

NEW EMPLOYEE FORM

DATE: _____

NAME: _____

PLEASE PRINT

SOCIAL SECURITY #: _____ BIRTH DATE _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: _____ MARITAL STATUS _____

CIRCLE ONE: HOME, CELL, OTHER

EMAIL ADDRESS: _____

IN CASE OF EMERGENCY NOTIFY: _____

RELATIONSHIP _____ TELEPHONE # _____
HOME, WORK, CELL, OTHER

SUPERVISOR'S SECTION

DATE OF EMPLOYMENT: _____

DEPARTMENT NAME: _____ DEPARTMENT #: _____

SCHEDULED HOURS PER PAY PERIOD: _____

POSITION TITLE: _____ PAY TYPE _____

ACCOUNT NUMBER TO BE PAID FROM: _____

STATUS: _____ FULL TIME PERMANENT - 35 TO 40 HOURS WEEKLY
_____ TEMPORARY – WORKING LESS THAN 1 YEAR, # MONTHS _____
_____ PART TIME .
_____ SEASONAL _____ ELECTED OFFICAL
_____ FIREFIGHTER/EMT _____ LONG TERM SUB

PAY FREQUENCY: _____ GRADE _____ STEP _____
(PLEASE PROVIDE AUTHORIZATION IF EMPLOYEE HIRED AT OTHER THAN STEP 1)

SALARY: _____ HOURLY /WEEKLY RATE _____

ACCRUALS: VACATION _____ SICK _____ PERSONAL _____

SUPERVISOR'S SIGNATURE _____ DATE _____

2/2014

FORM
M-4

MASSACHUSETTS EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Rev. 1/12



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.

Form W-4 (2018)

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

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

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

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

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

General Instructions

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

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

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

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

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

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

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

Specific Instructions

Personal Allowances Worksheet

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

Line C. Head of household please note:

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

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

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

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

| Form W-4 Department of the Treasury Internal Revenue Service | | Employee's Withholding Allowance Certificate | | OMB No. 1545-0074 2018 | |
|---|--|---|--|--|--|
| 1 Your first name and middle initial | | Last name | | 2 Your social security number | |
| Home address (number and street or rural route) | | | | 3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate." | |
| City or town, state, and ZIP code | | | | 4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/> | |
| 5 Total number of allowances you're claiming (from the applicable worksheet on the following pages) | | | | 5 <input type="text"/> | |
| 6 Additional amount, if any, you want withheld from each paycheck | | | | 6 \$ <input type="text"/> | |
| 7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here 7 | | | | | |
| Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete. | | | | | |
| Employee's signature (This form is not valid unless you sign it.) ▶ | | | | | |
| 8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.) | | | | 9 First date of employment | |
| | | | | 10 Employer identification number (EIN) | |

your wages and other income, including income earned by a spouse, during the year.

Line G. Other credits. You might be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as the earned income tax credit and tax credits for education and child care expenses. If you do so, your paycheck will be larger but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more

than one job at a time or are married filing jointly and have a working spouse. If you don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("0-") on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the "Married, but withhold at higher Single rate" box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the "Married, but withhold at higher Single rate" box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are

required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9, and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/programs/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 8. Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 9. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

Box 10. Enter the employer's employer identification number (EIN).

Personal Allowances Worksheet (Keep for your records.)

| | | |
|----------|--|----------------|
| A | Enter "1" for yourself | A _____ |
| B | Enter "1" if you will file as married filing jointly | B _____ |
| C | Enter "1" if you will file as head of household | C _____ |
| D | Enter "1" if: <ul style="list-style-type: none"> • You're single, or married filing separately, and have only one job; or • You're married filing jointly, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. | D _____ |
| E | Child tax credit. See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "4" for each eligible child. • If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "2" for each eligible child. • If your total income will be from \$175,551 to \$200,000 (\$339,001 to \$400,000 if married filing jointly), enter "1" for each eligible child. • If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" | E _____ |
| F | Credit for other dependents. <ul style="list-style-type: none"> • If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "1" for each eligible dependent. • If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents). • If your total income will be higher than \$175,550 (\$339,000 if married filing jointly), enter "-0-" | F _____ |
| G | Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here | G _____ |
| H | Add lines A through G and enter the total here | H _____ |

