

TOWN OF STOW HUMAN RESOURCES NEW HIRE CHECKLIST
ELECTION WORKERS

- _____ Payroll Data Form for New Employees
- _____ CORI (Criminal Offender Record Information) Acknowledgement and Information Form (2 pages)
 - Attached copies of acceptable identification
 - Be sure to sign
- _____ Form I-9 – Employment Eligibility Verification
 - Complete Section 1
 - Attached copies of acceptable identification
 - Be sure to sign
- _____ Form W-4 – Federal Employee’s Withholding Certificate
- _____ Form SS - 1945 – Statement Your Employment in a Job Not Covered By Social Security
- _____ OBRA Enrollment Form (3 pages)
- _____ Mandatory Direct Deposit Enrollment Form
- _____ Harassment and Sexual Harassment Policy Acknowledgement signed (1 page)
- _____ Workplace Violence Policy Acknowledgement signed (1 page)
- _____ Anti-Fraud Policy Acknowledgement signed (1 page)
- _____ Pregnancy and Pregnancy-Related Conditions Policy Acknowledgement signed (1 page)

Please contact Asst. Town Administrator/HR Director at assttownadmin@stow-ma.gov or (978)897-4175 with any questions. Thank you.



Town of Stow

PAYROLL DATA FORM FOR NEW EMPLOYEES

(Please print legibly)

Name: _____ Social Security Number: _____

Current Address: _____
(Street Address) (City/Town) (State) (Zip Code)

Home Phone: () _____ Cell Phone: () _____

E-Mail Address: _____

Date of Birth: ____/____/____ Marital Status: Single Married Divorced Widowed

EMERGENCY CONTACT #1: _____ Relationship: _____

Phone Number: () _____ Email: _____

EMERGENCY CONTACT #2: _____ Relationship: _____

Phone Number: () _____ Email: _____

Employee's Signature: _____ Date: _____

For Administrative Use Only

Date of Hire: _____

Department: _____ Job Title: _____

Salary: Hourly: \$ _____ Hours per Week: _____ Weekly: \$ _____

FLSA Exempt: Y N

Payroll Account #: _____

Grade: _____ Step: _____ FT PT Seasonal Y N

Accruals: Vacation: _____ Sick: _____ Personal Days: _____

Insurance: Health: _____ Dental: _____ Life Ins: _____

Retirement: Town: _____ % OBRA: _____ Union: _____
(If Applicable)

HR Director: _____ Date: _____
Erin Mulcahy

Town Accountant: _____ Date: _____
Julie Costello

Town Administrator: _____ Date: _____
Denise M. Demboski

Copies to Accounting, Treasurer; Original to File _____



**THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services 200
Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS**



This form is not to be faxed. Please return form to organization.

**Criminal Offender Record Information (CORI)
Acknowledgement Form**

To be used by organizations using consumer reporting agencies to conduct CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

_____ **Town of Stow** _____ is registered under the
(Organization)
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. _____ **Town of Stow** _____ has authorized
(Organization)
_____ **Town of Stow** _____ to submit CORI checks
(Consumer Reporting Agency)
to the Massachusetts Department of Criminal Justice Information Services (DCJIS) on its behalf.

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 _____ **Town of Stow** _____
(Consumer Reporting Agency)
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 _____ **Town of Stow** _____
(Organization)
with written notice of my intent to withdraw consent to a CORI check. I also understand that this form is a CORI acknowledgement form and I am entitled to additional consumer reporting disclosure forms under the Fair Credit Reporting Act. If I have not received those disclosures, I should contact _____ **Town of Stow** _____
(Organization)
to request this information.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

I also understand that the _____ **Town of Stow** _____ on behalf of
(Consumer Reporting Agency)
_____ **Town of Stow** _____ may conduct
(Organization)
subsequent CORI checks within one year of the date this Form was signed by me.

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

X _____
Signature of CORI Subject

X _____
Date



**THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services**
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last **SIX** digits of Social Security Number: _____ -- _____ No Social Security Number

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

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

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date



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

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

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

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

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number	
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)						
If you check Item Number 4., enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee					Today's Date (mm/dd/yyyy)	

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

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

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	Additional Information <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

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

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

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/I-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List B document. 	AND	<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



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

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

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

Last Name (<i>Family Name</i>) from Section 1.	First Name (<i>Given Name</i>) from Section 1.	Middle initial (if any) from Section 1.
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

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

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

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

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

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

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

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



Supplement B, Reverification and Rehire (formerly Section 3)

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

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

Last Name (<i>Family Name</i>) from Section 1.	First Name (<i>Given Name</i>) from Section 1.	Middle initial (if any) from Section 1.
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Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274)

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

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

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

Employee's Withholding Certificate

Department of the Treasury
Internal Revenue Service

**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.**

2024

Your withholding is subject to review by the IRS.

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)	Date
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Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
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General Instructions

Section references are to the Internal Revenue Code.

Future Developments

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

Purpose of Form

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

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

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

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

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

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

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

Specific Instructions

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

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

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

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



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

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

Step 4 (optional).

