

*Gateway Regional School District  
12 Littleville Road  
Huntington, MA 01050  
(413) 685-1000 Telephone  
(413) 667-8739 - FAX*

***Kristen Smidy  
Superintendent***

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**EMPLOYEE PACKET  
SUBSTITUTE/PART-TIME INSTRUCTIONS**

Employee packet contains:

1. Gateway policies sign off form
2. W-4 and M-4 Withholding forms
3. Acknowledgement of receipt form 0590A
4. Meaningful Notice 457(b) plan and 403(b) plan
5. 457(b) FICA Alternative Plan
6. Valic Annuity Application(mandatory enrollment-call # listed)
7. How to file for unemployment (Employee retains this form)
8. I-9 Form(Employment Eligibility Verification form)
9. CORI Form
10. Direct Deposit(please include void check)
11. Drivers License-required(we take a copy)
12. Social Security Card(copy)
13. W-9
14. Parking Permit
15. Nurse memo

All forms must be completely filled out and returned to Deborah Kuhn, Treasurer, prior to release of first paycheck. **Please print forms single sided.**

If you should require any further information please do not hesitate to call me at 413-685-1014.

Sincerely,



Deborah Kuhn  
Treasurer

***Gateway Regional School District***

12 Littleville Road  
Huntington, MA 01050

(413) 685-1000 - Telephone  
(413) 667-8739 - FAX

***Kristen Smidy***  
***Superintendent***

***Stephanie Fisk***  
***Business & Finance Officer***

I \_\_\_\_\_

WILL REVIEW AND COMPLY WITH THE GATEWAY REGIONAL SCHOOL DISTRICT  
POLICIES ON THE GATEWAY REGIONAL SCHOOL DISTRICT WEBSITE

PLEASE GO TO: [WWW.GRSD.ORG](http://WWW.GRSD.ORG)

CLICK ON:

SCHOOL COMMITTEE/POLICIES

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

**Employee's Withholding Certificate**

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

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

**2023****Step 1:**  
**Enter**  
**Personal**  
**Information**

(a) First name and middle initial

Last name

(b) Social security number

Address

City or town, state, and ZIP code

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](http://www.ssa.gov).

(c)

☐ Single or Married filing separately☐ Married filing jointly or Qualifying surviving spouse☐ 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, other details, 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) Reserved for future use.

(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 . . . . . ☐**TIP:** If you have self-employment income, see page 2.

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

**Step 3:****Claim**  
**Dependent**  
**and Other**  
**Credits**

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 \$

Multiply the number of other dependents by \$500 . . . . . \$

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .

**3** \$**Step 4**  
**(optional):****Other**  
**Adjustments**(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .**4(a)** \$(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .**4(b)** \$(c) **Extra withholding.** Enter any additional tax you want withheld each pay period . . . . .**4(c)** \$**Step 5:**  
**Sign**  
**Here**

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

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

Date

**Employers**  
**Only**

Employer's name and address

First date of  
employmentEmployer identification  
number (EIN)

## General Instructions

Section references are to the Internal Revenue Code.

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://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 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 **and** you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 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 2023 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, 2024.

**Your privacy.** If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

**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 income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

**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.

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 roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



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

**Step 3.** 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 2023 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.

- 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 2023 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:  $\left\{ \begin{array}{l} \bullet \$27,700 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$20,800 \text{ if you're head of household} \\ \bullet \$13,850 \text{ if you're single or married filing separately} \end{array} \right\}$  . . . . . **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	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250

**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	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

**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	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600

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.

# ***Gateway Regional School District***

***12 Littleville Road  
Huntington, MA 01050  
(413) 685-1000 Telephone  
(413) 667-8739 - FAX***

***Kristen Smidy  
Superintendent***

***Stephanie Fisk  
Business Manager***

---

## **ACKNOWLEDGMENT OF RECEIPT OF FORM 0590A**

I acknowledge that on the date noted below I have received a copy of form 0590A.

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Date



## MEANINGFUL NOTICE / PLAN SUMMARY INFORMATION 2023

### 403(b) PLAN AND 457(b) DEFERRED COMPENSATION PLAN

The 403(b) and 457(b) Plans are valuable retirement savings options. This notice provides a brief explanation of the provisions, policies and rules that govern the 403(b) and 457(b) Plans offered.

Plan administration services for the 403(b) and 457(b) plans are provided by U.S. OMNI & TSACG Compliance Services. Visit the U.S. OMNI & TSACG Compliance Services' website (<https://www.tsacg.com>) for information about enrollment in the plan, investment product providers available, distributions, exchanges or transfers, 403(b) and/or 457(b) loans, and rollovers.

