



NORTH ANDOVER PUBLIC SCHOOLS

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



New Employee Packet 2024-2025

PART-TIME

**Substitutes, 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!**



NORTH ANDOVER PUBLIC SCHOOLS

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



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.



NORTH ANDOVER PUBLIC SCHOOLS

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



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.i1enrollment.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.



NORTH ANDOVER PUBLIC SCHOOLS

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



**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)

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

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 ([IJOE-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 07/31/2026

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

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

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

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

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

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

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

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.		First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative
		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code	

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

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

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

*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.

Employee's Withholding Certificate

Department of the Treasury
Internal Revenue Service

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.

2024

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

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

Step 2: 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.

Multiple Jobs or Spouse Works Do only one of the following.

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

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

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

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

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

Step 5: Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Sign Here

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)
-----------------------	-----------------------------	--------------------------	--------------------------------------

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.

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

Employee Name _____ Employee ID# _____ SSN: _____

Employer Name North 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. 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



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 depositions 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



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-in-terest-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.



NORTH ANDOVER PUBLIC SCHOOLS

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



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>



NORTH ANDOVER PUBLIC SCHOOLS

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



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/hc8o04rnr3xqt7guzxc/NAPSPersonnelPolicy2009.pdf>



Participant Enrollment
Governmental 457(b) Plan

Massachusetts Deferred Compensation SMART Plan - Mandatory
OBRA

98966-02

Participant Information

Form fields for Last Name, First Name, MI, Address - Number & Street, City, State, Zip Code, Home Phone, Work Phone.

Form fields for Social Security Number, E-Mail Address, Marital Status (Married/Unmarried), Gender (Female/Male), Date of Birth, 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.

Statement Delivery - Participant quarterly statements are sent regular mail via the U.S. Postal Service.

Payroll Information

Form fields for Division Name, Division Number, and Representative.

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.

Table with 2 columns: INVESTMENT OPTION NAME and INVESTMENT OPTION CODE (Internal Use Only). Row 1: SMART Capital Preservation Fund, MELINC, 100%.

Last Name

First Name

M.I.

Social Security Number

98966-02

Number

Plan Beneficiary Designation

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

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

Primary Beneficiary

100.00%

% of Account Balance	Social Security Number	Primary Beneficiary Name	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

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

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.

Empower Retirement refers to the products and services offered in the retirement markets by Great-West Life & Annuity Insurance Company (GWL&A), Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: White Plains, NY; and their subsidiaries and affiliates. All trademarks, logos, service marks, and design elements used are owned by their respective owners and are used by permission.



NORTH ANDOVER PUBLIC SCHOOLS

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



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



NORTH ANDOVER PUBLIC SCHOOLS

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



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.munisservice.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 2024-2025

Check#	Date	Details
1	August 23, 2024	First paycheck of the school year (returning employees). Column change #1
2	September 6, 2024	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 20, 2024	
4	October 4, 2024	Longevity checks for teachers (Oct 6). New employee's first health insurance deduction (Nov 1 start). Longevity checks for TA's will be distributed on Oct 11.
5	October 18, 2024	
6	November 1, 2024	Fall coaching stipends
7	November 15, 2024	SKA staff stipends (1 of 2)
8	November 29, 2024	<u>3rd paycheck in the month</u> (no health & dental insurance or FSA/HSA deductions)
9	December 13, 2024	Stipends for activities, Column change #2. Dental insurance changes from open enrollment are reflected in deductions.
10	December 27, 2024	
11	January 10, 2025	FSA deductions begin for the new benefit year
12	January 24, 2025	
13	February 7, 2025	SKA staff stipends (2 of 2)
14	February 21, 2025	
15	March 7, 2025	Winter coaching stipends. Column change #3
16	March 21, 2025	403b match contributions
17	April 4, 2025	
18	April 18, 2025	SKA staff stipends (1 of 2)
19	May 2, 2025	Stipends for activities. Column change #4
20	May 16, 2025	
21	May 30, 2025	Last paycheck for 21-pay employees. Toileting stipends, program stipends and 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 13, 2025	SKA staff stipends (2 of 2)
23	June 27, 2025	
24	July 11, 2025	
25	July 25, 2025	
26	August 8, 2025	Last paycheck of 2024-2025 school year (26-week pay schedule)