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

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

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

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



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

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

- 1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **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 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____

- 2 Enter:

{	• \$29,200 if you're married filing jointly or a qualifying surviving spouse
	• \$21,900 if you're head of household
	• \$14,600 if you're single or married filing separately

 **2** \$ _____

- 3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____

- 4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **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(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

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

Married Filing Jointly or Qualifying Surviving Spouse

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

Single or Married Filing Separately

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

Head of Household

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

**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.



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

**Massachusetts Deferred Compensation SMART Plan - Mandatory
OBRA**

98966-02

Participant Information

Last Name	First Name	MI
<i>(The name provided MUST match the name on file with Service Provider.)</i>		
Mailing Address		
City	State	Zip Code
()	()	
Home Phone	Work Phone	

Check box if you prefer to receive quarterly account statements in Spanish.

Social Security Number																					
E-Mail Address																					
<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Female <input type="checkbox"/> Male																					
<table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">Mo</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> <td style="width: 50px;"></td> <td style="text-align: center;">Mo</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td colspan="3" style="text-align: center;">Date of Birth</td> <td></td> <td colspan="3" style="text-align: center;">Date of Hire</td> </tr> </table>	Mo	Day	Year		Mo	Day	Year								Date of Birth				Date of Hire		
Mo	Day	Year		Mo	Day	Year															
Date of Birth				Date of Hire																	
Do you have a retirement savings account with a previous employer or an IRA? <input type="checkbox"/> Yes or <input type="checkbox"/> No																					

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

Payroll Information

<u>Town of Stow</u> Division Name	To be completed by Representative: <u>P & D 6899</u> 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.

<u>INVESTMENT OPTION NAME</u>	<u>INVESTMENT OPTION CODE</u> (Internal Use Only)	
SMART Capital Preservation Fund.....	MELINC.....	100%

Last Name

First Name

M.I.

Social Security Number

98966-02

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 law.

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

Primary Beneficiary
100.00%

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

Contingent Beneficiary
100.00%

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

Participation Agreement

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

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

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

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

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.

Participant Signature

Date

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

Last Name First Name M.I. Social Security Number 98966-02
Number

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

Uploaded electronically to:

Login to account at
www.mass-smart.com
Click on *Upload Documents* to submit

OR Sent regular mail to:

Empower Retirement
PO Box 173764
Denver, CO 80217-3764

OR Sent express mail to:

Empower Retirement
8515 E. Orchard Road
Greenwood Village, CO 80111

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

Securities, when presented, are offered and/or distributed by GWFS Equities, Inc., Member FINRA/SIPC. GWFS is an affiliate of Empower Retirement, LLC; Great-West Funds, Inc.; and registered investment adviser, Advised Assets Group, LLC. This material is for informational purposes only and is not intended to provide investment, legal or tax recommendations or advice.

Town of Stow
Authorization Agreement for Direct Deposit to All Banks and Credit Unions
AND
Electronic Direct Deposit Advice Notification

Employee Name: _____ **Date:** _____

I hereby authorize the Town of Stow to deposit my payroll check to the financial institutions, accounts and amounts I have listed below. I understand that the Town of Stow may cause my accounts to be adjusted to the extent necessary to correct any over-deposit and I agree to hold the below listed financial institutions harmless of any erroneous deposits or adjustments not caused by the financial institutions. I understand that I will be notified by e-mail to my e-mail address below for any employee expense reimbursements made to my primary account.

DEPOSITS LISTED BELOW WILL BE TAKEN IN ORDER

1) Bank Name _____ Transit Routing Number: _____ Percentage or Amount: _____	Your Account Number: _____ Savings _____ Checking _____
2) Bank Name _____ Transit Routing Number: _____ Percentage or Amount: _____	Your Account Number: _____ Savings _____ Checking _____
3) Bank Name _____ Transit Routing Number: _____ Percentage or Amount: _____	Your Account Number: _____ Savings _____ Checking _____

To insure proper account deposit, please provide a voided check to be attached to this form for checking accounts. For multiple accounts use additional forms.

Please provide an email address to receive the direct deposit electronic notification:

Email Address (Please print clearly) _____

Signature: _____ Date: _____

**** Return form to ****
 Payroll Coordinator, Treasurer/Collector's Office
 Stow Town Building
 380 Great Road
 Stow MA 01775



TOWN OF STOW **HARASSMENT AND SEXUAL HARASSMENT** **POLICY**

Adopted by the Board of Selectmen on January 12, 2021

POLICY

It is the goal of the Town of Stow ("Town") to promote a workplace that is free of discriminatory harassment ("harassment") of any type, including sexual harassment. Discriminatory harassment consists of any unwelcome conduct that is personally offensive, whether verbal or physical, which is based on a characteristic protected by law and which otherwise fails to respect the rights of others. All Town employees are responsible for insuring that the work place is free from all forms of harassment. This policy applies to all employees and officers of the Town. Supervisory and managerial employees must not condone acts of harassment by their subordinate employees, by other Town employees, by regular visitors to Town offices, or by employees of our vendors and contractors. Harassment of employees occurring in the workplace, or in other settings in which employees may find themselves in connection with their employment, is unlawful and will not be tolerated. Retaliation against persons complaining about harassment or sexual harassment, or retaliation against individuals for cooperating with an investigation of a harassment complaint, is also unlawful and prohibited by this policy. Harassment in retaliation for formal or informal participation in filing an internal or external complaint of discrimination, or otherwise raising a concern regarding discrimination, will also not be tolerated.

