</th>
<th>List A Identity and Employment Authorization</th>
<th>OR</th>
<th>List B Identity</th>
<th>AND</th>
<th>List C Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Family Name)</td>
<td>Document Title</td>
<td></td>
<td>Document Title</td>
<td></td>
<td>Document Title</td>
</tr>
<tr>
<td>First Name (Given Name)</td>
<td>Issuing Authority</td>
<td></td>
<td>Issuing Authority</td>
<td></td>
<td>Issuing Authority</td>
</tr>
<tr>
<td>M.I.</td>
<td>Document Number</td>
<td></td>
<td>Document Number</td>
<td></td>
<td>Document Number</td>
</tr>
<tr>
<td>Citizenship/Immigration Status</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td></td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Information

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): (See Instructions for exemptions)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today's Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name of Employer or Authorized Representative</td>
<td>First Name of Employer or Authorized Representative</td>
<td>Employer's Business or Organization Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer's Business or Organization Address (Street Number and Name)</td>
<td>City or Town</td>
<td>Lynn Public Schools</td>
<td></td>
<td></td>
</tr>
<tr>
<td>100 Bennett Street</td>
<td>Lynn</td>
<td>MA</td>
<td>01902</td>
<td></td>
</tr>
</tbody>
</table>

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

B. Date of Rehire (if applicable)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

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 document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy) | Name of Employer or Authorized Representative
**LISTS OF ACCEPTABLE DOCUMENTS**

All documents must be UNEXPIRED

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

<table>
<thead>
<tr>
<th>LIST A</th>
<th>LIST B</th>
<th>LIST C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documents that Establish Both Identity and Employment Authorization</td>
<td>Documents that Establish Identity</td>
<td>Documents that Establish Employment Authorization</td>
</tr>
</tbody>
</table>

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 a nonimmigrant alien authorized to work for a specific employer because of his or her status:
   a. Foreign passport; and
   b. Form I-94 or Form I-94A that has the following:
      (1) The same name as the passport; and
      (2) An endorsement of the alien's nonimmigrant status 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

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
10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record

1. A Social Security Account Number card, unless the card includes one of the following restrictions:
   (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 persons under age 18 who are unable to present a document listed above:

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.
# 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.

## Step 1: Enter Personal Information

<table>
<thead>
<tr>
<th>(a) First name and middle initial</th>
<th>Last name</th>
<th>(b) Social security number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Address

City or town, state, and ZIP code

- [ ] Single or Married filing separately
- [ ] Married filing jointly (or Qualifying widow(er))
- [ ] 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, when to use the online estimator, and privacy.

## 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); or
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; 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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld.

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

## Step 3: Claim Dependents

If your 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 and enter the total here

### 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

(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

(c) Extra withholding. Enter any additional tax you want withheld each pay period

## 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**

<table>
<thead>
<tr>
<th>Employer’s name and address</th>
<th>First date of employment</th>
<th>Employer Identification number (EIN)</th>
</tr>
</thead>
</table>

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

Cat. No. 10220Q

Form W-4 (2020)
General Instructions

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.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), 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 owe taxes and penalties when you file your 2020 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 1a, 1b, and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator, if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

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. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. 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 1382, 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.

If you (and your spouse) have a total of only two jobs, you may instead 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 roughly 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. Step 2 of Form W-4 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. 972, Child Tax Credit and Credit for Other Dependents. You can also include other tax credits in this step, such as education tax credits and the foreign tax credit. 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 2020 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.

**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.

   1 $ ___________________________

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.

   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.

   2b ___________________________

   c Add the amounts from lines 2a and 2b and enter the result on line 2c.

   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.

   3 ___________________________

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).

   4 ___________________________

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

1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 10% of your income.

   1 ___________________________

2 Enter:

   - $24,800 if you’re married filing jointly or qualifying widow(er)
   - $19,650 if you’re head of household
   - $12,400 if you’re single or married filing separately

   2 $ ___________________________

3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter “-0-”.

   3 $ ___________________________

4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information.

   4 $ ___________________________

5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4.

   5 $ ___________________________

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(g)(10) 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 possessions 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 non-tax 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 Widow(er)

<table>
<thead>
<tr>
<th>Higher Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>$0 - 9,999</strong></td>
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### Single or Married Filing Separately

<table>
<thead>
<tr>
<th>Higher Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>$0 - 9,999</strong></td>
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### Head of Household

<table>
<thead>
<tr>
<th>Higher Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
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<tbody>
<tr>
<td><strong>$0 - 9,999</strong></td>
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FORM

MASSACHUSETTS EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Print full name ....................................................... Social Security no. ...................................................
Print home address .............................................................. City, ........................................... State ............ Zip

Employee:

File this form or Form W-4 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. If you claim more than the correct number of exemptions, civil and criminal penalties may be imposed. You may claim a smaller number of exemptions. 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.

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 withholding exemptions for your spouse or for any dependents that will not be claimed on your annual tax return.

If claiming a wife or husband, write "4" in line 2. Using "4" is the 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.

IF THE ALLOWABLE MASSACHUSETTS WITHHOLDING EXEMPTIONS ARE THE SAME AS YOU ARE CLAIMING FOR U.S. INCOME TAXES, COMPLETE U.S. FORM W-4 ONLY.
FAQs on the 2020 Form W-4 - From www.irs.gov

General FAQs

1. Why redesign Form W-4?

The new design reduces the form's complexity and increases the transparency and accuracy of the withholding system. While it uses the same underlying information as the old design, it replaces complicated worksheets with more straightforward questions that make accurate withholding easier for employees.

2. What happened to withholding allowances?

Allowances are no longer used for the redesigned Form W-4. This change is meant to increase transparency, simplicity, and accuracy of the form. In the past, the value of a withholding allowance was tied to the amount of the personal exemption. Due to changes in law, currently you cannot claim personal exemptions or dependency exemptions.

3. Are all employees required to furnish a new Form W-4?

No. Employees who have furnished Form W-4 in any year before 2020 are not required to furnish a new form merely because of the redesign. Employers will continue to compute withholding based on the information from the employee's most recently furnished Form W-4.

Employee FAQs

4. My tax situation is simple. Do I have to complete all of the steps?

No. The form is divided into 5 steps. The only two steps required for all employees are Step 1, where you enter personal information like your name and filing status, and Step 5, where you sign the form. Complete Steps 2 - 4 only if they apply to you. Doing so will make your withholding more accurately match your liability.

5. What happens if I only fill out Step 1 and then sign the form?

Your withholding will be computed based on your filing status's standard deduction and tax rates, with no other adjustments.

6. When should I increase my withholding?

You should generally increase your withholding if:

- you hold more than one job at a time or you and your spouse both have jobs (Step 2) or
- you have income from sources other than jobs or self-employment that is not subject to withholding (Step 4(a)).

If you do not make adjustments to your withholding for these situations, you will very likely owe additional tax when filing your tax return, and you may owe penalties. For income from sources other than jobs, you can pay estimated tax instead of having extra withholding.

7. When should I decrease my withholding?

You should generally decrease your withholding if:

- you are eligible for income tax credits such as the child tax credit or credit for other dependents (Step 3), and/or


• you are eligible for deductions other than the basic standard deduction, such as itemized deductions, the deduction for IRA contributions, or the deduction for student loan interest (Step 4(b)).