For accuracy,
complete all
worksheets
that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$52,000 (\$24,000 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income.

| | | |
|-----------|--|-------------------|
| 1 | Enter an estimate of your 2018 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. See Pub. 505 for details | 1 \$ _____ |
| 2 | Enter: <ul style="list-style-type: none"> \$24,000 if you're married filing jointly or qualifying widow(er) \$18,000 if you're head of household \$12,000 if you're single or married filing separately | 2 \$ _____ |
| 3 | Subtract line 2 from line 1. If zero or less, enter "-0-" | 3 \$ _____ |
| 4 | Enter an estimate of your 2018 adjustments to income and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) | 4 \$ _____ |
| 5 | Add lines 3 and 4 and enter the total | 5 \$ _____ |
| 6 | Enter an estimate of your 2018 nonwage income (such as dividends or interest) | 6 \$ _____ |
| 7 | Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses | 7 \$ _____ |
| 8 | Divide the amount on line 7 by \$4,150 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction | 8 _____ |
| 9 | Enter the number from the Personal Allowances Worksheet , line H above | 9 _____ |
| 10 | Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1, page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1 | 10 _____ |

Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) **1** _____
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" **2** _____
 - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet **3** _____
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet **4** _____
 - 5 Enter the number from line 1 of this worksheet **5** _____
 - 6 **Subtract** line 5 from line 4 **6** _____
 - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ _____
 - 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____
 - 9 **Divide** line 8 by the number of pay periods remaining in 2018. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2018. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

Table 1**Table 2**

| Married Filing Jointly | | All Others | | Married Filing Jointly | | All Others | |
|---|-----------------------|---|-----------------------|--|-----------------------|--|-----------------------|
| If wages from LOWEST paying job are— | Enter on line 2 above | If wages from LOWEST paying job are— | Enter on line 2 above | If wages from HIGHEST paying job are— | Enter on line 7 above | If wages from HIGHEST paying job are— | Enter on line 7 above |
| \$0 - \$5,000 | 0 | \$0 - \$7,000 | 0 | \$0 - \$24,375 | \$420 | \$0 - \$7,000 | \$420 |
| 5,001 - 9,500 | 1 | 7,001 - 12,500 | 1 | 24,376 - 82,725 | 500 | 7,001 - 36,175 | 500 |
| 9,501 - 19,000 | 2 | 12,501 - 24,500 | 2 | 82,726 - 170,325 | 910 | 36,176 - 79,975 | 910 |
| 19,001 - 26,500 | 3 | 24,501 - 31,500 | 3 | 170,326 - 320,325 | 1,000 | 79,976 - 154,975 | 1,000 |
| 26,501 - 37,000 | 4 | 31,501 - 39,000 | 4 | 320,326 - 405,325 | 1,330 | 154,976 - 197,475 | 1,330 |
| 37,001 - 43,500 | 5 | 39,001 - 55,000 | 5 | 405,326 - 605,325 | 1,450 | 197,476 - 497,475 | 1,450 |
| 43,501 - 55,000 | 6 | 55,001 - 70,000 | 6 | 605,326 and over | 1,540 | 497,476 and over | 1,540 |
| 55,001 - 60,000 | 7 | 70,001 - 85,000 | 7 | | | | |
| 60,001 - 70,000 | 8 | 85,001 - 90,000 | 8 | | | | |
| 70,001 - 75,000 | 9 | 90,001 - 100,000 | 9 | | | | |
| 75,001 - 85,000 | 10 | 100,001 - 105,000 | 10 | | | | |
| 85,001 - 95,000 | 11 | 105,001 - 115,000 | 11 | | | | |
| 95,001 - 130,000 | 12 | 115,001 - 120,000 | 12 | | | | |
| 130,001 - 150,000 | 13 | 120,001 - 130,000 | 13 | | | | |
| 150,001 - 160,000 | 14 | 130,001 - 145,000 | 14 | | | | |
| 160,001 - 170,000 | 15 | 145,001 - 155,000 | 15 | | | | |
| 170,001 - 180,000 | 16 | 155,001 - 185,000 | 16 | | | | |
| 180,001 - 190,000 | 17 | 185,001 and over | 17 | | | | |
| 190,001 - 200,000 | 18 | | | | | | |
| 200,001 and over | 19 | | | | | | |

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; 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 nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You aren't required to provide the information requested on a form that's 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.