HARASSMENT DEFINED

1. **Harassment in General.** Harassment is unwelcome verbal or physical conduct, directed at an individual based upon age, race, color, national origin, sex, religion, sexual orientation, genetics, active military or veteran status, ancestry, handicap (disability) or participation in discrimination complaint-related activities which disrupts or interferes with another's work performance, or which creates an intimidating, offensive, or hostile environment.
2. **Examples of Harassment.** Harassment includes the use of insulting epithets, slurs, derogatory comments, or nicknames; the display of insulting or offensive objects, cartoons, pictures, slogans, demeaning gestures or symbols; intimidation through physical violence or threats of violence; and preferential treatment of certain employees based on membership in a particular class.
3. **Sexual Harassment.** In Massachusetts, the legal definition for sexual harassment is this:

"sexual harassment means sexual advances, requests for sexual favors, and verbal, or physical conduct of a sexual nature when:

- (a) submission to or rejection of such advances, requests or conduct is made either explicitly or implicitly a term or condition of employment or as a basis for employment decisions; or
- (b) such advances, requests or conduct have the purpose or effect of unreasonably interfering with the individual's work performance by creating an intimidating, hostile, humiliating or sexually offensive work environment.

Under these definitions, direct or implied requests by a supervisor for sexual favors in exchange for actual or promised job benefits such as favorable reviews, salary increases, promotions, increased benefits, or continued employment constitutes sexual harassment.

The legal definition of sexual harassment is broad and in addition to the above examples, other sexually oriented conduct, whether it is intended or not, that is unwelcome and has the effect of creating a work place environment that is hostile, offensive, intimidating or humiliating to any person may also constitute sexual harassment.

4. Examples of Sexual Harassment. Sexual harassment is a type of harassment, which refers to any unwelcome sexual attention, sexual advances, requests for sexual favors, and other unwelcome sexual verbal, visual, or physical conduct to which an individual may be subjected. While it is not possible to list all those additional circumstances that may constitute sexual harassment, the following are some examples of conduct, which, if unwelcome, may constitute sexual harassment depending upon the totality of the circumstances, including the severity of the conduct and its pervasiveness:

- Unwelcome sexual advances – whether they involve physical touching or not;
- Sexual epithets, jokes, written or oral references to sexual conduct, gossip regarding one's sex life; comments on an individual's body, comments about an individual's sexual activity, deficiencies, or prowess;
- Displaying sexually suggestive objects, pictures, cartoons;
- Unwelcome leering, whistling, brushing against the body, sexual gestures, suggestive or insulting comments;
- Inquiries into one's sexual experiences; and
- Discussion of one's sexual activities.

5. Dispelling common myths about harassers and victims:

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

1. A man as well as a woman may be a victim of sexual harassment, and a woman as well as a man may be the harasser.
2. The harasser does not have to be the victim's supervisor. He or she may be a

supervisory employee who does not directly supervise the victim, a co-worker, or in some circumstances, a non-employee such as a member of the public who uses Town facilities.

3. The victim does not have to be the opposite sex of the harasser.
4. The victim does not have to be the person at whom the unwelcome sexual conduct is directed; the victim may be someone who is affected by such conduct even though it is directed by another person. For example, the sexual harassment of one employee may create an intimidating, hostile, humiliating, or offensive work environment for a coworker, or may interfere with the coworker's work performance. In addition, consensual sexual behavior in the office between two employees may be offensive to a third employee or result in favoritism that harms the third employee.
5. Sexual harassment does not depend on the victim's suffering an economic injury, such as losing a promotion, as a result of the harasser's conduct. As the examples of improper conduct listed above show, sexual harassment can occur whenever unwelcome conduct of a sexual nature creates an intimidating, hostile, humiliating, or offensive work environment.

PREVENTION OF HARASSMENT

Supervisors and co-workers can avoid harassing behavior by treating the workplace as a professional environment and by using common sense. If any employee or manager would not feel comfortable making or hearing a particular comment about a family member, a friend or any individual of their own race, national origin, religion, etc., the employee or manager should not make the comment in question to another person.

Prevention efforts include, but are not limited to: informing employees of this policy on an annual basis, training employees regularly, communicating the sanctions imposed for violating this policy, and providing a reporting hierarchy within which to report incidents of harassment without fear of reprisal. Because the Town of Stow takes allegations of harassment seriously, the Town will respond promptly to complaints of harassment. Where it is determined that inappropriate conduct has occurred, the Town will act promptly to eliminate the conduct and impose such corrective action as is necessary, including disciplinary action where appropriate.

EMPLOYEE RESPONSIBILITIES

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

SUPERVISOR AND MANAGER RESPONSIBILITIES

It is the responsibility of each supervisor and manager to strictly enforce the terms of this policy. Supervisors, managers, or Department Heads who become aware of incidents of

sexual harassment in their departments, even in the absence of a formal complaint, should take appropriate actions to eliminate the conduct. Supervisors and managers may seek further information and guidance from the Human Resources Department.

PERSONS COVERED

This policy prohibits harassment by, or directed to, all employees (including but not limited to non-supervisory, supervisory, management and executive personnel), volunteers, applicants for employment, contractors for the Town, visitors and all others on Town property.