8. I want a refund when I file my tax return. How should I complete the redesigned Form W-4?

The redesigned Form W-4 makes it easier for you to have your withholding match your tax liability. But if you prefer to have more tax than necessary withheld from each paycheck, you will get that money back as a refund when you file your tax return (keep in mind though you do not earn interest on the amount you overpay). The simplest way to increase your withholding is to enter in Step 4(c) the additional amount you would like your employer to withhold from each paycheck. Note, even if you don't have any income tax withheld from your wages, you may get a refund if you are eligible for tax credits such as the Earned Income Credit, the Additional Child Tax Credit, or American Opportunity Credit.

9. Why do I need to account for multiple jobs (Step 2)? I have never done that before.

Tax rates increase as income rises, and only one standard deduction can be claimed on each tax return, regardless of the number of jobs. Therefore, if you have more than one job at a time or are married filing jointly and both you and your spouse work, more money should usually be withheld from the combined pay for all the jobs than would be withheld if each job was considered by itself. Adjustments to your withholding must be made to avoid owing additional tax, and potentially penalties, when you file your tax return. All of this has been true for many years; it did not change with the recent tax law changes. The old Form W-4 accounted for multiple jobs using detailed instructions and worksheets that many employees may have overlooked. Step 2 of the redesigned Form W-4 lists three different options you should choose from to make the necessary withholding adjustments. Note that, to be accurate, you should furnish a 2020 Form W-4 for all of these jobs.

10. Which option in Step 2 should I use to account for my multiple jobs? Which is most accurate? What if I don’t want to reveal to my employer on my W-4 that I have a second job?

Step 2 allows you to choose one of three options, which involve tradeoffs between accuracy, privacy, and ease of use:

• **Step 2(a):** For maximum accuracy and privacy, use the Tax Withholding Estimator at www.irs.gov/W4app. You will generally be guided to enter an additional amount to withhold in Step 4(c). While you will need to know the approximate amount of pay for each job, you will enter the additional amount of withholding in Step 4(c) on the Form W-4 for only one of the jobs. If pay for any of the jobs changes significantly, you will need to use the Tax Withholding Estimator again and furnish a new Form W-4 to change the amount in Step 4(c) to have accurate withholding.

• **Step 2(b):** If you do not have access to the Tax Withholding Estimator but wish to have roughly accurate withholding and retain privacy, you may use the Multiple Jobs Worksheet on page 3. You will be guided to enter an additional amount to withhold in Step 4(c). While you will need to know the approximate amount of pay for each job, you will enter the additional amount of withholding in Step 4(c) on the Form W-4 for only one of the jobs. If a change in pay for any of the jobs changes the additional withholding amount in the lookup table used with this worksheet, you will need to furnish a new Form W-4 to change the amount in Step 4(c) to have accurate withholding. If you (and your spouse) have a total of only two jobs and the pay at the higher paying job is more than double the pay at the lower paying job, this option is generally more accurate than choosing Step 2(c). If the pay at each job is more similar, choosing Step 2(c) is more accurate than choosing Step 2(b).

• **Step 2(c):** If you (and your spouse) have a total of only two jobs held at the same time, you may check the box in Step 2(c) on the Forms W-4 for both jobs. That is, to use this option, you should complete a Form W-4 for each job with the box in Step 2(c) checked. The standard deduction and tax brackets will be cut in half for each job to calculate withholding. You will not need to furnish a new Form W-4 to account for pay changes at either
job. This option is accurate for jobs with similar pay; otherwise more tax than necessary may be withheld from your wages. This extra amount will be larger the greater the difference in pay is between the two jobs.

11. The instructions above Step 3 say that in multiple job households, adjustments in Steps 3-4b are to be made on only one form, and that withholding will be most accurate if the adjustments are made on the W-4 for the highest paying job. But what happens if pay at two jobs is relatively similar or if changes in pay overtime result in another job becoming the highest paying?

In general, making these adjustments on the Form W-4 for the highest paying job increases accuracy. However, if the jobs in your household pay about the same or if changes in pay over time change which is the highest paying job, it is less important which Form W-4 is used to make the adjustment.

12. What if I have side work where I'm not treated as an employee?

If you have income from self-employment (including as an independent contractor), you will generally owe both income tax and self-employment tax. Form W-4 is primarily intended to be used by employees who are not subject to self-employment tax. Thus, like the old Form W-4, the redesigned Form W-4 does not compute self-employment tax. If you would like to use Form W-4 to make an adjustment to your withholding to account for self-employment income that you will receive from another source, use the Tax Withholding Estimator at www.irs.gov/W4app or refer to IRS Publication 505.

13. What if I don't want to reveal the amount of my non-job income, such as income from earnings on investments or retirement income, on my Form W-4 (Step 4(a))?

You are not required to have tax on non-job income withheld from your paycheck. Instead, you can pay estimated tax on this income using Form 1040-ES, Estimated Tax for Individuals. However, if you want to use Form W-4 to have tax for this income withheld from your paycheck and you do not want to report this income directly in Step 4(a), you have several options. First, you can use the Tax Withholding Estimator at www.irs.gov/W4app. The estimator will help you calculate the additional amount of tax that should be withheld from your paycheck. You will then enter that amount in Step 4(c), without reporting the income to your employer. Second, you can determine for yourself the amount of extra withholding needed to pay for the tax on your other income (for example, by using Publication 505), divide that amount by the number of pay dates in the year, and enter the result in Step 4(c). Third, if this is the only job in your household, you can check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck. The amount of this extra withholding varies across taxpayers and ranges from zero to $20,000 annually—and you may not know how much extra is being withheld. Also, whether this extra withholding in turn is too little or too much—and results in a balance due or refund—depends on the amount of your non-job income.

14. Is there a computer program I can use to help me complete Form W-4?

Yes. To provide maximum accuracy, you are encouraged to use the Tax Withholding Estimator available at www.irs.gov/W4app. You should consider using the withholding estimator if you:

- expect to work only part of the year (this does not apply if you are only switching jobs),
- had a large balance due or refund last year and it is no longer the beginning of the current year,
- have dividend or capital gain income or are subject to additional taxes, such as the additional Medicare tax,
- have self-employment income,
- prefer the most accurate withholding for multiple job situations, or
- prefer to limit information provided in Steps 2-4 but do not want to sacrifice accuracy.

For further assistance, we suggest you visit www.irs.gov.

January 2, 2020
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 __________________________

Form SSA-1945 (01-2013) Destroy Prior Editions
Lynn Public Schools

OBRA MANDATORY WORKSHEET

OBRA (The Omnibus Budget Reconciliation Act of 1990) Mandatory employees are required to make mandatory contributions to the SMART plan at a rate of not less than 7.5% of their gross compensation per pay period.

OBRA Mandatory employees include:

- Part-time employees, seasonal employees and temporary employees who are receiving compensation from an employer for service performed for the employer and who are not otherwise eligible to participate in a retirement system provided under MGL Chapter 30 or any other retirement system.
- Any employees who are receiving compensation from an employer for services performed for the employer and who are not otherwise eligible to participate in a retirement system provided under MGL Chapter 32 or any other retirement system, because they have not satisfied the probationary period of employment before being eligible for participation in that retirement plan.