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

► **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.)*

| | | | | | | |
|----------------------------------|---|-------------------------|---------------------------|----------------|--------------------------------|----------------|
| Last Name (Family Name) | | First Name (Given Name) | | Middle Initial | Other Last Names Used (if any) | |
| Address (Street Number and Name) | | | Apt. Number | City or Town | | State ZIP Code |
| Date of Birth (mm/dd/yyyy) | U.S. Social Security Number [][] - [][] - [][][][] | | Employee's E-mail Address | | Employee's Telephone Number | |

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):

| |
|---|
| <input type="checkbox"/> 1. A citizen of the United States |
| <input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i> |
| <input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____ |
| <input type="checkbox"/> 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. <i>(See instructions)</i> |
| <p><i>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.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p> |
| <p>QR Code - Section 1 Do Not Write In This Space</p> |

| | |
|-----------------------|---------------------------|
| 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) | |
| Last Name (Family Name) | | First Name (Given Name) | |
| Address (Street Number and Name) | | City or Town | State ZIP Code |



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers 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 "Lists of Acceptable Documents.")

| | | | | |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|
| Employee Info from Section 1 | Last Name (Family Name) | First Name (Given Name) | M.I. | Citizenship/Immigration Status |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|

| List A Identity and Employment Authorization | OR | List B Identity | AND | List C Employment Authorization |
|--|-----------|--|------------|---|
| Document Title | | Document Title | | Document Title |
| Issuing Authority | | Issuing Authority | | Issuing Authority |
| Document Number | | Document Number | | Document Number |
| Expiration Date (if any)(mm/dd/yyyy) | | Expiration Date (if any)(mm/dd/yyyy) | | Expiration Date (if any)(mm/dd/yyyy) |
| Document Title | | <div>Additional Information</div> | | |
| Issuing Authority | | | | |
| Document Number | | | | |
| Expiration Date (if any)(mm/dd/yyyy) | | | | |
| Document Title | | <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div> | | |
| Issuing Authority | | | | |
| Document Number | | | | |
| Expiration Date (if any)(mm/dd/yyyy) | | | | |

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)

| | | | | | |
|--|--|---|--------------|--|----------|
| Signature of Employer or Authorized Representative | | Today's Date(mm/dd/yyyy) | | Title of Employer or Authorized Representative | |
| Last Name of Employer or Authorized Representative | | First Name of Employer or Authorized Representative | | Employer's Business or Organization Name | |
| Employer's Business or Organization Address (Street Number and Name) | | | City or Town | State | ZIP Code |

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

| | | | | |
|------------------------------------|--|-------------------------|--|-------------------|
| A. New Name (if applicable) | | | B. Date of Rehire (if applicable) | |
| Last Name (Family Name) | | First Name (Given Name) | Middle Initial | Date (mm/dd/yyyy) |

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.

| | | |
|----------------|-----------------|---------------------------------------|
| Document Title | Document Number | Expiration Date (if any) (mm/dd/yyyy) |
|----------------|-----------------|---------------------------------------|

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.

| LIST A Documents that Establish Both Identity and Employment Authorization | OR | LIST B Documents that Establish Identity | AND LIST C Documents that Establish Employment Authorization |
|--|-----------|---|--|
| <ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the 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 | | <ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record | <ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security |

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

**Participant Enrollment
Governmental 457(b) Plan**



Massachusetts Deferred Compensation SMART Plan - Mandatory OBRA

98966-02

Participant Information

| | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------|--|--|------------|-------|--|------------|--|----------|------------------------|--|--|--|--|--|------|--|--|--------------|--|--|--|--|--|
| Last Name | | | First Name | | | MI | | | Social Security Number | | | | | | | | | | | | | | |
| Address - Number & Street | | | | | | | | | | | | E-Mail Address | | | | | | | | | | | |
| City | | | | State | | | | Zip Code | | | | <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Female <input type="checkbox"/> Male | | | | | | | | | | | |
| Mo | | | Day | | | Year | | | Mo | | | Day | | | Year | | | | | | | | |
| () | | | | | | () | | | | | | Date of Birth | | | | | | Date of Hire | | | | | |
| Home Phone | | | | | | Work Phone | | | | | | Do you have a retirement savings account with a previous employer or an IRA? <input type="checkbox"/> Yes or <input type="checkbox"/> No | | | | | | | | | | | |