WAYS OF DEALING WITH HARASSMENT

Self-help

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

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

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

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

Seeking Guidance

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

Formal Complaint

1. An individual who believes that they have been subjected to sexual harassment has a right to file a formal complaint with his/her supervisor or, if appropriate, the Town Administrator. This may be done orally or in writing. The supervisor and/or the Town

Administrator will conduct an investigation in a fair and expeditious manner.

2. A complaint may be made verbally or in writing. The Town may require that a verbal complaint be reduced to writing with the assistance of the Town Administrator, or other person designated by the Town.
3. Any supervisor, manager or other employee who becomes aware of harassment prohibited by this policy must report it **immediately** to the Town Administrator, or other person designated by the Town.

INVESTIGATION

1. All complaints of harassment will be investigated promptly and impartially by the Town Administrator or by another qualified individual selected by the Town Administrator, including but not limited to the Selectmen, Police Chief, Town Counsel, or outside parties.
2. An individual conducting an investigation into a complaint of harassment will keep information confidential to the extent possible without compromising the investigation, and disseminate it on a "need to know" basis only. Others involved in the investigation in any capacity must also respect the privacy of those involved by keeping information learned during the course of the investigation confidential.
3. Ordinarily, as circumstances permit, the Town's investigation will include private interviews with appropriate individuals, such as the complainant, the employee alleged to have committed harassment, and with witnesses, if any.
4. As soon as practicable after the completion of the investigation, the official responsible for conducting the investigation will, to the extent appropriate, advise the employee who brought the harassment complaint and the employee accused of harassment of the results of the investigation.
5. If either employee is dissatisfied with the handling or result of the investigation, the employee should bring the matter immediately to the Town Administrator, preferably in writing, stating the reasons for that dissatisfaction.

CORRECTIVE ACTION

In the event that allegations of harassment are substantiated after investigation, the Town will take prompt and effective action to ensure that the offending conduct has ceased and, if necessary under the circumstances, will implement affirmative measures to ensure that such conduct does not recur. Additionally, persons found to have engaged in harassment prohibited by this policy will be subject to disciplinary action up to and including discharge from employment. This policy shall not limit the authority of the Town to take disciplinary action against an employee who engages in inappropriate conduct, regardless of whether it satisfies the definition of harassment or sexual harassment under this policy.

RETALIATION PROHIBITED

No one who brings a harassment complaint in good faith will be subject to any adverse employment action for doing so, regardless of whether the complaint is ultimately determined to have merit. Any employee, including supervisors and managers, who retaliate against an employee for making a complaint of harassment will be subject to disciplinary action, which may include termination of employment. Retaliation should be reported to the Town Administrator using the procedure set forth in this policy for complaints of harassment.

Employees should be aware that knowingly making false accusations will be considered misconduct, and could subject the employee to civil suit by the target of the false accusations.

APPEALS PROCESS

Employees who believe they have been unfairly disciplined may appeal the decision to the Town Administrator. This request for review must be put in writing to the Town Administrator, and must be received within one calendar week of the Department Head's decision. If an employee is appealing a decision made by the Town Administrator, they may appeal the decision to the Board of Selectmen, and must be received within one calendar week of the Town Administrator's decision.

UNION GRIEVANCES

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

STATE AND FEDERAL REMEDIES

In addition to the above, if you believe you have been subjected to harassment of any type, you may file a formal complaint with either or both of the government agencies set forth below. Using our complaint process does not prohibit you from filing a complaint with these agencies. Each of these agencies requires that claims be filed within 300 days from the alleged incident or of when the complainant became aware of the incident.

A. The United States Equal Employment Opportunity Commission ("EEOC")

One Congress Street, 10th Floor
Boston, MA 02114
(617) 565 -3200

B. The Massachusetts Commission Against Discrimination ("MCAD")

Boston Office:
One Ashburton Place, Room 601
Boston, MA 02108

Springfield Office:
424 Dwight Street, Room 220
Springfield, MA 01103

(617) 994-6000

(413) 739 – 2145

Employees are also encouraged to call the Town's Employee Assistance Program ("EAP"), a confidential counseling service offered to employees and their immediate family members.

The EAP may be accessed by calling 1-800-451-1834 and is available 24 hours a day, 7 days a week.



Town of Stow

380 Great Road
Stow, MA 01775

HARASSMENT AND SEXUAL HARASSMENT POLICY Acknowledgement of Receipt

Print Name: _____

Department: _____

Job Title: _____

By signing my name below, I am acknowledging that I have received, read, had the opportunity to ask questions about, and have been advised that I am responsible for complying with the Town of Stow's *Harassment and Sexual Harassment Policy*. I understand this signature sheet will be placed in my personnel file.

I understand that I will be held responsible for complying with the provisions of this policy and understand that any actions which are found to violate the terms of this policy may result in disciplinary action*, up to and including termination of employment.

Employee's Signature: _____ Date: _____

** This policy is applicable to all employees of the Town of Stow.
For those employees covered by Collective Bargaining Agreements, the provisions of the CBA, which are subject to negotiation prevail over the language in this policy (i.e. discipline).*



TOWN OF STOW WORKPLACE VIOLENCE POLICY

Adopted by the Board of Selectmen on January 12, 2021

PURPOSE

The Town of Stow intends to provide a professional environment that is free of violence, threats of violence, harassment, intimidation or other disruptive behavior by establishing preventative measures, providing training and education, providing assistance and support to those who have been exposed to workplace violence, and holding those responsible for workplace violence. It is intended that all management tools be employed to accomplish the goal of avoiding or at the very least reducing the effect of workplace violence on the victim(s) and providing consequences to those who commit workplace violence. Management will utilize available resources such as the Town's Employee Assistance Program (EAP), Human Resource Connections, law enforcement, and all applicable personnel policies and procedures to accomplish this goal.