If one of the following applies to you, you are exempt from OBRA. If no statement applies, complete the OBRA participation agreement. (Please check the appropriate box)

☐ Are you a retired teacher collecting a pension from the Massachusetts Teachers Retirement System?

☐ Are you retired from the City of Lynn collecting a pension from the Lynn Retirement Board?

☐ Are you currently employed with the City of Lynn? If so, then your compensation could be pensionable with the City of Lynn Retirement System.

☐ Are you a teacher in another school district and contributing to the Massachusetts Teachers Retirement System? If so, then your compensation could be MTRS pensionable.

Name: ___________________________________________ Date: _______________________

Signature: __________________________________________

Please contact the Payroll Department upon resignation/retirement/termination from your employment to determine when and/or under what circumstances you are eligible to receive a distribution or make transfers.
City of Lynn 457(b) FICA Alternative Plan

214727

New Enrollment Form

Participant Name: ____________________________________________________________

(Social Security #): _______________________________________________________

Date of Birth: __________________________ Email: _____________________________

Mailing Address: ____________________________________________________________

City: __________________________ State: __________ Phone: ___________________

Participant Signature: ______________________________________________________

If you have questions regarding the completion of this form, please call us at 1-866-296-9712. Please return your completed form(s) to: Bencor P.O. Box 1429, Brentwood, TN 37024 or you may fax your completed form to 1-888-500-7111.

What should I do to set up my account? Please complete the New Enrollment Form and upon completion forward to the address or fax number displayed above. Establishment of your Plan account will begin upon receipt of the completed Enrollment Form. Once your account is created, you should log on to your account to select your investment options and update your beneficiaries to name the person or persons who should receive the funds in your account in the event of your death.

How is my account invested? The Plan offers a full array of investment options in which you may choose to invest amounts contributed to your account. If you do not choose investment options, your account will be invested automatically in your plan’s default option, which may or may not be the best option for your circumstances. Therefore, it is very important for you to log on to your account at www.bencorplans.com as soon as possible to obtain information about all the available investments and choose the options that are appropriate for your objectives and preferences.

How can I access my account online? Upon completion of your Plan setup you may access your account online at www.bencorplans.com by selecting the Participant Login link. The first time you login to the new participant website, enter your social security number as the User ID and the last four digits of your social security number as the Password. Select “Participant” from the drop-down menu and select Login, then follow the prompts to create your personalized security questions, user ID and password.

BENCOR Customer Service Representatives are available Monday – Friday, 9:00 a.m. through 6:00 p.m., Eastern Time, at 1-866-296-9712.
Welcome to the BENCOR FICA Alternative Plan

The BENCOR FICA Alternative Plan, also called the OBRA Plan, is an important retirement benefit for part-time, seasonal and temporary employees. This benefit is provided for you by the City of Lynn. This letter provides general information about the plan and outlines available resources for you to get more detailed information.

Key Features of your FICA Alternative Plan

- Through the City of Lynn, all eligible employees are automatically enrolled in the program.
- All eligible employees make a 7.5% pre-tax contribution into a retirement account in their name.
- All contributions permanently save Social Security taxes.
- Income taxes are deferred on contributions to the plan until you withdraw the money.
- Contributions are 100% vested to you.

Where Can You Get More Information?

To log on to your account go to:
https://bencor.rprgonline.com
Enter your social security number as the User ID and the last four digits of your social security number as the Password. Select Participant from the drop down and Login, follow the prompts to create your personalized security questions, user ID and password.

To speak with a BENCOR National Customer Service Representative
(M-F 8:00 a.m. - 5:00 p.m. CST)
1-866-296-9712

* LOG ON TO CHOOSE YOUR BENEFICIARY *
Lynn Public Schools
100 Bennett Street, Lynn, MA 01905
(781) 593-1680

NEW HIRE INFORMATION

<table>
<thead>
<tr>
<th>Name</th>
<th>Today's Date</th>
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<tbody>
<tr>
<td>Email Address</td>
<td>Cell Phone</td>
</tr>
<tr>
<td>School Assignment</td>
<td>Position</td>
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LICENSURE INFORMATION:

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<th>LEVEL</th>
<th>TYPE</th>
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<td>100200</td>
<td>5-8</td>
<td>Initial</td>
<td>1 Year</td>
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MENTORING/INDUCTION:

State law requires that teachers complete a one year formal Mentoring/Induction program. In addition, regulations for professional licensure also require (among other things) "50 hours of an advanced mentoring experience" beyond the Induction year.

<table>
<thead>
<tr>
<th>Participated in a formal Mentoring/Induction program</th>
<th>YES</th>
<th>NO</th>
<th>Where / When?</th>
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</thead>
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<tr>
<td>Participated in &quot;50 Hours of Advanced Mentoring&quot;</td>
<td>YES</td>
<td>NO</td>
<td>Where / When?</td>
</tr>
</tbody>
</table>

HIGHLY QUALIFIED:

LPS is required to report annually a teacher’s Highly Qualified (HQ) status. Documentation is required for the core academic subjects (English, reading or language arts, mathematics, science, foreign languages, civics and government, economics, arts, history and geography). Acceptable documentation is listed below (only one is required).

<table>
<thead>
<tr>
<th>MTEL – copy of results</th>
<th>PLEASE CHECK ONE</th>
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</thead>
<tbody>
<tr>
<td>Copy of a Transcript – showing completion of a major in the content area of your license (Please note that a degree in elementary education or a degree in special education does not, by law, constitute a content major).</td>
<td></td>
</tr>
<tr>
<td>HOUSE PLAN – only available to ESL and SPED teachers after June 2007.</td>
<td></td>
</tr>
<tr>
<td>CERTIFICATE – from another district stating that you have met the Highly Qualified Teacher requirement for the position you will be employed.</td>
<td></td>
</tr>
</tbody>
</table>
Lynn Public Schools

Payroll Direct Deposit Authorization Form

Employee Name: ___________________________ Date: ___________________________
Work Location: _______________________________________________________________
Social Security Number: _______________________________________________________

☐ New Direct Deposit  ☐ Replace Existing Direct Deposit
☐ Change Existing Deposit Amount ☐ Add Account to Existing Direct Deposit

*** Please attach a copy of your savings passbook or a voided check. ***

Direct Deposit advices are delivered via email. Please specify the email you would like to use.
Email Address:______________________________________________________________

1. Bank Name/City/State:_____________________________________________________
   Routing #: ___________________ Account #: ___________________
   ☐ Checking ☐ Savings I wish to deposit: ☐ Partial $ _______ ☐ 100 % of Net Amount

2. Bank Name/City/State:_____________________________________________________
   Routing #: ___________________ Account #: ___________________
   ☐ Checking ☐ Savings I wish to deposit: ☐ Partial $ _______ ☐ 100 % of Net Amount

*Direct deposits have a required pre-note period. Please allow 1-2 weeks for your deposit.
*You must notify us if you no longer have this account. Failure to do so will result in delayed payment.

I authorize the City of Lynn and my bank to automatically deposit my payroll check into my account(s) listed (this includes
my authorization to correct entries made in error.) This authorization will remain in effect until I give notice to cancel it.