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

Statement Delivery - Participant quarterly statements are sent regular mail via the U.S. Postal Service. If you prefer an environmentally friendly alternative, please visit www.mass-smart.com for fast and easy enrollment in our Online File Cabinet service.

Payroll Information

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

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

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

INVESTMENT OPTION NAME

**INVESTMENT
OPTION CODE**
(Internal Use Only)

The Income FundMELINC.....100%



Last Name

First Name

MI

Social Security Number

Plan Beneficiary Designation

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

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

Primary Beneficiary**100.00%**

| % of Account Balance | Social Security Number | Primary Beneficiary Name | Relationship | Date of Birth |
|----------------------|------------------------|--------------------------|--------------|---------------|
|----------------------|------------------------|--------------------------|--------------|---------------|

Contingent Beneficiary**100.00%**

| % of Account Balance | Social Security Number | Contingent Beneficiary Name | Relationship | Date of Birth |
|----------------------|------------------------|-----------------------------|--------------|---------------|
|----------------------|------------------------|-----------------------------|--------------|---------------|

Participation Agreement

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

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

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

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

Signature(s) and Consent**Participant Consent**

I have completed, understand and agree to all pages of this Participant Enrollment form. I understand that Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at:

<http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

Deferral agreements must be entered into prior to the first day of the month that the deferral will be made. I verify that this enrollment was unsolicited. I did not meet with a representative on a one-on-one basis regarding investment options.

Participant Signature**Date**

Participant forward to Service Provider at:
 Great-West Retirement Services®
 P.O. Box 173764
 Denver, CO 80217-3764
Phone #: 1-877-457-1900
Fax #: 1-866-745-5766
Web site: www.mass-smart.com

Great-West FinancialSM refers to products and services provided by Great-West Life & Annuity Insurance Company; Great-West Life & Annuity Insurance Company of New York, White Plains, New York; their subsidiaries and affiliates. Great-West Retirement Services® refers to products and services provided by Great-West Life & Annuity Insurance Company, FAScore, LLC (FAScore Administrators, LLC in California), Great-West Life & Annuity Insurance Company of New York, White Plains, New York, and their subsidiaries and affiliates. Great-West Life & Annuity Insurance Company is not licensed to conduct business in New York. Insurance products and related services are sold in New York by its subsidiary, Great-West Life & Annuity Insurance Company of New York. Other products and services may be sold in New York by FAScore, LLC.

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

Employee Name _____ Employee ID# _____

Employer Name _____ Employer ID# _____

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

Windfall Elimination Provision

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

Government Pension Offset Provision

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

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

For More Information

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

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

Signature of Employee _____ Date _____

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

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

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

Employers must:

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

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

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

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

EMPLOYEE NAME (PRINT) _____

BANK NAME _____

BANK ADDRESS _____

ACCOUNT TYPE: CHECKING _____ SAVING _____
ROUTING NUMBER _____

ACCOUNT NUMBER _____

PRIMARY DEPOSIT _____ **SECONDARY DEPOSIT** _____
AMOUNT _____

EMAIL ADDRESS _____

I hereby authorize the Town of Holliston to deposit my net pay, or my secondary deposit, at the financial institution named above. I understand that the Town of Holliston may cause my account to be adjusted to the extent necessary to correct any over-deposits, and I agree to hold the above named financial institution harmless for any erroneous deposits or adjustments not caused by the financial institution.

It is understood that this agreement may be terminated by me at any time with written notification to the Town of Holliston. Any such notification to the Town shall be effective only with respect to entries initiated by the Town after receipt of such notification and reasonable opportunity to act on it. Any such notification to the Bank by the employee is unacceptable. The Bank may terminate this agreement by written notice to the employee for just cause.

