TOWN OF CARLISLE
PERSONNEL RECORD - FULL-TIME EMPLOYEE

TO BE COMPLETED BY THE EMPLOYEE:

NAME: _____
STREET: _____
CITY/STATE/ZIP CODE: _____
SOCIAL SECURITY NO.: _____
CELL PHONE: _____ DATE OF BIRTH:_____
LAND LINE PHONE: _____

TO BE COMPLETED BY TOWN TREASURER:

TAX FILING STATUS:
Single/Married No. of Allowances: _____
Additional Withholding: _____
Medicare: (mandatory.0145%): Yes:_____ Exempt:_____

I-9: On file: Yes:_____ No:_____
OBRA Mandatory: (7.5%)_____

Pension:
Pens1 (Teachers)_____ Pens 2 (Middlesex Retirement System)___
Ret30_____ Pen 30 _____ Group_____
Deduction %:_____ Deduction %: _____

Health Insurance:
On file: (circle one) Waiver Application
Provider Company: _____ (circle one) individual family
Effective date of coverage: _____
Biweekly premium: _____ Adjustment:_____
Continuation of coverage letter received: (COBRA) _____
Employee's Initials

Life Insurance
On file: (circle one) Waiver Application
Yes: _____ Effective date of coverage: _____
Biweekly premium: _____
Additional Life Insurance: _____
Dependent/Spouse insurance: _____

Long-term Disability: Waiver Application
Biweekly premium: _____

Direct Deposit:	Yes: _____	Not at this time:_____
Credit Union:	Yes: _____	Not at this time:_____
Police Union Dues:	Yes: _____	
Dispatcher Union Dues	Yes: _____	
Deferred Comp.	Yes: _____	Not at this time:_____
Annuity (403B)	Yes: _____	Not at this time:_____

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Department: _____ Title:_____
Employee No.: _____ Salary:_____ Hourly:_____
Rate of Pay: _____ Beginning date:_____

I have received a copy of the Town of Carlisle's Personnel Policy which includes Sexual Harassment Policy in the Workplace. _____
(Note: School Dept. employees will receive their information from the school)

I understand that I must make decisions regarding health and life insurance within 30 days of my date of hire. I further understand that I may change my decision on these matters during those 30 days.

I have reviewed the above information with the benefits administrator and have received a Continuation of Coverage Letter.

_____ _____
Employee's Signature Date