Employee signature: ___________________________ Date: ___________________________

Payroll Office Use Only: Employee #: ___________ Entered by: _______ Input Date: _______
On January 10, 2013, Governor Deval Patrick signed into law G.L. Chapter 459 of the Acts of 2012, An Act Relative to Background Checks. The new law requires all public school employees in Massachusetts, beginning in the 2013-2014 school year, to submit to a one-time national fingerprint-based criminal background check in addition to state CORI checks. Unlike CORI, this check will examine criminal activity in all states including Massachusetts. These criminal background checks must be completed prior to beginning your employment with Lynn Public Schools.

The Executive Office of Public Safety and Security and the Department of Criminal Justice Information Services, working with the Executive Office of Education, the Department of Elementary and Secondary Education, and the Department of Early Education and Care, have established the procedure for taking fingerprints, submitting them to the national database and returning reports to the school employers. Under c. 459, the individual employee or prospective employee is responsible for the cost of the national criminal background check. Please read through the attached guide before you register for an appointment to have your fingerprints taken.

The fingerprinting process requires two steps. The first step is to register online for an appointment to have your fingerprints taken. The second step requires you to go to a location to physically have your fingerprints taken. The registration process takes approximately 15-20 minutes to complete. When you are asked to provide a "Provider ID" please use the Lynn Public Schools District code: 01630000. Please visit www.identogo.com/FP/Massachusetts.aspx to begin the process.

- Click the Online Scheduling link to register for a date, time and location to have your fingerprints taken.
- The locations to have your fingerprints taken are limited to Salem, Boston (Dorchester), Bourne, Brockton, Leominster, Pittsfield, Springfield and Worcester.
- These sites offer evening and Saturday appointments as well as during the day.
- The fee is $55 for staff who have a DESE license and $35 for those who do not have a DESE license. You may pay with a credit card while online.
- Please print the confirmation page and note the identification you will need to bring with you to the fingerprinting center.
- Please send a copy of the receipt you receive once registered.

If you need help registering for an appointment to submit your fingerprints, please contact Human Resources at 781-593-1680. You must submit to the new national criminal background check prior to beginning your employment. For more information about the national criminal background checks, you may visit the following websites

- Massachusetts Executive Office of Public Safety and Security
- Massachusetts Department of Elementary and Secondary Education
About The "Acknowledgement of Receipt"

Attached you will find a summary of the updated Conflict of Interest Law which went into effect September 29, 2009.

Once you have read the summary of the law, you are required to sign the "Acknowledgement of Receipt" and forward it to the Human Resources Office. You will find the receipt on the last page of the summary.

You are also required to take the online training by going to www.mass.gov/ethics. Under Education and "Training Resources! There is a link to "Mandatory Training Requirements-Summary Online Training and Revised Implementation Procedures" which you should click on. Once that page opens, go to #4 which says "Online Training Program". Click on and follow the prompts.

When all questions have been answered (25 total questions) your certificate will open with your name on it. Print one for the Human Resources office and one for your records.

You must send the "Acknowledgement of Receipt" as well as the online training certificate to the Human Resources Office within 10 days of receipt of this letter.

If you have any questions, please don't hesitate to call the Human Resources Office at (781) 477-7220 ext. 3101.
Summary of the Conflict of Interest Law for Municipal Employees

This summary of the conflict of interest law, General Laws chapter 268A, is intended to help municipal employees understand how that law applies to them. This summary is not a substitute for legal advice, nor does it mention every aspect of the law that may apply in a particular situation. Municipal employees can obtain free confidential advice about the conflict of interest law from the Commission’s Legal Division at our website, phone number, and address above. Municipal counsel may also provide advice.

The conflict of interest law seeks to prevent conflicts between private interests and public duties, foster integrity in public service, and promote the public’s trust and confidence in that service by placing restrictions on what municipal employees may do on the job, after hours, and after leaving public service, as described below. The sections referenced below are sections of G.L. c. 268A.

When the Commission determines that the conflict of interest law has been violated, it can impose a civil penalty of up to $10,000 ($25,000 for bribery cases) for each violation. In addition, the Commission can order the violator to repay any economic advantage he gained by the violation, and to make restitution to injured third parties. Violations of the conflict of interest law can also be prosecuted criminally.

I. Are you a municipal employee for conflict of interest law purposes?

You do not have to be a full-time, paid municipal employee to be considered a municipal employee for conflict of interest purposes. Anyone performing services for a city or town or holding a municipal position, whether paid or unpaid, including full- and part-time municipal employees, elected officials, volunteers, and consultants, is a municipal employee under the conflict of interest law. An employee of a private firm can also be a municipal employee, if the private firm has a contract with the city or town and the employee is a “key employee” under the contract, meaning the town has specifically contracted for her services. The law also covers private parties who engage in impermissible dealings with municipal employees, such as offering bribes or illegal gifts.

II. On-the-job restrictions.

(a) Bribes. Asking for and taking bribes is prohibited. (See Section 2)

A bribe is anything of value corruptly received by a municipal employee in exchange for the employee being influenced in his official actions. Giving, offering, receiving, or asking for a bribe is illegal.

Bribes are more serious than illegal gifts because they involve corrupt intent. In other words, the municipal employee intends to sell his office by agreeing to do or not do some official act, and the giver intends to influence him to do so. Bribes of any value are illegal.

(b) Gifts and gratuities. Asking for or accepting a gift because of your official position, or because of something you can do or have done in your official position, is prohibited. (See Sections 3, 23(b)(2), and 26)

Municipal employees may not accept gifts and gratuities valued at $50 or more given to influence their official actions or because of their official position. Accepting a gift intended to reward past official action or to bring about future official action is illegal, as is giving such gifts. Accepting a gift given to you because of the municipal position you hold is also illegal. Meals, entertainment event tickets, golf, gift baskets, and payment of travel expenses can all be illegal gifts if given in connection with official action or position, as can anything worth $50 or more. A number of smaller gifts together worth $50 or more may also violate these sections.

Example of violation: A town administrator accepts reduced rental payments from developers.

Example of violation: A developer offers a ski trip to a school district employee who oversees the developer’s work for the school district.

Regulatory exemptions. There are situations in which a municipal employee’s receipt of a gift does not present a genuine risk of a conflict of interest, and may in fact advance the public interest. The Commission has created exemptions permitting giving and receiving gifts in these situations. One commonly used exemption permits municipal employees to accept payment of travel-related expenses when doing so advances a public purpose. Another commonly used exemption permits municipal employees to accept payment of costs involved in attendance at educational and training programs. Other exemptions are listed on the Commission’s website.
Example where there is no violation: A fire truck manufacturer offers to pay the travel expenses of a fire chief to a trade show where the chief can examine various kinds of fire-fighting equipment that the town may purchase. The chief fills out a disclosure form and obtains prior approval from his appointing authority.

Example where there is no violation: A town treasurer attends a two-day annual school featuring multiple substantive seminars on issues relevant to treasurers. The annual school is paid for in part by banks that do business with town treasurers. The treasurer is only required to make a disclosure if one of the sponsoring banks has official business before her in the six months before or after the annual school.