EMPLOYEE SIGNATURE

DATE

**PLEASE PROVIDE A VOIDED CHECK WHEN YOU
SUBMIT THIS FORM**

MISCELLANEOUS ACKNOWLEDGMENT FORM

Information regarding the following acknowledgments can be found on the Town of Holliston's website at <http://www.townofholliston.us/employment-personnel> and click on the appropriate link.

It is your responsibility to read, download and/or print the following for your records.

_____ I acknowledge the receipt of the Town of Holliston Personnel By-Laws and Administrative Orders, as well as my responsibility to read and become familiar with the By-Laws and other applicable policies in the By-Laws. Click on Consolidated Personnel By-law.

I acknowledge the receipt of the following policies:

Click on Employee Policies.

| | |
|---|---|
| _____ Clothing Allowance & Reimbursement | _____ Family Leave Policy |
| _____ Dental Insurance Coverage Policy | _____ Fraud Assessment Policy |
| _____ Direct Deposit Policy | _____ Health Insurance Eligibility Policy |
| _____ Drug and Alcohol Policy | _____ Out of State Travel Policy |
| _____ Employee Accruals for Non-Union Employees | _____ Sexual Harassment |
| _____ Employee Expense Reimbursements | _____ Town Vehicle Use Policy |

_____ I acknowledge the receipt of information pertaining to the Conflict of Interest Law requirements, and also acknowledge my responsibility to complete the online registration for the Conflict of Interest online training for Municipal Employees.
Click on Mandatory Employee Notices.

_____ I acknowledge that my employer the, Town of Holliston, participates in E-Verify.
Click on E-Verify.

_____ I acknowledge the receipt of information pertaining to deferred compensation plans and tax sheltered annuities. Click on Benefits.

_____ I acknowledge the receipt of my Cobra Continuation Coverage Rights
Click on Mandatory Employee Notices.

_____ I acknowledge receipt of the Availability of Summary Health Information.
Click on Mandatory Employee Notices.

_____ I acknowledge receipt of New Health Insurance Marketplace Coverage Options And Your Health Coverage. Click on Mandatory Employee Notices.

_____ I acknowledge receipt of Overview of Health Insurance Marketplace specific to Massachusetts. Click on Mandatory Employee Notices.

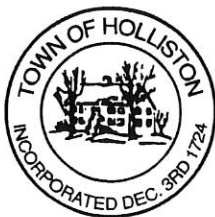
_____ I acknowledge receipt of the HIPAA Notice. Click on Mandatory Employee Notices.

SIGNATURE NAME

(PRINT)

DATE

Revised 05/09/17



W-2 Consent for E-Mail Delivery

- ☐ Consent to receive Form W-2 as an attachment to an e-mail
- ☐ Change of Consent – I no longer wish to receive my W-2 via e-mail

PLEASE PRINT CLEARLY

Employee Name: _____ Last four digits of SSN: _____

Your W-2 will be sent to your Primary E-Mail Address as listed in your Employee Master record. If you have your check direct deposited, your Payroll Advice uses this same address for e-mail delivery. You can change this on the Employee Self Service website at any time.

The W-2 document is password protected. To open the attachment you will need to enter the last four digits of your SSN.

Note: The W-2 form will be a Portable Document Format (PDF) that requires Adobe Acrobat Reader. If you do not already have it installed, you may download a copy free from the following address,
<http://www.adobe.com/products/acrobat/readstep2.html>.

IMPORTANT DISCLOSURE INFORMATION

- If this form is not signed and returned to the payroll department for consent to receive a W-2 via e-mail, the employee will receive a paper Form W-2.
- The only requirement to open the PDF attachment will be a copy of Adobe Acrobat Reader. Your e-mail service provider must accept password protected attachments.
- This consent will remain in effect until the employee signs another form and checks the "Change of Consent" box that will release the Town of Holliston to return to sending the employee their Form W-2 as a printed copy. This change of consent will only apply to future Form W-2 forms and does not apply to the previously issued Forms W-2.
- At any time, an employee may request an official printed Form W-2 from the Town of Holliston. That request will not change the consent to receive future Form W2 forms electronically by e-mail.
- This consent remains in effect after a person is no longer an employee of the Town of Holliston. All former employees of the Town of Holliston have the ability to update their e-mail information using the Employee Self Service (ESS) web site. All former employees remain active on the ESS website to be able to view pay history, W-2s and leave history. .

