



## **NORTH ANDOVER PUBLIC SCHOOLS**

566 Main Street  
North Andover, MA 01845  
Phone: 978-794-1503  
Fax: 978-794-0231



# **New Employee Packet 2023-2024**

## **PART-TIME**

**Substitute Staff, Noon Attendants,  
Food Services, Community Programs, Stipends**

**Thank you for applying to NAPS!**

This packet contains all the documents that you'll need for on-boarding with our school district. In support of these documents, you will need to present a few forms of identification.

**For all positions, the very first thing to do is complete the CORI form and get your fingerprinting done. Without these, you can't start work with students and you won't be paid until they are complete. It makes the on-boarding process much smoother when these are done first.**

Along with background check information, all other personnel and payroll forms need to be completed and delivered to NAPS central office at 566 Main Street, North Andover. Please set up an appointment online with Human Resources as soon as you're ready with this completed packet.

**We are happy to answer any questions you may have along the way. Best of luck with your new position!**



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## **NORTH ANDOVER PUBLIC SCHOOLS**

### **New Employee Paperwork Checklist (Part-Time)**

#### **What's in this Packet**

- CORI Form w/  
Required ID
- Fingerprint Info
- Eligibility Verification  
(I-9) w/ Required ID
- Personnel Policy  
Acknowledgement
- Ethics Notification  
Upload
- Conflict of Interest  
Acknowledgment
- Federal Tax (W-4)
- State Tax Form (M-4)
- Social Security  
Statement (SSA-1945)
- Direct Deposit Form  
(attach voided check)
- OBRA Form

#### **Identification to Bring**

- Passport
- Driver's License/Real ID
- Social Security Card

Please make another online appointment to drop off any additional forms that need to be processed.





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### BACKGROUND CHECKS

As a new employee of the North Andover Public Schools, you will be subject to a Criminal Offender Record Information (CORI) and Statewide Applicant Fingerprint Identification (SAFIS). Please complete the CORI form in this packet. Information on how to obtain fingerprint results are below.

**Prior to the start of your employment, you must provide Human Resources with a receipt/confirmation from MorphoTrust-Identogo to show that you have been fingerprinted at an authorized facility. PROVIDER ID: 02110000**

Your continued employment in the North Andover Public Schools is contingent upon initial and future completion and assessment of CORI checks.

**An Act Relative to Background Checks Chapter 459 of the Acts of 2012, as amended by Chapter 77 of the Acts of 2013.** Effective July 1, 2013 all school employees are required to submit fingerprints for the national criminal background check; G.L. Chapter 71, Section 38G. As a condition of employment, you must submit fingerprints for the national criminal background check.

### FINGERPRINT LOCATIONS AND REGISTRATION INFORMATION:

**LOCATIONS:** <http://www.l1enrollment.com/locations/?st=ma>

**REGISTER:** <http://www.identogo.com/FP/Massachusetts.aspx>

**FEES:** \$55 for licensed educators and specialists  
\$35 for non-license holders (school secretaries, cafeteria workers, janitors, bus drivers, paraprofessionals, etc.)

**NORTH ANDOVER PUBLIC SCHOOLS**

**PROVIDER ID: 02110000**

**Signature on Back ----->**

**NORTH ANDOVER PUBLIC SCHOOLS**

566 Main Street

North Andover, MA 01845

978-794-1503

If you have had your fingerprints checked for a previous employer (school districts only), please request a letter of suitability be sent to NAPS, Human Resources.

Please sign below indicating your understanding and acknowledgment of these conditions of employment and the required state and national criminal background checks.