(c) Misuse of position. Using your official position to get something you are not entitled to, or to get someone else something they are not entitled to, is prohibited. Causing someone else to do these things is also prohibited. (See Sections 23(b)(2) and 26)

A municipal employee may not use her official position to get something worth $50 or more that would not be properly available to other similarly situated individuals. Similarly, a municipal employee may not use her official position to get something worth $50 or more for someone else that would not be properly available to other similarly situated individuals. Causing someone else to do these things is also prohibited.

Example of violation: A full-time town employee writes a novel on work time, using her office computer, and directing her secretary to proofread the draft.

Example of violation: A city councilor directs subordinates to drive the councilor's wife to and from the grocery store.

Example of violation: A mayor avoids a speeding ticket by asking the police officer who stops him, "Do you know who I am?" and showing his municipal I.D.

(d) Self-dealing and nepotism. Participating as a municipal employee in a matter in which you, your immediate family, your business organization, or your future employer has a financial interest is prohibited. (See Section 19)

A municipal employee may not participate in any particular matter in which he or a member of his immediate family (parents, children, siblings, spouse, and spouse's parents, children, and siblings) has a financial interest. He also may not participate in any particular matter in which a prospective employer, or a business organization of which he is a director, officer, trustee, or employee has a financial interest. Participation includes discussing as well as voting on a matter, and delegating a matter to someone else.

A financial interest may create a conflict of interest whether it is large or small, and positive or negative. In other words, it does not matter if a lot of money is involved or only a little. It also does not matter if you are putting money into your pocket or taking it out. If you, your immediate family, your business, or your employer have or has a financial interest in a matter, you may not participate. The financial interest must be direct and immediate or reasonably foreseeable to create a conflict. Financial interests which are remote, speculative or not sufficiently identifiable do not create conflicts.

Example of violation: A school committee member's wife is a teacher in the town's public schools. The school committee member votes on the budget line item for teachers' salaries.

Example of violation: A member of a town affordable housing committee is also the director of a non-profit housing development corporation. The non-profit makes an application to the committee, and the member/director participates in the discussion.

Example: A planning board member lives next door to property where a developer plans to construct a new building. Because the planning board member owns abutting property, he is presumed to have a financial interest in the matter. He cannot participate unless he provides the State Ethics Commission with an opinion from a qualified independent appraiser that the new construction will not affect his financial interest.

In many cases, where not otherwise required to participate, a municipal employee may comply with the law by simply not participating in the particular matter in which she has a financial interest. She need not give a reason for not participating.

There are several exemptions to this section of the law. An appointed municipal employee may file a written disclosure about the financial interest with his appointing authority, and seek permission to participate notwithstanding the conflict. The appointing authority may grant written permission if she determines that the financial interest in question is not so substantial that it is likely to affect the integrity of his services to the municipality. Participating without disclosing the financial interest is a violation. Elected employees cannot use the disclosure procedure because they have no appointing authority.

Example where there is no violation: An appointed member of the town zoning advisory committee, which will review and recommend changes to the town's by-laws with regard to a commercial district, is a partner in a company that owns commercial property in the district. Prior to participating in any committee discussions, the member files a disclosure with the zoning board of appeals that appointed him to his position, and that board gives him a written determination authorizing his participation, despite his company's financial interest. There is no violation.

There is also an exemption for both appointed and elected employees where the employee's task is to address a matter of general policy and the employee's financial interest is shared with a substantial portion (generally 10% or more) of the town's population, such as, for instance, a financial interest in real estate tax rates or municipal utility rates.
Regulatory exemptions. In addition to the statutory exemptions just mentioned, the Commission has created several regulatory exemptions permitting municipal employees to participate in particular matters notwithstanding the presence of a financial interest in certain very specific situations when permitting them to do so advances a public purpose. There is an exemption permitting school committee members to participate in setting school fees that will affect their own children if they make a prior written disclosure. There is an exemption permitting town clerks to perform election-related functions even when they, or their immediate family members, are on the ballot, because clerks' election-related functions are extensively regulated by other laws. There is also an exemption permitting a person serving as a member of a municipal board pursuant to a legal requirement that the board have members with a specified affiliation to participate fully in determinations of general policy by the board, even if the entity with which he is affiliated has a financial interest in the matter. Other exemptions are listed in the Commission's regulations, available on the Commission's website.

Example where there is no violation: A municipal Shellfish Advisory Board has been created to provide advice to the Board of Selectmen on policy issues related to shellfishing. The Advisory Board is required to have members who are currently commercial fishermen. A board member who is a commercial fisherman may participate in determinations of general policy in which he has a financial interest common to all commercial fishermen, but may not participate in determinations in which he alone has a financial interest, such as the extension of his own individual permits or leases.

(e) False claims. Presenting a false claim to your employer for a payment or benefit is prohibited, and causing someone else to do so is also prohibited. (See Sections 23(b)(4) and 26)

A municipal employee may not present a false or fraudulent claim to his employer for any payment or benefit worth $50 or more, or cause another person to do so.

Example of violation: A public works director directs his secretary to fill out time sheets to show him as present at work on days when he was skiing.

(f) Appearance of conflict. Acting in a manner that would make a reasonable person think you can be improperly influenced is prohibited. (See Section 23(b)(3))

A municipal employee may not act in a manner that would cause a reasonable person to think that she would show favor toward someone or that she can be improperly influenced. Section 23(b)(3) requires a municipal employee to consider whether her relationships and affiliations could prevent her from acting fairly and objectively when she performs her duties for a city or town. If she cannot be fair and objective because of a relationship or affiliation, she should not perform her duties. However, a municipal employee, whether elected or appointed, can avoid violating this provision by making a public disclosure of the facts. An appointed employee must make the disclosure in writing to his appointing official.

Example where there is no violation: A developer who is the cousin of the chair of the conservation commission has filed an application with the commission. A reasonable person could conclude that the chair might favor her cousin. The chair files a written disclosure with her appointing authority explaining her relationship with her cousin prior to the meeting at which the application will be considered. There is no violation of Sec. 23(b)(3).

(g) Confidential information. Improperly disclosing or personally using confidential information obtained through your job is prohibited. (See Section 23(c)(3))

Municipal employees may not improperly disclose confidential information, or make personal use of non-public information they acquired in the course of their official duties to further their personal interests.

III. After-hours restrictions.

(a) Taking a second paid job that conflicts with the duties of your municipal job is prohibited. (See Section 23(b)(1))

A municipal employee may not accept other paid employment if the responsibilities of the second job are incompatible with his or her municipal job.

Example: A police officer may not work as a paid private security guard in the town where he serves because the demands of his private employment would conflict with his duties as a police officer.

(b) Divided loyalties. Receiving pay from anyone other than the city or town to work on a matter involving the city or town is prohibited. Acting as agent or attorney for anyone other than the city or town in a matter involving the city or town is also prohibited whether or not you are paid. (See Sec. 17)

Because cities and towns are entitled to the undivided loyalty of their employees, a municipal employee may not be paid by other people and organizations in relation to a matter if the city or town has an interest in the matter. In addition, a municipal employee may not act on behalf of other people and organizations or act as an attorney for other people and organizations in which the town has an interest. Acting as agent includes contacting the municipality in person, by phone, or in writing; acting as a liaison; providing documents to the city or town; and serving as spokesman.

