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

New Employee Packet 2026-2027

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 onboarding 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 onboarding process much smoother when these are done first.

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

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

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Fax: 978-396-2956

North Andover Public Schools - New Hire Checklist

Part-Time/Temporary Assignments

Substitutes, Noon Attendants, Food Services, Community Programs, Stipends

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★ Background Checks/Eligibility Verification:

- CORI form with government-issued photo identification.
- Fingerprints done through IdentoGO or a suitability letter sent to hr@nak12.com
- Eligibility Verification (I-9) with required documents

★ Payroll/Tax Documents

- Federal Tax Form (W-4)
- State Tax Form (M-4)
- Social Security Statement (SSA-1945)
- Direct Deposit form with a form of backup. (This can be a voided check, a form directly from the bank, or a screenshot of your account and routing number from a mobile banking app.
- OBRA Retirement 457(b) Enrollment Form. (Please note: this form has to be completed with at least one beneficiary, and it must include their SSN.)
  Massachusetts Deferred Compensation SMART Plan - Mandatory OBRA informative links:
  - https://mass-smart.empower-retirement.com/participant/#/articles/Massachusetts/OBRA
  - https://docs.empower.com/EE/Massachusetts/DOCS/OBRA-Plan-Highlights.pdf

★ Trainings and Acknowledgements

- Conflicts of Interest Training Acknowledgement
- Ethics & Conflict of Interest Portal
- North Andover Public Schools Employee Handbook

★ Documents to bring to your onboarding meeting:

- Passport
- Driver's License/Real ID
- Social Security Card or Birth Certificate
- Backup for your direct deposit

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BACKGROUND CHECKS

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

Your official start date is contingent upon the school department receiving satisfactory CORI and fingerprint results.

Prior to the start of your employment, Human Resources must receive confirmation from MorphoTrust-Identogo that you have been fingerprinted at an authorized facility.

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 a national criminal background check.

★ **FINGERPRINT REGISTRATION STEPS AND INFORMATION:**
- REGISTER: Go to https://ma.state.identogo.com/
- In-State Digital Fingerprinting Services
- Select your agency/sector & fingerprint reason - Pre-K-12th Grade Education (ESE)
- Enter **Provider ID: 02110000**

★ **FEES:**
- $55 for licensed educators & specialists
- $35 for non-license holders (admin assistants, cafeteria workers, custodians, bus drivers, TA's, etc.)

SIGNATURE ON NEXT PAGE ------»

Information for those who have been fingerprinted for another school district in Massachusetts within the last 7 years can also be found on the next page.

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If you have had your fingerprints checked for a previous employer (school districts only), please request that a letter of suitability be sent to NAPS, Human Resources (hr@nak12.com).

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 resubmit to fingerprint-based state and national criminal history checks once their employer has deemed them suitable for employment.

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CORI ACKNOWLEDGMENT FORM
CRIMINAL OFFENDER RECORD INFORMATION

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

☐ Employee ☐ Volunteer ☐ Coach ☐ 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 _____

Phone Number _____ Email Address _____

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 with 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 agree to comply with the North Andover School Committee policy attached and/or linked here (IOC-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 _____

AUTHORIZED EMPLOYEE VERIFYING IDENTITY: SIGNATURE ON NEXT PAGE ------»

Authorized Office Use Only:

The identity of the person listed above was verified by reviewing the following form(s) of government-issued photographic identification: select one and attach a copy:

☐ Driver's License ☐ State-Issued ID ☐ US Passport

_____ _____

Printed Name Building

_____ _____

Signature Date

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

IJOC-E

VOLUNTEER ACKNOWLEDGMENT

I understand that as a volunteer in North Andover Public Schools, all student and staff information is confidential. I agree not to access, review, disclose, or use confidential student or staff information without specific authorization from a school administrator. I also understand that even when I am no longer a volunteer with North Andover Public Schools, any confidential information I have learned must continue to be kept confidential. I understand that any breach of these confidentiality requirements will result in immediate termination as a volunteer and may result in legal action against me.

I understand that I must comply with all of the North Andover Public Schools Committee policies and school rules applicable to school staff, as well as all direction from school administrators and staff while serving as a volunteer. I further understand that my authorization to serve as a volunteer may be terminated at the discretion of the Superintendent and school principal at any time if they determine it is in the best interests of the school or the students.

I understand that as a condition of volunteer service, the North Andover Public Schools District is required by law to obtain Criminal Offender Record Information for any volunteer who may have direct and unmonitored contact with children.

_____ _____

Signature Date

CROSS REFERENCE: SOURCE: MASC
CROSS REFERENCES:
ADDA-C.O.R.I. REQUIREMENTS ADDA-R, ADDA-E-1, ADDA-E-2, ADDA-E-3 -
REVISED 1/9/14

Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No.1615-0047

Expires 05/31/2027

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

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.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See Instructions.)
- ☐ 3. A lawful permanent resident (Enter USCIS or A-Number.) _____
- ☐ 4. An alien 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)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Additional Information

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

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
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, sex, 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, sex, 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 an individual temporarily authorized to work for a specific employer because of his or her status or parole: **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 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.		**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 For examples, see **Section 7** and **Section 13** of the M-274 on **uscis.gov/i-9-central**. The Form I-766, Employment Authorization Document, is a List A, **Item Number 4.** document, not a List C document.
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		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		
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				

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.
For receipt validity dates, see the M-274.