---

Printed Name

---

Signature

Date

**FOR MORE INFORMATION:** [Frequently Asked Questions Regarding Background Checks Law](#) REF: School Committee Policy; ADDA

***BACKGROUND CHECKS FROM ANOTHER STATE OR FROM ANOTHER BACKGROUND CHECK CONDUCTED IN MASSACHUSETTS (E.G., FIREARMS LICENSE): Under federal and state law, fingerprint-based criminal history records obtained for one purpose/under one authority (i.e., for a firearms license or for a record check in another state) cannot be disseminated outside the original receiving entity. This includes not only any criminal history information but also the actual fingerprints themselves. Everyone must undergo a new fingerprint-based background check for each agency that requires you to do so. Pre-K-12 employees who continue to work in the same school or district are not required to re-submit to fingerprint based state and national criminal history checks once their employer has deemed them suitable for employment.***





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### CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGMENT FORM

North Andover Public Schools has been certified by the Criminal History Systems Board (CHSB) to access CORI information on individuals who service the North Andover Public Schools.

Current Employee \_\_\_\_\_ Applicant \_\_\_\_\_ Volunteer/Intern \_\_\_\_\_ Subcontractor \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Former Last Name (if applicable) \_\_\_\_\_ Former Last Name (if applicable) \_\_\_\_\_

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Last SIX digits of SSN \_\_\_\_\_ Current Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

North Andover Public Schools is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and prospective employees, volunteers, interns and subcontractors. As a prospective or current employee, volunteer, intern or subcontractor, I understand that a CORI check will be submitted for my personal information to the DCJIS.

I hereby acknowledge and provide permission to North Andover Public Schools to submit a CORI check for my information to the DCJIS. This authorization is valid for three (3) years from the date of my signature. I may withdraw this authorization at any time by providing North Andover Public Schools written notice of my intent to withdraw consent to a CORI check. I understand that North Andover Public Schools may conduct subsequent CORI checks within one-year from the date this form was signed provided that North Andover Public Schools notifies me in writing prior to the background check.

School volunteers are also required to read, understand and to agree to comply with the North Andover School Committee policy attached and/or linked here ([UOC-E](#)).

**By signing below, I provide my consent to a CORI check and acknowledge that the information I provided on this form is true and accurate.**

Signature \_\_\_\_\_ Date \_\_\_\_\_ Mobile Phone \_\_\_\_\_

#### **AUTHORIZED OFFICE USE ONLY**

The identity of the person listed above was verified by reviewing the following form of government-issued photographic identification (circle and attach copy): **Driver's License State-Issued ID US Passport**

Printed Name & Signature of Verifying Employee \_\_\_\_\_

Date Submitted \_\_\_\_\_

School or Location \_\_\_\_\_

**Return completed form to Human Resources at Central Office, 566 Main Street, North Andover.**





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

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 10/31/2022

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

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

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

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

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

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

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)
Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.  1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____
QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page







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

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 10/31/2022

**Section 2. Employer or Authorized Representative Review and Verification**

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

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 &amp; 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

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

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

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

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

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

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

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

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

### All documents must be UNEXPIRED

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

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	<b>OR</b>	<b>LIST B</b> <b>Documents that Establish Identity</b>	<b>AND</b> <b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>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</li> </ol>		<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

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

Refer to the instructions for more information about acceptable receipts.



**Employee's Withholding Certificate**

OMB No. 1545-0074

▶ Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

▶ Give Form W-4 to your employer.

▶ Your withholding is subject to review by the IRS.

**2022****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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <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, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and privacy.

**Step 2:**  
**Multiple Jobs**  
**or Spouse**  
**Works**

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

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); or

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

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ▶ ☐

**TIP:** To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**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**  
**Dependents**

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 and enter the total here . . . **3** \$

**Step 4**  
**(optional):**  
**Other**  
**Adjustments**

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . **4(a)** \$

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . **4(b)** \$

(c) **Extra withholding.** Enter any additional tax you want withheld each pay period . . . **4(c)** \$

**Step 5:**  
**Sign**  
**Here**

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

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

**Employers**  
**Only**

Employer's name and address	First date of employment	Employer identification number (EIN)
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FORM  
M-4

MASSACHUSETTS EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Rev. 11/19



Print full name .....  
Print home address .....