A municipal employee may always represent his own personal interests, even before his own municipal agency or board, on the same terms and conditions that other similarly situated members of the public would be allowed to do so. A municipal employee may also apply for building and related permits on behalf of
someone else and be paid for doing so, unless he works for the permitting agency, or an agency which regulates the permitting agency.

Example of violation: A full-time health agent submits a septic system plan that she has prepared for a private client to the town's board of health.

Example of violation: A planning board member represents a private client before the board of selectmen on a request that town meeting consider rezoning the client's property.

While many municipal employees earn their livelihood in municipal jobs, some municipal employees volunteer their time to provide services to the town or receive small stipends. Others, such as a private attorney who provides legal services to a town as needed, may serve in a position in which they may have other personal or private employment during normal working hours. In recognition of the need not to unduly restrict the ability of town volunteers and part-time employees to earn a living, the law is less restrictive for "special" municipal employees than for other municipal employees.

The status of "special" municipal employee has to be assigned to a municipal position by vote of the board of selectmen, city council, or similar body. A position is eligible to be designated as "special" if it is unpaid, or if it is part-time and the employee is allowed to have another job during normal working hours, or if the employee was not paid for working more than 800 hours during the preceding 365 days. It is the position that is designated as "special" and not the person or persons holding the position. Selectmen in towns of 10,000 or fewer are automatically "special"; selectmen in larger towns cannot be "specials."

If a municipal position has been designated as "special," an employee holding that position may be paid by others, act on behalf of others, and act as attorney for others with respect to matters before municipal boards other than his own, provided that he has not officially participated in the matter, and the matter is not now, and has not within the past year been, under his official responsibility.

Example: A school committee member who has been designated as a special municipal employee appears before the board of health on behalf of a client of his private law practice, on a matter that he has not participated in or had responsibility for as a school committee member. There is no conflict. However, he may not appear before the school committee, or the school department, on behalf of a client because he has official responsibility for any matter that comes before the school committee. This is still the case even if he has recused himself from participating in the matter in his official capacity.

Example: A member who sits as an alternate on the conservation commission is a special municipal employee. Under town by-laws, he only has official responsibility for matters assigned to him. He may represent a resident who wants to file an application with the conservation commission as long as the matter is not assigned to him and he will not participate in it.

(c) Inside track. Being paid by your city or town, directly or indirectly, under some second arrangement in addition to your job is prohibited, unless an exemption applies. (See Section 20)

A municipal employee generally may not have a financial interest in a municipal contract, including a second municipal job. A municipal employee is also generally prohibited from having an indirect financial interest in a contract that the city or town has with someone else. This provision is intended to prevent municipal employees from having an "inside track" to further financial opportunities.

Example of violation: Legal counsel to the town housing authority becomes the acting executive director of the authority, and is paid in both positions.

Example of violation: A selectman buys a surplus truck from the town DPW.

Example of violation: A full-time secretary for the board of health wants to have a second paid job working part-time for the town library. She will violate Section 20 unless she can meet the requirements of an exemption.

Example of violation: A city councilor wants to work for a non-profit that receives funding under a contract with her city. Unless she can satisfy the requirements of an exemption under Section 20, she cannot take the job.

There are numerous exemptions. A municipal employee may hold multiple unpaid or elected positions. Some exemptions apply only to special municipal employees. Specific exemptions may cover serving as an unpaid volunteer in a second town position, housing-related benefits, public safety positions, certain elected positions, small towns, and other specific situations. Please call the Ethics Commission's Legal Division for advice about a specific situation.

IV. After you leave municipal employment. (See Section 18)

(a) Forever ban. After you leave your municipal job, you may never work for anyone other than the municipality on a matter that you worked on as a municipal employee.

If you participated in a matter as a municipal employee, you cannot ever be paid to work on that same matter for anyone other than the municipality, nor may you act for someone else, whether paid or not. The purpose of this restriction is to bar former employees from selling to private interests their familiarity with the facts of particular matters that are of continuing concern to their former municipal employer. The restriction does not prohibit former municipal employees from using the
Expertise acquired in government service in their subsequent private activities.

Example of violation: A former school department employee works for a contractor under a contract that she helped to draft and oversee for the school department.

(b) One year cooling-off period. For one year after you leave your municipal job you may not participate in any matter over which you had official responsibility during your last two years of public service.

Former municipal employees are barred for one year after they leave municipal employment from personally appearing before any agency of the municipality in connection with matters that were under their authority in their prior municipal positions during the two years before they left.

Example: An assistant town manager negotiates a three-year contract with a company. The town manager who supervised the assistant, and had official responsibility for the contract but did not participate in negotiating it, leaves her job to work for the company to which the contract was awarded. The former manager may not call or write the town in connection with the company's work on the contract for one year after leaving the town.

A former municipal employee who participated as such in general legislation on expanded gaming and related matters may not become an officer or employee of, or acquire a financial interest in, an applicant for a gaming license, or a gaming licensee, for one year after his public employment ceases.

(c) Partners. Your partners will be subject to restrictions while you serve as a municipal employee and after your municipal service ends.

Partners of municipal employees and former municipal employees are also subject to restrictions under the conflict of interest law. If a municipal employee participated in a matter, or if he has official responsibility for a matter, then his partner may not act on behalf of anyone other than the municipality or provide services as an attorney to anyone but the city or town in relation to the matter.

Example: While serving on a city's historic district commission, an architect reviewed an application to get landmark status for a building. His partners at his architecture firm may not prepare and sign plans for the owner of the building or otherwise act on the owner's behalf in relation to the application for landmark status. In addition, because the architect has official responsibility as a commissioner for every matter that comes before the commission, his partners may not communicate with the commission or otherwise act on behalf of any client on any matter that comes before the commission during the time that the architect serves on the commission.

Example: A former town counsel joins a law firm as a partner. Because she litigated a lawsuit for the town, her new partners cannot represent any private clients in the lawsuit for one year after her job with the town ended.

This summary is not intended to be legal advice and, because it is a summary, it does not mention every provision of the conflict law that may apply in a particular situation. Our website, http://www.mass.gov/ethics contains further information about how the law applies in many situations. You can also contact the Commission's Legal Division via our website, by telephone, or by letter. Our contact information is at the top of this document.

Version 6: Revised May 10, 2013

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ACKNOWLEDGMENT OF RECEIPT

I, ________________________________, an employee at ________________________________, hereby acknowledge that I received a
(first and last name) (name of municipal dept.)
copy of the summary of the conflict of interest law for municipal employees, revised May 10, 2013, on __________________________.
(date)

Municipal employees should complete the acknowledgment of receipt and return it to the individual who provided them with a copy of the summary. Alternatively, municipal employees may send an e-mail acknowledging receipt of the summary to the individual who provided them with a copy of it.
Thank you for completing the Massachusetts State Ethics Commission's online training program.

It is important to keep in mind that information provided in the online training program is general in nature and is not an exhaustive review of the Massachusetts Conflict Of Interest Law. The Commission staff also regularly offers free educational seminars at its Boston Office, Room 619, One Ashburton Place. Please contact the Commission at (617) 371-9500 if you are interested in attending one of these sessions or sponsoring an educational seminar at your facility.