• 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	Receipt for a replacement of a lost, stolen, or damaged List B document.	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.

Massachusetts Department of Revenue

Form M-4

Massachusetts Employee's Withholding Exemption Certificate

Print full name | Social Security number

Home address

City/Town | 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. Enter "1" or, if you are age 65 or over or will be before next year, enter "2" **1**

2 If married and if exemption for spouse is allowed, enter "4" in line 2. If your spouse is age 65 or over or will be before next year and if otherwise qualified, enter "5." See Instruction C below **2**

3 Enter the number of qualified dependents. See Instruction D below **3**

4 Total number of withholding exemptions. Add lines 1 through 3 . . . . . **4**

5 Additional withholding per pay period under agreement with your employer **5**

A. ○ Fill in you will file as head of household.

B. ○ Fill in you are blind.

C. ○ Fill in your spouse if blind and not subject to withholding.

D. ○ Fill in 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 D is filled in.

General Information

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 withholdingg 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.

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

Signature | Date

Form **W-4**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0074

2026

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) ☐ **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.)

Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.

TIP: Consider using the estimator at *www.irs.gov/W4App* to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

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

Step 2: Multiple Jobs or Spouse Works

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

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for the 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 Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(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):

(a) Multiply the number of qualifying children under age 17 by $2,200 . . . . . **3(a)** $

(b) Multiply the number of other dependents by $500 . . . **3(b)** $

Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here . . . . . **3** $

Step 4: 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. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . **4(b)** $

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

Exempt from withholding

I claim exemption from withholding for 2026, and I certify that I meet **both** of the conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027 . ☐

Step 5: Sign Here

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

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

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)

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-4, such as legislation enacted after it was published, go to *www.irs.gov/FormW4*.

Purpose of Form

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

Exemption from withholding. You may claim exemption from withholding for 2026 if you meet both of the following conditions: you had no federal income tax liability in 2025 **and** you expect to have no federal income tax liability in 2026. You had no federal income tax liability in 2025 if (1) your total tax on line 24 on your 2025 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), 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 2026 tax return. To claim exemption from withholding, certify that you meet both of the conditions by checking the box in the *Exempt from withholding* section. 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 16, 2027.

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

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

1. Are submitting this form after the beginning of the year;

2. Expect to work only part of the year;

3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;

4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or

5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

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

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

Specific Instructions

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

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

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

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount of tax withheld 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 (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits. 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.

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 15, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain deductions. For additional eligibility requirements, see Pub. 501.

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 when you file your tax return.

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

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

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

1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 5. 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 5 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 5 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 (plus any other additional amount you want withheld) . . . . . **4** $

Step 4(b)—Deductions Worksheet *(Keep for your records.)*

See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

1 Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.

- **a** **Qualified tips.** If your total income is less than $150,000 ($300,000 if married filing jointly), enter an estimate of your qualified tips up to $25,000 . . . . . **1a** $
- **b** **Qualified overtime compensation.** If your total income is less than $150,000 ($300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to $12,500 ($25,000 if married filing jointly) of the "and-a-half" portion of time-and-a-half compensation . . . . . **1b** $
- **c** **Qualified passenger vehicle loan interest.** If your total income is less than $100,000 ($200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to $10,000 **1c** $

2 Add lines 1a, 1b, and 1c. Enter the result here . . . . . **2** $

3 **Seniors age 65 or older.** If your total income is less than $75,000 ($150,000 if married filing jointly):

- **a** Enter $6,000 if you are age 65 or older before the end of the year . . . . . **3a** $
- **b** Enter $6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment . . . . . **3b** $

4 Add lines 3a and 3b. Enter the result here . . . . . **4** $

5 Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information . . . . . **5** $

6 **Itemized deductions.** Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:

- **a** **Medical and dental expenses.** Enter expenses in excess of 7.5% (0.075) of your total income . **6a** $
- **b** **State and local taxes.** If your total income is less than $505,000 ($252,500 if married filing separately), enter state and local taxes paid up to $40,400 ($20,200 if married filing separately) . **6b** $
- **c** **Home mortgage interest.** If your home acquisition debt is less than $750,000 ($375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums) . . . . . **6c** $
- **d** **Gifts to charities.** Enter contributions in excess of 0.5% (0.005) of your total income . . . . **6d** $
- **e** **Other itemized deductions.** Enter the amount for other itemized deductions . . . . . **6e** $

7 Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here . . . . . **7** $

8 **Limitation on itemized deductions.**

- **a** Enter your total income . . . . . **8a** $
- **b** Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9 **8b** $