POLICY

The Town maintains a zero-tolerance policy toward workplace violence, or the threat of violence, by or against any of its employees, elected or appointed officials, volunteers working for the Town, customers, the general public, and/or anyone who conducts business with the Town.

The best way to prevent workplace violence is to raise the awareness of Department Heads and employees, and encourage early reporting and resolution of problem behavior before it escalates into violence. All employees are responsible for helping maintain a violence-free workplace. To that end, each employee is required to govern themselves accordingly. In addition, any employee experiencing or witnessing an inappropriate behavior under this policy is strongly encouraged to report it to their immediate supervisor and/or the Town Administrator.

Should an employee commit a violation of this policy and it is determined in the investigation that the employee did in fact, commit the violation, they may be mandated to training or referred to the EAP. In these cases, failure by the employee to keep the initial appointment with the EAP and follow through with the prescribed program may result in disciplinary action, including termination.

DEFINITIONS

Workplace violence is any act committed by or against an employee or other affected individual within the context of that individual's involvement with the Town, that creates a hostile work

environment and negatively affects the individual, either physically or psychologically and includes, but is not limited to harassment, stalking, coercion, intimidation, threats, physical attack, or property damage.

An ***employee or other affected individual*** refers to any individual who serves in the capacity of an elected official, appointed member to a board, commission or committee, volunteer working for the Town, employee of the Town, consultant or contractor retained by the Town, or visitor who is engaged in some form of business or activity with the Town.

Harassment is behavior that intimidates, disturbs, upsets or threatens a person.

Intimidation is an act intended to frighten, coerce or induce duress or fear.

A ***threat*** is the expression of an intent to cause physical or mental harm regardless of whether the person communicating the threat has the present ability to carry out the threat and regardless of whether the threat is contingent, conditional or future. A threat of violence includes, but is not limited to any act of physical aggression, any verbal or written statements, harassing telephone calls, harassing email, text or social media messages, gestures, expressions, or behaviors such as stalking that could be perceived as an intention to cause physical or mental harm to any employee or other affected individual.

Physical attack is intentional, unwanted hostile physical contact with another person such as, but not limited to, hitting, fighting, pushing, shoving, and sexual assault, assault with a weapon or other device used as a weapon, or throwing objects.

Property damage is intentional damage to property, which includes property owned by the Town, elected officials, appointed board, commission, or committee members, employees, volunteers, visitors, vendors, consultants, or contractors.

Weapons are defined to include all devices that are intended to threaten, inflict harm, injury or death to an individual, such as, but are not necessarily limited to, firearms, knives, throwing devices, chemical and inert sprays or agents, stun guns, clubs, or types of devices that are designed to discharge some type of projectile, as well as any other type of device used to inflict injury to another individual, or to threaten to do so.

Workplace Violence Takes Several Forms:

- ***Violence by strangers*** – involves verbal threats, threatening behavior or physical assaults by an assailant who has no legitimate business relationship with the Town.
- ***Violence by customers*** – the assailant who is doing business with the Town.
- ***Violence by co-workers*** – the assailant has some employment related involvement with the workplace such as former employee, co-worker, Administrator, or board member.

- *Violence by personal relationship* – including spouse, partner, former spouse, former partner, friend, acquaintance.

PREVENTION OF WORKPLACE VIOLENCE

The Town subscribes to the concept of a safe work environment and supports the prevention of workplace violence. Prevention efforts include, but are not limited to informing employees of this policy, instructing employees regarding the dangers of workplace violence, communicating the sanctions imposed for violating this policy, and providing a reporting hierarchy within to report incidents of violence without fear of reprisal.

Procedure for Reporting Threat:

Each incident of policy violation, whether the incident is committed by another employee or an external individual such as a customer, vendor, or citizen, must be reported to the Department Head and Town Administrator. The Town Administrator will work with the Department Head, and the Chief of Police to assess and investigate the incident and determine the appropriate action to be taken. The Town Administrator, when appropriate, will inform the victim of his/her right to have the Police Department notified.

In critical incidents in which serious threat or injury occurs, emergency responders such as Police, Fire, and/or Ambulance personnel must be promptly notified. As necessitated by the seriousness of the incident, the Town Administrator may assemble a Response Team that consists of staff from the affected Department, Town Administrator, Police, Town Counsel/Labor Counsel, and may include the Employee Assistance Program, and others as deemed necessary.

The Response Team is responsible for establishing the protocol in the event of a threat or violent incident that may include but is not limited to:

- Evaluating the potential violence problem(s);
- Assessing an employee's fitness for duty (through mental health professionals);
- Establishing a plan for the protection of co-workers and other potential targets;
- Coordinating with affected parties such as victims, families, employees, media, or law enforcement personnel;
- Referring victims to appropriate assistance and community service programs; and
- Assuring that immediate (within 24 hours) and on-going counseling is available to traumatized individuals.