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

**Employee:**

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

**Employer:**

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

**HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS**

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

EMPLOYER: DO NOT withhold if Box D is checked.

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

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

THIS FORM MAY BE REPRODUCED

**THE COMMONWEALTH OF MASSACHUSETTS, DEPARTMENT OF REVENUE**

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

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

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

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

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

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

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

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

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

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

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

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

**ALL EMPLOYEES  
PASS IN WITH PACKET.**



**ALL EMPLOYEES  
PASS IN WITH PACKET.**

Social Security Administration

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

Employee Name \_\_\_\_\_ Employee ID# \_\_\_\_\_  
Employer Name No Andover Public Schools Employer ID# 046001245

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](http://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 \_\_\_\_\_



TOWN OF NORTH ANDOVER, MASSACHUSETTS  
OFFICE OF  
TOWN ACCOUNTANT  
120 MAIN STREET, NORTH ANDOVER, MASSACHUSETTS 01845



**ALL FULL & PART-TIME  
EMPLOYEES  
PASS IN WITH PACKET.  
ADD VOIDED CHECK.**

Telephone (978) 688-9520  
FAX (978) 688-9556

**DIRECT DEPOSIT FORM**

To enroll in Direct Deposit, simply fill out the attached form and return it to Payroll. A voided check (if a checking account) or deposit slip (if a savings account) for each account listed below MUST be attached to ensure your requested will be processed properly.

*Important! Please read and sign before completing and submitting.*

I hereby authorize my employer (hereinafter the; Town of North Andover) to deposit any amounts owed me by initiating credit entries to my accounts at the financial institutions (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by the Town of North Andover to my accounts. In event that the Town of North Andover deposits funds erroneously into my account, I authorize the Town of North Andover to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until the Town of North Andover and Bank have received written notice from me of its termination in such time and in such manner as to afford the Town of North Andover and Bank reasonable opportunity to act on it.

Employee Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: TOWN OF NORTH ANDOVER, MA. \*\* EMAIL RECEIPT TO \_\_\_\_\_  
PLEASE PRINT - CAN BE PERSONAL OR TOWN

Account Information MUST include the Bank ABA/Routing Number

You may choose up to three accounts. (Your last item must be for the remaining amount owed to you.)

1. Bank: Name/City/State: \_\_\_\_\_ ADD/CHANGE/REMOVE  
CIRCLE ONE

☐ Checking ☐ Savings Account Number \_\_\_\_\_  
ABA/Routing Number \_\_\_\_\_

I wish to deposit \$ \_\_\_\_\_ or Entire Net Amount

2. Bank: Name/City/State: \_\_\_\_\_ ADD/CHANGE/REMOVE  
CIRCLE ONE

☐ Checking ☐ Savings Account Number \_\_\_\_\_  
ABA/Routing Number \_\_\_\_\_

I wish to deposit \$ \_\_\_\_\_ or Entire Net Amount

3. Bank: Name/City/State: \_\_\_\_\_ ADD/CHANGE/REMOVE  
CIRCLE ONE

☐ Checking ☐ Savings Account Number \_\_\_\_\_  
ABA/Routing Number \_\_\_\_\_

I wish to deposit \$ \_\_\_\_\_ or Entire Net Amount





## **NORTH ANDOVER PUBLIC SCHOOLS**

566 Main Street  
North Andover, MA 01845  
Phone: 978-794-1503  
Fax: 978-794-0231



**ALL EMPLOYEES  
KEEP FOR YOUR RECORDS.**

---

### **CONFLICT OF INTEREST ONLINE ETHICS TRAINING & EXAM**

All school and municipal employees across the state are required to take an online ethics training and exam **once every two years**. Please allow time as it contains approximately 80 pages and could take up to about 45-minutes to complete.

**Upon completion, you must save the certificate of completion as a PDF and upload it to the Town of North Andover portal. Do not send hard copies to your school office, to HR or to Town Hall.**

The web link to the training and to where you upload your certificate is below.