### ELIGIBILITY

Most employees are eligible to participate in the 403(b) and 457(b) plans immediately upon employment; however, private contractors, appointed/elected trustees and/or school board members are not eligible to participate in the 403(b) Plan. Please verify if your employer allows student workers to participate in the 403(b) plan. Eligible employees may make voluntary elective deferrals to both the 403(b) and 457(b) plans. Participants are fully vested in their contributions and earnings at all times.

### EMPLOYEE CONTRIBUTIONS

Upon enrollment, participants designate a portion of their salary that they wish to contribute to their traditional 403(b) and/or 457(b) account(s) up to their maximum annual contribution amount on a pre-tax basis, thus reducing the participant's taxable income. Contributions to the participant's 403(b) or 457(b) accounts are made from income paid through the employer's payroll system. Taxes on contributions and any earnings are deferred until the participant withdraws their funds.

The Internal Revenue Service regulations limit the amount participants may contribute annually to tax-advantaged retirement plans and imposes substantial penalties for violating contribution limits. U.S. OMNI & TSACG Compliance Services monitors 403(b) and 457(b) plan contributions and notifies the employer in the event of an excess contribution.

### THE BASIC CONTRIBUTION LIMIT FOR 2023 IS \$22,500.

Additional provisions allowed:

### AGE-BASED ADDITIONAL AMOUNT

Participants who are age 50 or older any time during the year qualify to make an additional contribution of up to \$7,500 to the 403(b) and/or 457(b) accounts.

### ENROLLMENT

Employees who wish to enroll in the 403(b) and/or 457(b) plan must first select the provider and investment product best suited for their account. Upon establishment of the account with the selected provider, a "Salary Reduction Agreement" (SRA) form and/or a deferred compensation enrollment form and any disclosure forms must be completed and submitted to U.S. OMNI & TSACG Compliance Services. These forms authorize the employer to withhold 403(b) and/or 457(b) contributions from the employee's pay and send those funds to the Investment Provider on their behalf. A SRA form and/or a deferred compensation enrollment form must be completed to start, stop or modify contributions to 403(b) and/or 457(b) accounts. Unless otherwise notified by your employer, you may enroll and/or make changes to your current contributions anytime throughout the year.

*Please note: The total annual amount of a participant's contributions must not exceed the Maximum Allowable Contribution (MAC) calculation. For convenience, a MAC calculator is available at <https://www.tsacg.com>.*

## INVESTMENT PROVIDER INFORMATION

A current list of authorized 403(b) and 457(b) Investment Providers and current employer forms are available on the employer's specific Web page at <https://www.tsacg.com>.

## PLAN DISTRIBUTION TRANSACTIONS

Distribution transactions may include any of the following depending on the employer's Plan Document: loans, transfers, rollovers, exchanges, hardships, unforeseen financial emergency withdrawals or distributions. Participants may request these distributions by completing the necessary forms obtained from the provider and plan administrator as required. All completed forms should be submitted to the plan administrator for processing.

## PLAN-TO-PLAN TRANSFERS

A plan-to-plan transfer is defined as the movement of a 403(b) and/or 457(b) account from a previous plan sponsor's plan and retaining the same account with the authorized investment provider under the new plan sponsor's plan.

## ROLLOVERS

Participants may move funds from one qualified plan account, i.e. 403(b) account, 401(k) account or an IRA, to another qualified plan account at age 59½ or when separated from service. Rollovers do not create a taxable event.

## DISTRIBUTIONS

Retirement plan distributions are restricted by IRS regulations. A participant may not take a distribution of 403(b) plan accumulations unless they have attained age 59½ or separated from service in the year in which they turn 55 or older. Generally, a distribution cannot be made from a 457(b) account until you have reached age 59½ or have a severance from employment. In most cases, any withdrawals made from a 403(b) or 457(b) account are taxable in full as ordinary income.

## EXCHANGES

Within each plan, participants may exchange account accumulations from one investment provider to another investment provider that is authorized under the same plan; however, there may be limitations affecting exchanges, and participants should be aware of any charges or penalties that may exist in individual investment contracts prior to exchange. Exchanges can only be made from one 457(b) plan to another 457(b) plan, or from one 403(b) plan to another 403(b) plan.

## 403(b) and 457(b) PLAN LOANS

Participants may be eligible to borrow their 403(b) and/or 457(b) plan accumulations depending on the provisions of their 403(b) and/or 457(b) account contract and provisions of the employer plan. If loans are available, they are generally granted for a term of five years or less (general-purpose loans). Loans taken to purchase a principal residence can extend the term beyond five years depending on the provisions of their 403(b) and/or 457(b) account contract and provisions of the employer. Details and terms of the loan are established by the provider. Participants must repay their loans through monthly payments as directed by the provider. Prior to taking a loan, participants should consult a tax advisor.

## HARDSHIP WITHDRAWALS

Participants may be able to take a hardship withdrawal in the event of an immediate and heavy financial need. To be eligible for a hardship withdrawal according to IRS Safe Harbor regulations, you must verify and provide evidence that the distribution is being taken for specific reasons. These eligibility requirements to receive a Hardship withdrawal are provided on the Hardship Withdrawal Disclosure form at <https://www.tsacg.com>.