Any employee who acts in good faith by reporting real or implied violent behavior will not be subjected to any form of retaliation or harassment. Any action of this type resulting from a report of violence must be reported to the appropriate management staff for investigation and decision regarding proper action.

Employees who report incidents of workplace violence may request to do so confidentially. Such requests will be honored to the degree reasonable under the circumstances; however, there is no guarantee of complete confidentiality. The Town shall be sensitive to the employee's request. Information will be released only on a need-to-know basis in order to thoroughly investigate and resolve the matter. The identity of the individual making the report will be protected as much as is practical.

It is a violation of this policy to engage in any act of workplace violence. Any employee who has been determined to be in violation of this policy will be subject to disciplinary action up to and including termination and, depending upon the violent act, may be subject to criminal sanctions.

Should an employee commit a violation of this policy and it is determined in the investigation that the employee did in fact commit the violation, they may be mandated to training or referred to the EAP. In these cases, failure by the employee to keep the initial appointment with the EAP and follow through with the prescribed program may result in disciplinary action, including termination.

Should an employee become the victim of an incident of workplace violence, the Department Head or Town Administrator may offer additional referral services to assist in coping with any effects of the incident.

AUTHORIZED EXCEPTIONS TO WEAPONS

An employee may only possess a weapon during the course of working hours under the following circumstances:

1. Used by a sworn police officer of the Stow Police Department in the line of duty.
2. Required as a part of the employee's job duties with the Town of Stow.
3. In compliance with Massachusetts General Laws and specific written authorization by the Board of Selectmen and the Town Administrator where the employee has a demonstrated need to possess a weapon while at work. Prior to an authorization being granted, the Chief of Police will be notified in writing as to the request. If a request is granted, the Chief of Police will be notified in writing and consulted prior to final authorization.

This permission will be granted for a specific period of time and will be subject to reassessment on a periodic basis as determined by the Board of Selectmen and the Town Administrator.

4. Authorizations are to be filed in the employee's personnel file.

Violations:

Any violation of this policy will result in disciplinary measures, up to and including termination. Employees are strongly encouraged to immediately report any violation of this policy to his or her immediate supervisor or the Town Administrator.

All reported violations of this policy will be investigated by the Town and/or the appropriate authority.

Inspections:

Town property furnished to anyone covered by this policy is subject to inspection with or without notice. This includes, but is not limited to, desks, telephones, cell phones, computers, lockers, vehicles, etc. The Town also reserves the right to enter or inspect work areas.

Questions:

If you have any questions regarding this policy, please contact the Town Administrator.



Town of Stow

380 Great Road

Stow, MA 01775

Workplace Violence Policy Acknowledgement of Receipt

Print Name: _____

Department: _____

Job Title: _____

By signing my name below, I am acknowledging that I have received, read, had the opportunity to ask questions about, and have been advised that I am responsible for complying with the Town of Stow's Workplace Violence Policy. I understand this signature sheet will be placed in my personnel file.

I understand that I will be held responsible for complying with the provisions of this policy and understand that any actions which are found to violate the terms of this policy may result in disciplinary action*, up to and including termination of employment.

Employee's Signature: _____ Date: _____

** This policy is applicable to all employees of the Town of Stow.
For those employees covered by Collective Bargaining Agreements, the provisions of the CBA, which are subject to negotiation prevail over the language in this policy (i.e. discipline).*



TOWN OF STOW ANTI-FRAUD POLICY

Adopted by the Board of Selectmen on January 12, 2021

I. INTRODUCTION

The Town of Stow recognizes the importance of protecting the Town and its operations, citizens, taxpayers, employees and assets against financial risks and unethical activities. It is the policy of the Town of Stow to institute and clearly communicate a fraud prevention policy in an effort to prevent and deter all forms of fraud that could threaten the security of our assets and our reputation.

The Town of Stow has a ***Zero Tolerance*** policy with regard to fraud and are committed to undertake the following steps as part of their anti-fraud policy:

- ***Education***
- ***Prevention***
- ***Detection***
- ***Investigation***
- ***Corrective Action***

A. Education

The most effective way to reach most employees is through education. Actively fighting fraud means implementing policies and procedures that prevent and detect fraud. The Town's goal is to establish and maintain an environment of fairness, ethics and honesty. To maintain such an environment requires the active assistance of every employee, every day.

B. Definition of Fraud

Fraud is defined as a deception deliberately practiced to secure unlawful gain. The term includes such acts as: bribery, deception, embezzlement, extortion, false representation, forgery, the concealment of material facts, the misappropriation of money or assets and collusion or conspiracy to commit any or all of the above acts.

C. Reporting of Fraud

The Town recognizes that allegations and concerns about fraudulent activity should be reported to the Town Administrator or his/her designee through the established chain of command (department heads, foreman). All employees are encouraged to report any concerns they have or information provided to them about a possible fraudulent act. The Town Administrator has the primary responsibility for the investigation of all suspected fraudulent acts as defined in the policy. All cases of suspected fraud will be investigated and appropriate action will be taken.

D. Applicability

This Policy applies to all employees and elected or appointed officials, Town, full, part-time and temporary, all Town Board members, Town Committee members and Town Commission members, here and after, referred to as Employees.