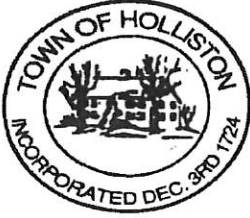
Return completed form to:

Town Treasurer – W2
Town of Holliston
PO Box 6737
Holliston, MA 01746
Email: treasurer@holliston.k12.ma.us
Interoffice Mail: Treasurer-W2

Signature: _____ Date: _____
(By typing your name you are agreeing to the information on this form.)

For office use only:

Received by: _____ Date Updated in MUNIS _____



MEDICAL FORM

Name: _____ Date of Birth: _____
Last First Middle

Home Address: _____ Age: _____ Sex: M F

Telephone: _____ School: _____

Mothers Name: _____ Work Telephone: _____

Fathers Name: _____ Work Telephone: _____

Health Plan/HMO: _____ Policy or Group # _____

In an Emergency Notify (other than parents):

Name: _____

Address: _____

Phone (____) _____ Relationship: _____

Allergies and Other Medical Conditions

Medications _____ Foods _____

Bee/Insect Stings _____ Other _____ Has EpiPen Y N

Medical Problems _____

Medications Taken On A Regular or As Needed Basis:

Medication: _____ Dosage: _____

Route of Administration: _____ Frequency: _____

Side Effects/Special Precautions: _____

Please complete both sides of this form



MEDICAL FORM

MEDICATION ADMINISTRATION (Does not apply to Epi-pens or inhalers)

Parents who want their minor child to self-administer a prescription must submit a written request specifying the following:

- *The medication is necessary to the employee's health and must be taken during working hours;
- *Neither parent is available during working hours to administer the medication;
- *The employee is physically and mentally capable of assuming the responsibility; and
- *The employee has been adequately instructed in self-administration of the medication at home.

The Program Director will determine whether or not the Department will comply with the parent's request. Self-administered medication will be kept in a specified location, in accordance with the requirements of 105 CMR 430.000. The Director has sole discretion in determining whether employees are permitted to carry medication on their person, if parents provide a release relieving the Department of all responsibility.

WAIVER

This is a release of liability – Read Before Signing

This Agreement is intended to be as broad and inclusive as is permitted by law. If any provision or any part of any provision of this Agreement is held to be invalid or legally unenforceable for any reason, the remainder of this Agreement shall not be affected thereby and shall remain valid and fully enforceable.

To the fullest extent allowed by law, I agree to **WAIVE, DISCHARGE CLAIMS, AND RELEASE FROM LIABILITY** the Town of Holliston, its officers, directors, employees, agents, and leaders from any and all liability on account of, or in any way resulting from Injuries and Damages, even if caused by negligence of the sponsoring Department, its officers, directors, employees, agents, and leaders, in any way connected with the self-administration of medication by my minor child. I further agree to **HOLD HARMLESS** the Town of Holliston, its officers, directors, employees, agents, and leaders from any claims, damages, injuries or losses caused by my request that my child be allowed to self-administer his/her own medication while an employee of the Town of Holliston. I understand and intend that this assumption of risk and release is binding upon my heirs, executors, administrators, and assigns.

I have read this document in its entirety and I freely and voluntarily assume all risks of such Injuries and Damages and notwithstanding such risks, I request that my minor child _____, be allowed to self-administer medication (which has been prescribed by a physician) while employed by the Town of Holliston.

Name (Please print) _____

Parent/Guardian _____ Date: _____

In Case of a Medical Emergency for Staff under 18 years of age:

I understand every effort will be made to contact parents/guardians of staff less than 18 years of age. In the event that I can not be reached, I hereby grant permission to the attending physician and staff to administer anesthesia, medical, x-ray and surgical procedures as may be deemed necessary or advisable.

Parent/Guardian _____ Date: _____

This form must be returned to the Program Director before your child's first day of work.