## UNFORESEEN FINANCIAL EMERGENCY WITHDRAWAL

You may be able to take a withdrawal from your 457(b) account in the event of an unforeseen financial emergency. An unforeseeable emergency is defined as a severe financial hardship of the participant or beneficiary. The eligibility requirements to receive a Unforeseen Financial Emergency Withdrawal are provided on the Unforeseen Financial Emergency Withdrawal Disclosure form at <https://www.tsacg.com>.

## EMPLOYEE INFORMATION STATEMENT

Participants in defined contribution plans are responsible for determining which, if any, investment vehicles best serve their retirement objectives. The 403(b) and 457(b) plan assets are invested solely in accordance with the participant's instructions. The participant should periodically review whether his/her objectives are being met, and if the objectives have changed, the participant should make the appropriate changes. Careful planning with a tax advisor or financial planner may help to ensure that the supplemental retirement savings plan meets the participant's objectives.

## PLAN ADMINISTRATOR CONTACT INFORMATION

### Transactions

P.O. Box 4037  
Fort Walton Beach, FL 32549  
Toll-free: 1-888-796-3786  
<https://www.tsacg.com>

### For overnight deliveries

73 Eglin Parkway NE, Suite 202  
Fort Walton Beach, FL 32548  
Toll-free: 1-888-796-3786  
<https://www.tsacg.com>

# 457(b) FICA Alternative Plan.

A retirement plan for certain governmental employees.



**If you are a part-time, seasonal or temporary employee of a governmental employer, your employer may require you to contribute part of your earnings to a retirement plan — known as a FICA Alternative Plan — instead of having money withheld for Social Security.**

## Eligibility

If you aren't covered by your employer's primary retirement plan for full-time employees, you will be automatically enrolled in this plan. There is no minimum age or service requirement.

## Vesting

You always own 100% of your account balance.

## Contributions

- You contribute 7.5% of your compensation instead of Social Security tax withholding.
- Contributions are made before tax withholding is calculated, which reduces your current taxable income.
- Taxes on your contributions and earnings are deferred until withdrawal, at which time the distribution is taxed as ordinary income.

## Withdrawals

- Withdrawals can generally be made without restrictions or penalties upon severance from employment.
- Withdrawals can be made in a single cash payment or as a rollover to an IRA or other eligible tax-qualified retirement plan.
- No loans or unforeseeable emergency withdrawals are allowed in this plan.
- After retirement from the employer sponsoring the plan, or reaching age 72 (age 70½ if born before July 1, 1949), whichever is later, federal law directs that a Required Minimum Distribution be made to the participant each year.

## Other features

- Account balances are updated daily.
- At quarter end, you will receive an account statement that shows your balance, contributions, earnings and any other activity.



## 457(b) FICA Alternative Plan.

### **Important considerations before deciding to move funds either into or out of an AIG Retirement Services account**

There are many things to consider. For starters, you will want to carefully review and compare your existing account and the new account, including: fees and charges; guarantees and benefits; and, any limitations under either of the accounts. Also, you will want to know whether a surrender of your current account could result in charges. Your financial professional can help you review these and other important considerations.

**CLICK [aig.com/RetirementServices](https://aig.com/RetirementServices) CALL 1-888-569-7055 VISIT your financial professional**

This material is general in nature, was developed for educational use only, and is not intended to provide financial, legal, fiduciary, accounting or tax advice, nor is it intended to make any recommendations. Applicable laws and regulations are complex and subject to change. Please consult with your financial professional regarding your situation. For legal, accounting or tax advice consult the appropriate professional.

Securities and investment advisory services offered through VALIC Financial Advisors, Inc. (VFA), member FINRA, SIPC and an SEC-registered investment adviser.

Annuities are issued by The Variable Annuity Life Insurance Company (VALIC), Houston, TX. Variable annuities are distributed by its affiliate, AIG Capital Services, Inc. (ACS), member FINRA.

AIG Retirement Services represents The Variable Annuity Life Insurance Company (VALIC) and its subsidiaries, VALIC Financial Advisors, Inc. (VFA) and VALIC Retirement Services Company (VRSCO). All are members of American International Group, Inc. (AIG).



**\*\*\*You MUST enroll in VALIC, please follow instructions attached to enroll. Social Security is not withheld from any Gateway Regional School District employees. VALIC will be your retirement account as a substitute. If we are contacted by VALIC stating that you have not enrolled you will not be called back to substitute until the enrollment process is complete. Thank you.**

## It's easy to enroll and save!

Then you can invest and plan at your convenience



**Take advantage of VALIC E-rollment<sup>SM</sup> for the power to manage your account online ... whenever and wherever it's most convenient for you. You can control your investments and financial future on your schedule.**

**Online enrollment:** Access the E-rollment website <https://my.valic.com/onlineenrollment/>. Enter your Access Code and Personal Identification information and follow the on-screen instructions. For help, call 1-888-569-7055.