Fraud, as defined by this policy, includes any misuse or attempt to misuse a Town asset for personal gain or purposes unrelated to Town business. It may include, but is not limited to:

Misappropriation of Assets

- Forgery, alteration or misappropriation of cash, checks, bank drafts, promissory notes, securities or any other financial document
- Unauthorized use or disposition of funds or property
- Falsifying timesheets or payroll records
- Falsifying travel expenses and/or utilizing Town funds to pay for personal expenses or for personal benefit
- Theft
- Embezzlement
- Fictitious reporting of receipt of funds
- Falsification of expenses and invoices
- The use or assigning of A Town employee on other than Town business.
- Actions which cause the Town's financial reports and/ or records to be inaccurate

Profiteering

- Offering, giving, soliciting and/ or accepting an inducement or reward that may improperly influence the action of an employee of the Town.

E. Related Policies

This is a Town policy that is designed to augment Chapter 268A - "The Conflict of Interest Law". It is not intended to replace or preclude it in any way.

This policy will be administered in accordance with Massachusetts General Laws, Chapter 149 Section 185 "*Retaliation against employees reporting violations of law or risks to public health, safety or environment; remedies*".

II. GENERAL POLICY AND RESPONSIBILITIES

The Town Administrator or his/her designee is responsible to investigate any suspected acts of fraud or misappropriation of property. An objective investigation will be conducted of any person, group or organization reasonably believed to have committed fraud, regardless of: position, job title, and length of service or relationship with the Town.

Department Heads are responsible for instituting and maintaining programs and controls to prevent deter and detect fraud.

All employees, upon discovery of any violation of this policy, are encouraged to notify the Town Administrator or his/her designee of the violation through the normal chain of command. If the Town Administrator determines that corrective action may be provided for internally within the department, the Department Head will notify the Town Administrator as to the steps taken to correct the violation.

The Town Administrator or his/her designee has the primary responsibility for overseeing the investigation of all suspected fraudulent acts as defined in this policy. The Town Administrator will involve such individuals, but not limited to: the Board of Selectmen, Town Accountant, Town Treasurer, Town Law Enforcement, Legal Counsel and others deemed appropriate.

Upon conclusion of the investigation, the results will be reported to the Town Administrator or his/her designee. If there are reasonable grounds to believe that a fraud may have occurred, then the Town Administrator will report the incident(s) to the appropriate authorities. Whatever action is taken by such appropriate authorities will not preclude the Town taking disciplinary action where it believes discipline is warranted. Every reasonable effort will be pursued to recover Town assets.

A. Procedures for Reporting

Any employee, who reasonably believes that fraud has occurred, is encouraged to notify the Town Administrator or his/her designee. In cases where an employee reasonably believes the Town Administrator is involved, the employee is encouraged to notify the Town Accountant. If it is reasonably believed that the Town Accountant is also involved, then the employee is encouraged to notify the Police Chief.

B. Investigation

Once notification or discovery of a suspected fraud has occurred, then the Town Administrator or his/her designee will immediately investigate the suspected fraud. The Town Administrator will make every reasonable effort to maintain confidentiality. If the suspected fraud involves the Town Administrator is involved in the report of fraud, then the investigation will be conducted by the Town Accountant. If the suspected fraud involves both the Town Administrator and the Town Accountant, then the investigation will be conducted by the Police Chief and the appropriate authorities.

C. Security of Evidence

Once a suspected fraud is reported, immediate action to prevent the theft, alteration, or destruction of relevant records shall be initiated. The records will be adequately secured until the investigation is complete.

D. Confidentiality

All participants and all persons questioned in a fraud investigation will keep the details and results of the investigation confidential so as not to violate an individual's expectation of privacy.

E. Personnel Actions

If a suspicion of fraud is substantiated by the investigation, then the Town Administrator or his/her designee shall take disciplinary action, up to and including dismissal and appropriate legal measures. Such disciplinary action may be taken independent of any findings and conclusions reached by any appropriate authority to which the fraud allegations are reported.

If an allegation is made predicated upon the reasonable belief that a violation has occurred, but it is not confirmed by the investigation, then no action will be taken against the originator. If however, the allegation is made and predicated without the reasonable belief that a violation has occurred, then appropriate disciplinary action may be taken against the individual making the false allegation up to and including termination.

F. Whistle-Blower Protection

No person covered by this policy acting honestly and in good faith in attempting to comply with its provisions shall:

- be dismissed or threatened with dismissal;
- be suspended or threatened with suspension;
- be subject to any discipline or any other retribution
- be intimidated or coerced.

Any person violating these whistle blower protections will be subject to disciplinary action, up to and including dismissal.

Town of Stow

380 Great Road
Stow, MA 01775

ANTI-FRAUD POLICY Acknowledgement of Receipt

Print Name: _____

Department: _____

Job Title: _____

By signing my name below, I am acknowledging that I have received, read, had the opportunity to ask questions about, and have been advised that I am responsible for complying with the Town of Stow's *Anti-Fraud Policy*. I understand this signature sheet will be placed in my personnel file.

I understand that I will be held responsible for complying with the provisions of this policy and understand that any actions which are found to violate the terms of this policy may result in disciplinary action*, up to and including termination of employment.