The State Ethics Commission provides free, confidential legal advice about how the law applies in a particular situation. We encourage you to seek legal advice from the Commission at (617) 371-9500 and/or your agency's legal counsel if you face a potential conflict of interest. Your agency may have additional restrictions which regulate your conduct.

For additional information about the Ethics Commission and the Massachusetts Conflict of Interest Law, please visit www.mass.gov/ethics

Educational material about the application of the conflict of interest law can be found at http://www.mass.gov/ethics/education-and-training-resources/educational-materials/

A summary of the conflict of interest law can be found in the "Top Ten Rules State Employees Need to Know About the Conflict of Interest Law". (See Next Page)
The Massachusetts Legislature and Governor passed legislation, Chapter 28 of the Acts of 2009, the ethics reform law, which imposes mandatory education and training requirements on public employers and public employees. The law authorizes the Massachusetts State Ethics Commission to establish procedures to implement and ensure compliance with these requirements, and these Implementation Procedures are issued pursuant to that authority. The mandatory training requirement of the Act requires that all town employees, including Board, Committee and Commission members, must complete the Massachusetts State Ethics Commission Online Conflict of Interest Training and Ethics Law Quiz. The online training program takes 15 to 30 minutes to complete. The Training consists of twenty-five hypothetical situations involving potential conflicts of interest or other violations of the state ethics law and test general ethics knowledge and the basic requirements in matters such as accepting gratuities, self-dealing and nepotism, confidentiality, and post retirement restrictions.

Access the Online Training Program and Quiz

To access the State Ethics Commission Online training Program and Quiz, click on the photo at the top of the page to begin.

Upon completing the online training program you will receive a certificate of completion. Please print out the completion certificate and bring with you when you are sworn in to your respective Board, Committee, or Commission at the Town Clerk’s office. Remember to retain a certificate for your records. For help with this process, please call the Town Administrator’s Office at 508-240-5900.

For further information and to access the Mass. State Ethics Commission website, please click on the link below.
http://www.mass.gov/ethics/education-and-training-resources/

The Top Ten Rules Municipal Employees need to know about the Conflict of Interest Law

10. Whether elected or appointed, paid or unpaid, part-time or full-time, you are a municipal employee subject to the conflict of interest law - even “consultants” may be considered municipal employees.

9. Don’t accept bribes (don’t sell or trade your official actions).

8. Don’t accept meals, tickets or gifts from anyone to thank or reward you for any official action that you have taken or may take or to influence you in any official action.

7. Be loyal to the municipality:
   Don’t accept money from or represent anyone other than the municipality for work involving the municipality.
   Don’t accept paid, private work that is incompatible with your public position and duties.
   Don’t disclose or use confidential information that you obtained as a municipal employee.

6. Don’t use your official position to get special benefits for yourself or anyone else that are not available to the general public.

5. Don’t create appearances of conflicts of interest: Publicly disclose significant relationships or circumstances that might cause a reasonable person to think that you might be unfair or biased in your official actions.

4. Don’t act on any matter affecting your own financial interests or those of family members, partners or organizations with which you have a private relationship.

3. Don’t double dip. Don’t accept an additional (even unpaid) municipal position before seeking legal advice.

2. After you leave municipal service: Don’t accept money from or represent anyone other than the municipality if the private work involves a matter that you participated in or worked on as a municipal employee. Strictly observe the one-year “cooling off” rule: Don’t represent or appear before municipal agencies for a private party on matters that were under your “official responsibility” when you were a municipal employee.

AND THE NUMBER ONE RULE IS...
Get Advice! Most of these rules have exceptions. Some are simple; some are not. Free legal advice is readily available from your municipal counsel or the State Ethics Commission at 617-371-9500 or 888-485-4766.
How long does it take to process a new claim?
It takes approximately three to four weeks to process a new claim. If you are determined to be eligible for UI benefits, you will receive payments for the weeks that you are eligible, except for the first week, which is a waiting period required by Massachusetts law.

How to request your weekly benefit payment:
Beginning on the Sunday after you apply for benefits, you must request your benefit payment (sign or certify your eligibility for UI benefits) weekly. A payment will be made to you for the previous week, after you request the benefit payment and we have determined that you are eligible. To request benefit payment:
1. Go to www.mass.gov/dua, select UI Online for Claimants. Then log in to your account using your SSN and password that you created. Select Request Benefit Payment and answer the questions.
2. Call the automated TeleCert service at 617-626-6338. Follow the voice prompts and answer the questions using the keypad on your phone. TeleCert is available in English and Spanish.

How to apply for benefits from out of state:
If you worked in Massachusetts and have moved to another state, you may still be eligible for benefits. This type of claim is known as an interstate claim. Interstate claims are subject to Massachusetts law as if you were still living in the Commonwealth. You can apply for your interstate unemployment claim using UI Online or by calling the TeleClaim Center.

Need help?
If you have any questions concerning your eligibility or need assistance applying for unemployment benefits, please review the frequently asked questions on our website, www.mass.gov/dua or call the TeleClaim Center.

This pamphlet includes important information how to apply for Unemployment Insurance benefits.

To Massachusetts Employers:
Under the state’s Employment and Training Law, you are required to give a copy of this pamphlet to each of your employees who is separated from work, permanently or temporarily. Please complete the information below:

Employer Name
DUA Employer Account Number (EAN)
Federal Employer ID Number (optional)
Address (to which DUA should mail request for separation and wage information)
What is Unemployment Insurance?
Unemployment Insurance (UI) is a temporary income protection program for workers who have lost their jobs through no fault of their own, but are able to work, available for work, and looking for work. Funding for UI benefits comes from quarterly contributions paid by the state's employers to the Department of Unemployment Assistance (DUA); no deductions are made from employees' pay.

When should you apply for UI benefits?
If you have been separated from work, or your work schedule has been reduced, you should apply for UI benefits during your first week of total or partial unemployment. Your claim will begin on the Sunday of the calendar week in which your claim is filed. This date is known as your effective claim date. Waiting more than a full week to request benefits will delay the beginning of your claim and benefits may not be paid for the week(s) of unemployment that occurred prior to the week of filing.

How to apply for UI benefits:
We are committed to providing you with prompt and courteous service. Our goal is to ensure that you can apply for benefits quickly and efficiently. Simply follow these steps:

Be ready with the following information:
- Social Security Number
- Date of birth (month, day, year)
- Home address, telephone number, and email address (if available)
- Whether you have filed a UI claim in Massachusetts, or in any other state during the past 12 months
- The names and addresses of all employers you have worked for during the past 15 months, and the dates you worked for each employer. If you are reapplying for a claim, be prepared to provide the same information for any employment you have had since your claim was last active.
- Your military discharge papers — form DD-214, member 4 (if you were separated from military service with any branch of the U.S. armed forces within the past 18 months)
- If you were employed by the federal government within the past 18 months, the SF-8 and/or SF-50 form given to you by your government employer at the time of your separation
- The reason why you are no longer working or why your hours have been reduced

- Last day of employment
- The names, dates of birth, and Social Security Numbers of any dependent children that you plan to claim as a dependent
- Alien registration number or verification that you were legally eligible to work in the United States, and that you are currently eligible to begin a new job

Select the method that is most convenient for you:
There are two ways you can apply for benefits.