**Security:** The VALIC Secured Socket Layer (SSL) protocol protects the safety and confidentiality of your personal information during each internet session.

**Enrollment by phone:** Call 1-888-569-7055 to enroll with an Enrollment Specialist. You will need your Access Code and Personal Identification information.

**Group Name: Gateway Regional School District  
Access Code: 0920302026**



**Jim Kaufmann**  
Financial Advisor

Direct: 413.270.0170  
Office: 603.594.8340  
[james.kaufmann@aig.com](mailto:james.kaufmann@aig.com)  
410 Amherst St., Suite 310  
Nashua, NH 03063

**Your Future is Calling. Meet It with Confidence.**

**CLICK VALIC.com CALL 1-800-426-3753 VISIT your financial advisor**

Securities and investment advisory services offered through VALIC Financial Advisors, Inc. ("VFA"), member FINRA, SIPC and an SEC-registered investment advisor. VFA registered representatives offer securities and other products under retirement plans and IRAs, and to clients outside of such arrangements.

Annuities issued by The Variable Annuity Life Insurance Company ("VALIC"). Variable annuities distributed by its affiliate, AIG Capital Services, Inc. ("ACS"), member FINRA. VALIC, VFA and ACS are members of American International Group, Inc. ("AIG").

AIG is a leading international insurance organization serving customers in more than 100 countries and jurisdictions. AIG companies serve commercial, institutional, and individual customers through one of the most extensive worldwide property-casualty networks of any insurer. In addition, AIG companies are leading providers of life insurance and retirement services in the United States. All products and services are written or provided by subsidiaries or affiliates of AIG. Non-insurance products and services may be provided by independent third parties. AIG common stock is listed on the New York Stock Exchange and the Tokyo Stock Exchange. [www.AIG.com](http://www.AIG.com).

FORM 0590-A



To Massachusetts Workers:

# How to File for Unemployment Insurance Benefits

## To Massachusetts Employers:

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

### GATEWAY REGIONAL SCHOOL DISTRICT

Employer name (as listed in DUA Quarterly Contribution Report)  
78-303800

DUA Employer ID Number  
04-6006503

Federal Employer ID Number (optional)  
C/O UTCA

#### Address

One Monarch PL-Suite 250 Springfield, MA 01144-1017

(to which DUA should mail request for separation and wage  
information)

## You have a choice.

### There are two ways to file your claim for Unemployment Insurance benefits.

#### You can call the TeleClaim Center.



##### Expanded hours:

**Monday to Friday, 8:30 am - 6:30 pm,  
Saturday, 8:00 am - 1:30 pm**

Unemployment Insurance services are available by telephone. You can file a new claim for Unemployment Insurance, reopen a current claim, be interviewed if there are issues that affect your eligibility, obtain up-to-date information on the status of your claim and benefit payment check, and resolve problems — all by telephone.

#### You can file your claim in person.



##### Business Hours:

**DUA Walk-In Center in Boston:  
Monday to Friday,  
8:30 am - 4:30 pm**

##### Walk-In Services at Career Centers:

**Hours vary from center to center, please call your local Career Center for hours.**

Unemployment Insurance Walk-In services are available at the DUA Walk-In Center in Boston and at One-Stop Career Centers in communities throughout Massachusetts. Services include assistance with filing a new claim for Unemployment Insurance, reopening an existing claim, or resolving problems with your current claim.

## Filing your claim. Follow these simple steps.

### Step 1 - Decide how to file your claim.

Choose to file your claim in person or by calling the TeleClaim Center. Walk-In services are located in every region of the state. For the address of the nearest UI Walk-In service, call **617-626-6560**. After hearing the greeting, enter the number **331** on the keypad of a touch tone telephone. When you are asked to do so, enter the first five digits of your zip code. You will be given the address of the nearest Walk-In service. You can also find the addresses of all Walk-In services in Massachusetts on the DUA website at [www.mass.gov/dua](http://www.mass.gov/dua). Select "Find UI Walk-In Services" on the home page.

**To file your claim by telephone, call the TeleClaim Center at 1-877-626-6800 from area codes: 351, 413, 508, 774, and 978; or 1-617-626-6800 from any other area code.**

You will be asked to press a number on your telephone to choose services in English or another language. From the list of services, Press **1** — to file a new UI claim or to reopen an existing claim. You will be asked to enter your social security number and the year you were born. You will then be connected to an agent who take the information necessary to file your claim.