Employee's Signature: _____ Date: _____

** This policy is applicable to all employees of the Town of Stow.
For those employees covered by Collective Bargaining Agreements, the provisions of the CBA, which are subject to negotiation prevail over the language in this policy (i.e. discipline).*



TOWN OF STOW
PREGNANCY AND PREGNANCY-RELATED
CONDITIONS POLICY

Adopted by the Board of Selectmen on October 13, 2020

The Town of Stow complies with the Pregnant Workers Fairness Act (the Act”) prohibiting discrimination in employment, G.L. c 151B, §4. The Act, effective on April 1, 2018, expressly prohibits employment discrimination on the basis of pregnancy and pregnancy-related conditions, such as lactation or the need to express breast milk for a nursing child. It also describes employers’ obligations to employees that are pregnant or lactating and the protections these employees are entitled to receive. Generally, employers may not treat employees or job applicants less favorably than other employees based on pregnancy or pregnancy-related conditions and have an obligation to accommodate pregnant workers.

Under the Act

Upon request for an accommodation, the Town of Stow will communicate with the employee in order to determine a reasonable accommodation for the pregnancy or pregnancy-related condition. This is called an “interactive process”, and it will be done in good faith. A reasonable accommodation is a modification or adjustment that allows the employee or job applicant to perform the essential functions of the job while pregnant or experiencing a pregnancy-related condition, without undue hardship to the Town.

The Town of Stow will accommodate conditions related to pregnancy, including post-pregnancy conditions such as the need to express breast milk for a nursing child, unless doing so would pose an undue hardship. “Undue hardship” means that providing the accommodation would cause the Town significant difficulty or expense.

An employee will not be required to accept a particular accommodation, or to begin disability or parental leave if another reasonable accommodation would enable the employee to perform the essential functions of the job without undue hardship to the Town.

A pregnant job applicant or applicant with a pregnancy-related condition will not be denied employment if the applicant is capable of performing the essential functions of the position with a reasonable accommodation.

An employee will not be denied an employment opportunity or experience adverse action because of the employee’s request for or use of a reasonable accommodation for a pregnancy or pregnancy-related condition.

The Town of Stow may request medical documentation for some accommodations but does not require medical documentation if the accommodation requested is for: (i) more frequent restroom, food or water breaks; (ii) seating; (iii) limits on lifting no more than 20 pounds, and (iv) private, non-bathroom space for expressing breast milk.

Complaints of Pregnancy and/or Pregnancy-Related Discrimination

If you believe that you as an employee have been subjected to pregnancy and/or pregnancy-related discrimination, you have the right to file a complaint with the Town. This may be done in writing or orally.

If you would like to file a complaint you may do so by contacting the Town Administrator, 380 Great Road, Stow, MA 01775, (978) 897-2927 or townadministrator@stow-ma.gov. The Town Administrator is also available to discuss any concerns you may have and to provide information to you about our policy and our complaint process.

Investigation

When the Town receives the complaint, it will promptly investigate the allegation in a fair and expeditious manner. The investigation will be conducted in such a way as to maintain confidentiality to the extent practicable under the circumstances. The investigation will include a private interview with the person filing the complaint and with witnesses. When the investigation is completed, the Town, to the extent appropriate will inform the person filing the complaint the results of the investigation.

If it is determined that inappropriate conduct has occurred, the Town will act promptly to correct the condition.

Disciplinary Action

If it is determined that inappropriate conduct has been committed by an employee, the Town will take such action as is appropriate under the circumstances. Such action may range from counseling to termination from employment and may include such other forms of disciplinary action as it deem appropriate under the circumstances.

State and Federal Remedies

In addition to the above, if you believe you have been subjected to discrimination, you may file a formal complaint with either or both government agencies set forth below. Using our complaint process does not prohibit you from filing a complaint with these agencies. Each of the agencies requires that claims be filed within 300 days from the alleged incident or when the complainant became aware of the incident.

The United States Equal Employment Opportunity Commission (EEOC) [www.eeoc.gov]

Boston Area Office
John F. Kennedy Federal Building
475 Government Center
Boston, MA 02203
(800) 669-4000

The Massachusetts Commission Against Discrimination (MCAD) [www.mass.gov/mcad]

Boston Office
One Ashburton Place, Suite 601
Boston, MA 02108
(617) 994-6000

Worcester Office
484 Main Street, Room 320
Worcester, MA 01608
(508) 453-9630



Town of Stow

380 Great Road

Stow, MA 01775

Pregnancy and Pregnancy-Related Conditions Policy Acknowledgement of Receipt

Name: _____

Department: _____

Job Title: _____

By signing my name below, I am acknowledging that I have received, read, had the opportunity to ask questions about, and have been advised that I am responsible for complying with the Town of Stow's **Pregnancy and Pregnancy-Related Conditions Policy**.

Employee's Signature: _____ Date: _____

Please review all other adopted Personnel Policies on the Town's website:

<https://www.stow-ma.gov/human-resources/pages/personnel-policies>

<u>POLICY</u>	<u>DATE ADOPTED</u>
CORI Policy	November 14, 2023
Compensatory Time for Exempt Employees	November 14, 2023
Compensatory Time for Nonexempt Employees	November 14, 2023
Inclement Weather Policy	November 14, 2023
Nepotism Policy	November 14, 2023
Religious Accommodation Policy	November 14, 2023
Remote Work Policy	November 14, 2023
Service Animals in the Workplace	February 28, 2023
Therapy Animals in the Workplace	February 28, 2023