Apply using UI Online:
UI Online is a safe, secure, easy-to-use, self-service system. If you choose to use UI Online, you will complete the information online and submit your application for a computer with Internet access. If you do not have access to a computer, visit your local library or One-Stop Career Center to use free, publicly-available computers.
To apply using UI Online (5:00 a.m. to 10:00 p.m. daily):
1. Go to www.mass.gov/dus and select UI Online for Claimants
2. Then select Apply for Benefits. When you apply for benefits using UI Online for the first time, you will be asked to enter your Social Security Number (SSN), create a password, and select a security question and answer. It is important for you to remember your password and security question and answer. You will use your SSN and password to access UI Online each week to request your benefit payment. If you forget your password, you can reset it by clicking Forgot Password, answering the security question, and selecting a new password.
3. Complete all information requested. You will receive a confirmation message after you submit your application. If your application is interrupted, you can go back and complete it before 10:00 p.m. on Saturday of the same week.

Tip: Be sure to provide your telephone number and email address — it will make it easier for us to contact you if there are questions about your application.

Apply by phone using the TeleClaim Center:
To apply for benefits by phone (8:30 a.m. to 4:30 p.m. Monday through Friday):
1. Call the TeleClaim Center toll-free at 877-626-6800; from area codes 351, 413, 508, 774, and 978; or 617-626-6800 from any other area code.
2. Select English or another language.
3. Press 1 to apply for benefits. Enter your SSN and the year you were born. You will then be connected to an agent who will take the information necessary to file your claim.

Note: During peak periods from Monday through Thursday, call scheduling may be implemented providing priority for callers based on the last digit of their Social Security number. This helps ensure that everyone can get through to the TeleClaim Center in a timely manner. Please check the schedule below before calling:

<table>
<thead>
<tr>
<th>The last digit of your SSN is:</th>
<th>Assigned day to call TeleClaim is:</th>
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</thead>
<tbody>
<tr>
<td>0, 1, 2</td>
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</tr>
<tr>
<td>3, 4, 5, 6</td>
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<td>7, 8, 9</td>
<td>Wednesday</td>
</tr>
<tr>
<td>Any last digit</td>
<td>Friday</td>
</tr>
</tbody>
</table>

How to create or change your Personal Identification Number (PIN) for TeleCert:
When you apply for benefits by telephone for the first time, you will be asked to create your PIN. If you have previously created your PIN and do not remember it, or need to change your PIN, call the PIN Service Line at 617-626-6943. The PIN Service Line is available seven days a week from 5 a.m. to 10 p.m. You will need a touch-tone phone to use the PIN Service Line. Note: Please be aware that smart phones with QWERTY keyboard sometimes do not work when answering the security question. Instead, use a cellular phone or land line.
Lynn Public Schools – Employee Self Service

Employee Self Service is a secure web portal that allows employees to access and update some of their personal information through internet access. Employees can view payroll information such as paycheck history, W2 information and W-4 election details.

Employee Self Service can be accessed directly from the Lynn Public Schools site www.lynnschools.org. Once on the School website, click on Resources, For Staff, Staff Resources.

The following page will open. Click on Log In and a User Name and Password box will open.

User name

Password

Forgot your password?

Log in

Your User name is your first initial of your first name, your last name and last 4 digits of your Social Security Number.

Example: Jsmith5555
Initially your password will be the last 4 of your Social Security Number. The first time you log on you will be prompted to change your password. Keep this password — there is no expiration on this password so you’ll be able to keep it.

Enter your user name and initial password (last 4 of your SSN) and click on Log in.

You will then be prompted with the below screen to change your password.

Your new password needs to be at least 8 characters long, contain at least 1 number and contain at least one uppercase character and one lowercase character.
Note that a password hint is required to be filled out in case you forget your password it will be emailed to you.
Click on Employee Self Service to see a summary page with various details.

Once you choose Employee Self Service, in addition to being able to view your information, there are links that are available for you to access.

For example you can get right to the Harvard Health Care site, Aesop and email.
Lynn Public Schools – Employee Self Service

There are four sections to the Summary page: Announcements, Personal Information, Time off, and Paychecks.

There is a side bar menu that will bring you to different areas to either review or change allowed information.

In this example, we will take a look at the Pay/Tax information.
This screen will give you the ability to look at any payroll check issued to you. If you click on Detail next to the Net Pay you will see the detail of that particular check.

<table>
<thead>
<tr>
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<th>Net Pay</th>
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To view an actual copy of the check you will click on View Paycheck image.

Click on the top option (convert to multi-page pdf file) and a copy of your actual check/dd advice will be presented and able to print.

Once you are finished looking at that particular payment you will click on Return to pay/tax information in the top right corner.
Next we will look at the W-4 option. Click on the W-4 option to see and/or edit your information.

To make changes, click on "Edit W-4 Values"

Make the necessary change, check the box for authorization and then click on Continue. These changes will take place within two weeks.
Another option now available is the ability to change, add or delete your direct deposits.

Your Primary account would be where the balance of your check would go for 100% direct deposit. So if you choose $25.00 to go to an amount based account and your check was $525, the remaining $500 would go to your Primary account.

Once the changes have been made you must check of the authorization box and click on Submit Changes. CHANGES to existing deposits done by Thursday nights will take affect on the following paycheck. Changes made after Thursday will take affect the following week.
To ADD a brand new bank account you would click on **Add an amount-based account**

You must have your bank Routing Number which is located at the bottom on your check. If it a savings account and you don’t know the Routing Number please inquire with your bank. There are banks, such as Bank of America, that have several different Routing Numbers.

If you are not comfortable ADDING a new bank for direct deposit you are still able to do this with your payroll person.

By choosing the Bank name drop down you can scroll to find your Bank name and then check to be sure the routing number is correct. Again, be sure you have the correct routing #.

Next choose the Account Type, Checking or Savings. Type in your Account number and then the dollar amount you want to go to that account. Click on OK. This NEW deposit will take up to two weeks to take affect.
By choosing Personal Information, you are able to update your Preferred Name, address, Form delivery options, phone #’s and Emergency Contacts. Please take the time to update/add your Emergency Contacts.

### Personal Information

<table>
<thead>
<tr>
<th>Employee Preferred Name</th>
<th>change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred Name</td>
<td>MARY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address / Email</th>
<th>change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address</td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td></td>
</tr>
<tr>
<td>Alternate Email</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tax Form Delivery Options</th>
<th>change</th>
</tr>
</thead>
<tbody>
<tr>
<td>W-2 Delivery Method</td>
<td>Email</td>
</tr>
<tr>
<td>1095 Delivery Method</td>
<td>Mail</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Type</th>
<th>Description</th>
<th>Number</th>
<th>Unlisted</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRIMARY</td>
<td>HOME PHONE</td>
<td></td>
<td>No</td>
<td>Change</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dependents</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Emergency Contacts</th>
<th>Add Emergency Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Emergency Contact information to display.</td>
<td></td>
</tr>
</tbody>
</table>
By choosing Time Off you will get a view of what your time taken and available are. By clicking on the any of the “taken” numbers you will see a calendar of the actual days taken.

Sample calendar view of time taken.