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

If the last digit of your Social Security number is:	Assigned Day to Call Teleclaims is:
0, 1 or 2	Monday
3, 4 or 5	Tuesday
6 or 7	Wednesday
8 or 9	Thursday
Any last digit	Friday and Saturday

### Step 2 - Find out when to file.



**For Walk-In services, call your local Career Center for hours.**

##### For TeleClaim Centers, Expanded hours:

**Monday to Friday, 8:30 am - 6:30 pm,  
Saturday, 8:00 am - 1:30 pm**

DUA is committed to providing you with prompt and courteous service. Our goal is to ensure that your claim is filed quickly and efficiently, and that your waiting time is kept to a minimum. If there are callers in queue, you will be given a message about the length of the expected waiting time. If you choose not to wait, you may call back later during that week and there will be no effect on the processing of your claim.

The earliest your claim may be filed is during your first full week of unemployment or the first week that you experience a significant reduction in the number of hours you normally work. A delay in filing could affect the amount of your benefits.

### Step 3 - Be ready with the following information.



- Your Social Security Number
- The year you were born
- Your residential and mailing address and telephone number
- Whether you have filed an Unemployment Insurance claim in Massachusetts or in any other state during the past 12 months
- Your last day of employment
- The names and addresses of all of the employers you have worked for during the 15 months prior to filing your claim, and the dates you worked for each of these employers. If you are reopening a claim, be ready with the same information for the past 8 weeks.
- The reason that you are no longer working or that your hours have been reduced
- The names, dates of birth and social security numbers for any dependent children, if you are going to apply for dependency allowance
- Your alien registration number if you are not a U.S. citizen

## Obtaining UI services by telephone.

### TELECLAIM



### It's Easy.

When you call the Unemployment Insurance TeleClaim Center, you will press a number on your telephone to choose services in English or another language.

**Press 1** — to file a new UI claim or to reopen an existing claim.

You will be asked to enter your social security number and the year you were born. **Then you will be transferred to a DUA agent who will help you file your claim.**

**Press 2** — for immediate information on the status of your check or claim certification form.

Enter your social security number and the year you were born. You will be able to obtain automated information on the status of your weekly signing form or your UI check. This is the same information available to DUA staff. If there is a problem with your claim, you will be transferred to a DUA agent.

**Press 3** — to sign up for direct deposit, or to cancel or change existing direct deposit information

**Press 4** — for customer assistance, to resolve a problem, to provide a social security number for a dependent child, or to change your address.

**Press 5** — for information on the Unemployment Insurance program, how to file for benefits, and how to obtain job search and retraining assistance.

You can listen to recorded information on the Unemployment Insurance program and obtain the addresses and telephone numbers of the nearest offices that provide reemployment services and information on training opportunities.

This pamphlet includes important information on how to file a claim for Unemployment Insurance benefits.

Эта брошюра содержит важную информацию о том, как подать документы для получения пособия по безработице.

本手冊包括如何建立失業保險福利檔案的重要資訊。

Este panfleto incluye información importante sobre cómo entablar un reclamo por beneficios de Seguro de Desempleo.

Materyèl sa ginyin infòmasyon ki impòtan o sigè dé ki gan pou fè yon déman pou asirans pou moun ki pap travay yo.

Il presente documento include importante materiale informativo su come presentare domanda circa la riscossione di un premio assicurativo per Disoccupazione.

Tập sách nhỏ này có nhiều tài liệu quan trọng về quyền lợi và trách nhiệm của bạn trong chương trình bảo hiểm cho người thất nghiệp. Hãy nhớ người dịch ra cho bạn.

Este panfleto inclui informação importante sobre como preencher uma reclamação para os benefícios de segurança dos desempregados.

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ក្រដាសនេះមានព័ត៌មានសំខាន់អំពីរបៀបដាក់ពាក្យ

សុំការធានាផ្សេងៗពេលគ្មានការងារ

Massachusetts Department of

**Workforce**  
Development

Division of Unemployment Assistance

Commonwealth of Massachusetts

Equal Opportunity Employer/Program

Auxiliary aids and services are available upon request to individuals with disabilities.

TDD/TTY 1-800-439-2370 • Voice 1-800-439-0183  
www.mass.gov/dua

♻️ Printed on recycled paper Form 0590-A Rev. 03-09





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

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

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

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

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

**STOP** Employer Completes Next Page **STOP**



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
------------------------------	-------------------------	-------------------------	------	--------------------------------

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)				

**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)
----------------	-----------------	---------------------------------------

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.

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
1. U.S. Passport or U.S. Passport Card		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		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		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. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:  a. Foreign passport; and  b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
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		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		

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

Refer to the instructions for more information about acceptable receipts.

GATEWAY REGIONAL SCHOOL DISTRICT  
BLANDFORD-CHESTER-HUNTINGTON-MIDDLEFIELD-  
MONTGOMERY-RUSSELL-WORTHINGTON

May 7, 2012 Update

**CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT  
FORM**

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR  
EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING AND HOUSING  
PURPOSES.