**<https://www.northandoverma.gov/ethics-and-conflict-interest-portal>**

In addition to the online training, once a year, all employees must acknowledge receipt of the summary of the conflict of interest law. This will be included in all new hire employment packages, and will be shared with each district employee at the beginning of each school year through the mandatory training modules.

Failure to comply will constitute a violation of state law, which may subject any non-complying employee to enforcement action, such as penalties or fines imposed by the Ethics Commission.





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### **CONFLICT OF INTEREST LAW ACKNOWLEDGMENT OF RECEIPT**

**As an employee with NORTH ANDOVER PUBLIC SCHOOLS, I hereby acknowledge that I received a copy of the summary of the conflict of interest law for municipal employees, revised November 14, 2016, on**

\_\_\_\_\_  
Printed Date

\_\_\_\_\_  
**Printed Full Name**

\_\_\_\_\_  
**Signature**

*\*Municipal employees should complete the acknowledgment of receipt and return it to the individual who provided them with a copy of the summary. Alternatively, municipal employees may send an email acknowledging receipt of the summary to the individual who provided them with a copy of it.*

#### **CONFLICT OF INTEREST SUMMARY LINK:**

<https://www.mass.gov/doc/summary-of-the-conflict-of-interest-law-and-acknowledgment-form-for-municipal-employees-0/download>





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# **EMPLOYEE HANDBOOK ACKNOWLEDGMENT OF RECEIPT**

## **PERSONNEL POLICY HANDBOOK ACKNOWLEDGMENT FORM**

I understand that my signature below indicates that I have received a copy of the North Andover Personnel Policies (Employee Handbook) adopted by the North Andover School Committee, and I understand that it is my responsibility to read and comply with these policies especially those that deal with the prohibition of sexual harassment.

Where negotiated terms of collective bargaining agreements differ, the terms of the collective bargaining agreement will take precedence.

I further understand that any questions that I have regarding this Personnel Policy Handbook may be directed to my supervisor and/or the Director of Human Resources for guidance.

\_\_\_\_\_  
Employee Name (printed)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## **EMPLOYEE HANDBOOK LINK:**

<https://resources.finalsite.net/images/v1625060683/northandoverpublicschoolscom/hc8o04rnr3xqt7guzjxc/NAPSPersonnelPolicy2009.pdf>



**PART-TIME EMPLOYEES ONLY  
PASS IN WITH PACKET.**



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

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

**98966-02**

**Participant Information**

Last Name	First Name	MI
Address - Number & Street		
City	State	Zip Code
( )	( )	
Home Phone	Work Phone	

Social Security Number		
E-Mail Address		
<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Female <input type="checkbox"/> Male		
Mo	Day	Year
Date of Birth		
Mo	Day	Year
Date of Hire		

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

Do you have a retirement savings account with a previous employer or an IRA? ☐ Yes or ☐ No

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

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

**Payroll Information**

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

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

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

**INVESTMENT OPTION NAME**

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

MUST INDICATE WHOLE PERCENTAGES

= 100%

**INVESTMENT OPTION NAME**

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

SMART Capital Preservation Fund..... MELINC.....100%



Last Name

First Name

M.I.

Social Security Number

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	Relationship	Date of Birth

**Contingent Beneficiary**

100.00%				
% of Account Balance	Social Security Number	Contingent Beneficiary Name	Relationship	Date of Birth

**Participation Agreement**

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

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

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

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

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

I have completed, understand and agree to all pages of this Participant Enrollment form. I understand that Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at: <http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>. Deferral agreements must be entered into prior to the first day of the month that the deferral will be made.

Participant Signature

Date

**PART-TIME EMPLOYEES ONLY  
PASS IN WITH PACKET.**

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

Core securities, when offered, are offered through GWFS Equities, Inc. and/or other broker dealers. GWFS Equities, Inc., Member FINRA/SIPC, is a wholly owned subsidiary of Great-West Life & Annuity Insurance Company.