Gateway Regional School District is registered under the provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified employees, subcontractors, volunteers, license applicants, current licenses, and applications for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current license, 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 Gateway Regional School District 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 Gateway Regional School District with written notice of my intent to withdraw consent to a CORI check.

**FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:** The Gateway Regional School District may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that Gateway Regional School District must first provide me with written notice of this check.

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

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

(SEE BACK)

---District Vision Statement---

The Gateway Regional School District will provide an exemplary education that challenges all students in an instructional setting appropriate to their needs.

## SUBJECT INFORMATION

Reason for submitting this form (please circle one): Employment, Volunteer/Chaperone, Intern,  
Other: \_\_\_\_\_

_____	_____	_____	_____
Last Name	First Name	Middle Name	Suffix

\_\_\_\_\_

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

_____	_____
Date of Birth	Place of Birth

\_\_\_\_\_

Last Six Digits of Your Social Security Number: (XXX-\_\_\_\_-\_\_\_\_)

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License/ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

(please provide a copy)

\_\_\_\_\_

Mother's Full Maiden Name

\_\_\_\_\_

Father's Full Name

Current and Former Addresses:

_____	_____	_____	_____
Street Number & Name	City/Town	State	Zip

_____	_____	_____	_____
Street Number & Name	City/Town	State	Zip

\_\_\_\_\_

The above information was verified by the following form(s) of governmental issued identification.

\_\_\_\_\_

\_\_\_\_\_

VERIFIED BY:

\_\_\_\_\_

Name of Verifying Employee (Please Print)

\_\_\_\_\_

Signature of Verifying Employee

GATEWAY REGIONAL SCHOOL DISTRICT  
BLANDFORD - CHESTER - HUNTINGTON - MIDDLEFIELD -  
MONTGOMERY - RUSSELL - WORTHINGTON

June, 2013

On January 10, 2013, Governor Deval Patrick signed into law G.L. Chapter 459 of the Acts of 2012, An Act Relative to Background Checks. The new law requires all newly hired school employees in Massachusetts, beginning in the 2013-2014 school year, to submit to national fingerprint-based criminal background checks in addition to state CORI checks.

The Commonwealth is developing regulations, policy and procedures to meet the requirements of this new law. As of today, a system is not yet in place for school employers to conduct a national fingerprint-based criminal background check.

As a new employee of the Gateway Regional School District, you will be subject to a Massachusetts criminal background check (CORI), which must be completed before you may begin work. In addition, you will be required to submit to a national criminal background check by submitting your fingerprints when that system is available. The Executive Office of Public Safety and Security and the Department of Criminal Justice Information Services, working with the Executive Office of Education, the Department of Elementary and Secondary Education, and the Department of Early Education and Care, are in the process of establishing the procedures for taking fingerprints, submitting them to the national database and returning reports to school employers. Under c. 459, the individual employee or prospective employee is responsible for the cost of the national criminal background check.

Your continued employment in the Gateway Regional School District is conditioned upon completion and assessment of a national criminal background check as well as the state CORI check already completed.

Please sign below indicating your understanding and acknowledgement of these conditions of employment and the required national criminal background check.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For more information regarding national criminal background checks, please visit <http://www.mass.gov/eopss/agencies/dcjis/>

---District Vision Statement---

The Gateway Regional School District will provide an exemplary education that challenges all students in an instructional setting appropriate to their needs.

GATEWAY REGIONAL SCHOOL DISTRICT  
BLANDFORD - CHESTER - HUNTINGTON - MIDDLEFIELD -  
MONTGOMERY - RUSSELL

To: New Employee

From: Stacy Stewart

Re: National Fingerprint Instructions

- Go to [www.identogo.com](http://www.identogo.com)
- Click on Get Fingerprinted
- Choose Massachusetts
- Click Digital Fingerprinting
- Choose Schedule a new Appointment
- Choose PreK-12<sup>th</sup> Grade Education (ESE)
- Choose either Certified Staff (anyone with DESE Certification) or All Other School Personnel
- Confirm Choice
- Provider ID 06720000
- Enter Zip Code to Determine Finger Printing Location or Choose an area
- Choose a location and date to see the schedule
- Continue on with remaining website instructions.

For more information regarding national criminal background checks, please visit <http://www.mass.gov/eopss/agencies/dcjis/>

---District Vision Statement---

The Gateway Regional School District will provide an exemplary education that challenges all students in an instructional setting appropriate to their needs.



**AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED CREDITS**

I (we) hereby authorize and request GATEWAY REGIONAL SCHOOL DISTRICT hereinafter called COMPANY, to make payment of any amounts owing to me (either of us) for payroll by initiating credit entries to my (our) account indicated below in the bank named below, hereinafter called BANK, and I (we) authorize and request BANK to accept any credit entries initiated by COMPANY to such account and to make the same a part of the general ledger of COMPANY without any further liability for the correctness thereof:

**Bank Name:** \_\_\_\_\_

Bank Address: \_\_\_\_\_  
\_\_\_\_\_  
(City)

Depositor Account Number: \_\_\_\_\_  
\_\_\_\_\_  
(State)

It is understood that this agreement may be terminated by me (either of us) at any time by written notification to COMPANY or BANK. Any such notification to COMPANY shall be effective only with respect to entries initiated by COMPANY after receipt of such notification and a reasonable opportunity to act on it. Any such notification to BANK shall be effective only with respect to entries credited to my (our) account by BANK after receipt of such notification and a reasonable time to act on it.

Customer Name(s): \_\_\_\_\_  
(Please Print)

Date: \_\_\_\_\_ Signed: \_\_\_\_\_ Signed: \_\_\_\_\_

**To Be Completed by the Company**

Company ID No.: \_\_\_\_\_

Depositor account number information: \_\_\_\_\_

TRANSIT ROUTING NUMBER				ABA				ACCOUNT NUMBER INFORMATION												Transit/ABA Check Digit		Designated by	
1	:																						
TRANSIT																							

**NOTE:** When completing account number information, insert a hyphen ( - ) for each Dash Cue Symbol ( ||| ) contained in the field, and insert a number sign ( # ) for each "On Us" Cue Symbol ( || ).

PA-607-75

1 - COMPANY INPUT COPY

**2 - COMPANY FILE COPY**

**3 - EMPLOYEE COPY**



# Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give Form to the  
requester. Do not  
send to the IRS.

Print or type.  
See Specific Instructions on page 3.

<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
<b>2</b> Business name/disregarded entity name, if different from above	
<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	
<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
<b>5</b> Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code	
<b>7</b> List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>										
				-			-			
<b>or</b>										
<b>Employer identification number</b>										
				-						

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here**  
Signature of U.S. person ►

Date ►

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

# G.R.S.D. FACULTY/STAFF PARKING PERMIT

Parking Decal # \_\_\_\_\_

Name \_\_\_\_\_ Department \_\_\_\_\_

Make/Model #1 \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

Registration No. \_\_\_\_\_

Make/Model #2 \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

Registration No. \_\_\_\_\_

Make/Model #3 \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

Registration No. \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

**Memorandum**

To: Gateway Regional School District Employees

From: Kelly Sudnick, MSN, RN Nurse Leader

Re: Varicella (Chicken Pox)

Per the Massachusetts Department of Public Health, staff and students must be excluded in the event of a Chicken Pox outbreak if they have no history of having the Varicella immunization or if they have not had the disease. Please check which one applies to you:

Name of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ I have had Chicken Pox

\_\_\_\_\_ I have had the Varicella (Chicken Pox) vaccine

\_\_\_\_\_ I have proof of immunity

\_\_\_\_\_ I have never had Chicken Pox or the Varicella vaccine

(Central Office Personnel Only)

\*Submit a copy to Nurse Leader

FyI  
please keep!

**GATEWAY REGIONAL SCHOOL DISTRICT  
POLICY ON SEXUAL HARASSMENT**

**Written and edited by:**

**Carol Doss  
Sue Everett  
Jeff Fisk  
Margery Gerard  
Jan Gormley  
Darlene Grady  
Jim Hughes  
Nancy Marek  
Ron Peloquin  
Dawn Piers-Gamble  
Gerrie Richards  
Nancy Shutt  
Sue Ulrich  
Richard White  
Gail Ziemba  
John Zmud**

**May 1996**

***Approved by Gateway Regional School District School Committee  
July 1996***

## **GATEWAY REGIONAL SCHOOL DISTRICT POLICY ON SEXUAL HARASSMENT**

### **POLICY**

It is the policy of the Gateway Regional School District to maintain a learning and working environment free from sexual harassment. No employee or student will be subjected to sexual harassment (as defined by Title VII of the 1964 Civil Rights Act and/or by Title IX of the 1972 Education Act).

It will be a violation of this policy for any student or staff member to harass another student or staff member through contact or communication as defined below.

### **DEFINITION**

Sexual harassment is defined as any unwelcome advance, request, or conduct which has the purpose or effect of unreasonably interfering with an individual's right to live and learn in an environment void of intimidating, hostile, humiliating, or sexually offensive behavior.

This definition applies to explicit or implicit sexual harassment occurring within the school environment between student to student, staff to student, student to staff, or staff to staff.