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### New Employee Required State Data (EPIMS)

This form contains information required from school districts for electronic state reporting. It also contains optional reporting information that helps us comply with the Civil Rights Data Collection.

#### REQUIRED INFORMATION FROM ALL EMPLOYEES:

##### Legal Name

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ MA Teacher License #: \_\_\_\_\_

##### Highest Degree Information

Type of Degree: \_\_\_\_\_ Subject: \_\_\_\_\_

Institute: \_\_\_\_\_

Is this your first time in this type of employment in a public school? ☐ YES ☐ NO

For substitute Teachers: Are you a retired Teacher? ☐ YES ☐ NO

#### OPTIONAL REPORTING INFORMATION :

Providing this information assists us in the Federal Civil Rights Data Collection

##### Federal Ethnicity/Race (optional):

Ethnicity – Hispanic or Latino: ☐ YES ☐ NO

Race – Check **ALL** that apply: ☐ Asian ☐ Black or African American ☐ American Indian or Alaskan Native  
☐ Native Hawaiian or Other Pacific Islander ☐ White





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North Andover Public Schools utilizes the **MUNIS Employee Self Service (ESS) Portal**. Employees are able to access the MUNIS Employee Self Service (ESS) Portal at: **ESS LOGIN**

Using ESS, employees are able to:

- View current and past payroll information.
- View current and past W-2 forms.
- View/Change your home address.
- Add/View/Change your personal email address.
- Add/View/Change your phone information.
- Add/View/Change emergency contact information.

The link to the ESS Portal is in the **NAPS Bookmarks** folder in the top left part of your Chrome browser. The direct web address is:

**<https://northandoverma.munisselfservice.com/login.aspx>**

Contact NAPS Human Resources if you have any questions.

### **LOGIN INFORMATION**

**USERNAME:** lastnamefirstinitiallast4SSN (doej1234)

**PASSWORD:** last four of your SSN (you'll be prompted to change this at your first login). Passwords must be at least 8 characters with at least 1 number and 1 upper-case letter.

**INFORMATION ONLY-  
KEEP FOR YOUR RECORDS.**



# Payroll Calendar 2023-2024

Check#	Date	Details
1	August 25, 2023	First paycheck of the school year (returning employees). Column change #1
2	September 8, 2023	First paycheck for new employees (teachers and TA's), New employee first dental insurance deduction (Oct 1 start). Sick and personal day accruals updated.
3	September 22, 2023	
4	October 6, 2023	Longevity checks for teachers (Oct 6). New employee first health insurance deduction (Nov 1 start). Longevity checks for TA's will be distributed on Oct 13.
5	October 20, 2023	
6	November 4, 2023	Fall coaching stipends
7	November 17, 2023	SKA staff stipends
8	December 1, 2023	Stipends for activities, Column change #2. Dental insurance changes from open enrollment reflected in deductions
9	December 15, 2023	
10	December 29, 2023	<u>3rd paycheck in the month</u> (no health & dental insurance or FSA/HSA deductions)
11	January 12, 2024	FSA Deductions Begin for New Benefit Year
12	January 26, 2024	
13	February 9, 2024	SKA staff stipends
14	February 23, 2024	
15	March 8, 2024	Winter coaching stipends, Column change #3
16	March 22, 2024	403b match contributions
17	April 5, 2024	
18	April 19, 2024	SKA staff stipends
19	May 3, 2024	Stipends for activities, Column change #4
20	May 17, 2024	
21	May 31, 2024	Last paycheck for 21-pay employees. Toileting stipends, program stipends and ISS stipends, TA advisory), Lump sum payments distributed, spring coaching stipends, new rates for health insurance. <u>3rd paycheck in the month</u> (no health & dental insurance or FSA/HSA deductions)
22	June 14, 2024	SKA staff stipends
23	June 28, 2024	
24	July 12, 2024	
25	July 26, 2024	
26	August 9, 2024	Last paycheck of 2023-2024 school year (26-week pay schedule)