### **IDENTIFICATION OF BEHAVIORS AND ACTIVITIES AS DEFINED**

- Repeated remarks or written comments with sexual or demeaning implications
- Subtle or direct pressure for sexual activity
- Unwelcome touching or physical contact
- Suggestions or demands for sexual involvement accompanied by implied or explicit threats concerning one's performance evaluation or grade as a student
- Nonverbal sexual intimidation

## **Policy on Sexual Harassment**

### **COMPLAINT/INVESTIGATION PROCEDURE**

**This procedure applies to all Gateway faculty, employees and students.**

**Any student, employee or individual on school property who believes that he or she has been subjected to sexual harassment should make a complaint to the building principal or designee(s) so that appropriate action may be taken.**

**All employees are charged with the responsibility of discouraging any sexually harassing behaviors within their areas of supervision or assignment. This includes discussing the incident with the individual(s) involved and/or reporting the activity to the appropriate person.**

**Complaints will be investigated promptly, and corrective action will be taken where appropriate. No person will suffer retaliation or intimidation as a result of using the internal complaint procedure.**

#### **Informal Process**

**All reasonable efforts shall be made by the principal or designee(s) to reach a settlement between the parties. Should this process prove to be unsuccessful, a formal written complaint may be filed by the complainant.**

#### **Formal Process**

**The complaint will state clearly and concisely the complainant's description of the incident, and he/she will also indicate any remedy sought. The complaint must be signed by the complainant. The principal's office will send the respondent a copy of the complaint within three working days after it is received. A separate file system shall be maintained as to all matters relating to the complaint. Confidentiality shall be respected to the extent possible.**

**The respondent will be given an opportunity within three working days to respond in writing. If a statement is given, it should contain full and specific references to each claim in the complaint admitting, denying or explaining the complainant's allegations. The respondent must sign his or her statement which will then be**

## **Policy on Sexual Harassment**

appended to the original complaint. Within three working days, the principal's or investigator's office will forward any and all statements to the complainant and the respondent.

There will be two modes of resolution for formal complaints. A complaint may be settled through (1) mediation or (2) a hearing.

**Mediation:** The principal or designee(s) shall act as the mediator at this session. If the complainant and respondent agree to pursue mediation, a date mutually acceptable to both parties will be set within five working days. If the mediation results in a mutually acceptable agreement, copies of the agreement will be forwarded to both parties. If the mediation does not result in an agreement or if mediation is not requested, the case will be scheduled for hearing before the Superintendent.

**Hearing:** When a hearing is requested by either the complainant or respondent, the principal or designee(s) will inform the school committee; and the case will be heard as soon as reasonably possible.

The Superintendent, building principal or designee(s) will act as the presiding officer(s) of the hearing and may have counsel present for purposes of assisting in the orderly conduct of the hearing and the questioning of witnesses.

The purpose of the hearing will be to determine whether the school system's policy on sexual harassment has been violated.

Both parties will be given a full and fair hearing which will be held in closed session. The proceeding, although formal, is not a court proceeding and will not be bound by the procedures and rules of evidence of a court of law.

If a criminal complaint has been filed, this process will be held in abeyance until the conclusion of the criminal proceedings.

### **Decision of the Superintendent, Principal or Designee(s)**

After all evidence, testimony, and written arguments have been presented, the Superintendent will determine whether the school system's policy on sexual harassment has been violated.

## **Policy on Sexual Harassment**

If the Superintendent, principal or designee(s) finds that the charge of violating the school system's policy on sexual harassment has been substantiated, he/she will prepare findings and will determine a penalty for the respondent and relief for the complainant.

The penalty should reflect the severity of the harassment. For students the penalties may include, but will not be limited to, any one or combination of the following:

- verbal admonition
- written warning placed in the respondent's student file
- suspension or expulsion (per Serious Offenses Policy)

For staff the penalties may include, but will not be limited to, any one or combination of the following:

- verbal admonition
- written warning placed in the respondent's personnel file
- probation
- suspension without pay
- demotion
- dismissal
- removal from administrative duties within a department
- professional counseling

Any penalty imposed upon an employee must be in accordance with State and Federal Law and/or any collective bargaining agreement.

The written decision will be forwarded to the complainant and the respondent no later than ten working days after completion of the hearing.

### **The School Committee**

If the complainant has allegedly been sexually harassed by a School Committee member or the Superintendent of Schools, the School Committee will hear the case rather than the Superintendent. The School Committee member charged with the violation will not be a voting member of the School Committee or be part of the deliberations resulting in the determination from the School Committee.

In the event the hearing occurs before the School Committee, the requirements of the Education Reform Act of 1993 and the Open Meeting Law will be observed.



ADDENDUM TO GATEWAY REGIONAL SCHOOL DISTRICT  
SEXUAL HARASSMENT POLICY/COMPLAINT PROCEDURE

The State and Federal Agencies Primarily Responsible For Processing Claims of Sexual Harassment are listed below. You may either call the Agency or write to them.

The Commonwealth of Massachusetts  
Commission Against Discrimination  
436 Dwight Street, Suite 315  
Springfield, MA 01103  
(413) 739-2145

Equal Employment Opportunity Commission  
1 Congress Street  
Boston, MA 02114  
(617) 565-3200