9 Enter:
- $768,700 if you're married filing jointly or a qualifying surviving spouse
- $640,600 if you're single or head of household
- $384,350 if you're married filing separately

. . . . . **9** $

10 If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here . . . . . **10** $

11 **Standard deduction.**

Enter:
- $32,200 if you're married filing jointly or a qualifying surviving spouse
- $24,150 if you're head of household
- $16,100 if you're single or married filing separately

. . . . . **11** $

12 **Cash gifts to charities.** If you take the standard deduction, enter cash contributions up to $1,000 ($2,000 if married filing jointly) . . . . . **12** $

13 Add lines 11 and 12. Enter the result here . . . . . **13** $

14 If line 10 is greater than line 13, subtract line 11 from line 10 and enter the result here. If line 13 is greater than line 10, enter the amount from line 12 . . . . . **14** $

15 Add lines 2, 4, 5, and 14. Enter the result here and in Step 4(b) of Form W-4 . . . . . **15** $

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	$480	$850	$850	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020
$10,000 - 19,999	0	480	1,480	1,850	2,050	2,220	2,220	2,220	2,220	2,220	2,220	2,620
$20,000 - 29,999	480	1,480	2,480	3,050	3,250	3,420	3,420	3,420	3,420	3,420	3,820	4,820
$30,000 - 39,999	850	1,850	3,050	3,620	3,820	3,990	3,990	3,990	3,990	4,390	5,390	6,390
$40,000 - 49,999	850	2,050	3,250	3,820	4,020	4,190	4,190	4,190	4,590	5,590	6,590	7,590
$50,000 - 59,999	1,020	2,220	3,420	3,990	4,190	4,360	4,360	4,760	5,760	6,760	7,760	8,760
$60,000 - 69,999	1,020	2,220	3,420	3,990	4,190	4,360	4,760	5,760	6,760	7,760	8,760	9,760
$70,000 - 79,999	1,020	2,220	3,420	3,990	4,190	4,760	5,760	6,760	7,760	8,760	9,760	10,760
$80,000 - 99,999	1,020	2,220	3,420	4,240	5,440	6,610	7,610	8,610	9,610	10,610	11,610	12,610
$100,000 - 149,999	1,870	4,070	6,270	7,840	9,040	10,210	11,210	12,210	13,210	14,210	15,360	16,560
$150,000 - 239,999	1,870	4,100	6,500	8,270	9,670	11,040	12,240	13,440	14,640	15,840	17,040	18,240
$240,000 - 319,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,780	14,980	16,180	17,380	18,580
$320,000 - 364,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,860	15,860	17,860	19,860	21,860
$365,000 - 524,999	2,720	5,920	9,390	12,260	14,760	17,230	19,530	21,830	24,130	26,430	28,730	31,030
$525,000 and over	3,140	6,840	10,540	13,610	16,310	18,980	21,480	23,980	26,480	28,980	31,480	33,990

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	$90	$850	$1,020	$1,020	$1,020	$1,070	$1,870	$1,870	$1,870	$1,870	$1,870	$1,970
$10,000 - 19,999	850	1,780	1,980	1,980	2,030	3,030	3,830	3,830	3,830	3,830	3,930	4,130
$20,000 - 29,999	1,020	1,980	2,180	2,230	3,230	4,230	5,030	5,030	5,030	5,130	5,330	5,530
$30,000 - 39,999	1,020	1,980	2,230	3,230	4,230	5,230	6,030	6,030	6,130	6,330	6,530	6,730
$40,000 - 59,999	1,020	2,880	4,080	5,080	6,080	7,080	7,950	8,150	8,350	8,550	8,750	8,950
$60,000 - 79,999	1,870	3,830	5,030	6,030	7,100	8,300	9,300	9,500	9,700	9,900	10,100	10,300
$80,000 - 99,999	1,870	3,830	5,100	6,300	7,500	8,700	9,700	9,900	10,100	10,300	10,500	10,700
$100,000 - 124,999	2,030	4,190	5,590	6,790	7,990	9,190	10,190	10,390	10,590	10,940	11,940	12,940
$125,000 - 149,999	2,040	4,200	5,600	6,800	8,000	9,200	10,200	10,950	11,950	12,950	13,950	14,950
$150,000 - 174,999	2,040	4,200	5,600	6,800	8,150	10,150	11,950	12,950	13,950	14,950	16,170	17,470
$175,000 - 199,999	2,040	4,200	6,150	8,150	10,150	12,150	13,950	15,020	16,320	17,620	18,920	20,220
$200,000 - 249,999	2,720	5,680	7,880	10,140	12,440	14,740	16,840	18,140	19,440	20,740	22,040	23,340
$250,000 - 449,999	2,970	6,230	8,730	11,030	13,330	15,630	17,730	19,030	20,330	21,630	22,930	24,240
$450,000 and over	3,140	6,600	9,300	11,800	14,300	16,800	19,100	20,600	22,100	23,600	25,100	26,610

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	$280	$850	$950	$1,020	$1,020	$1,020	$1,020	$1,560	$1,870	$1,870	$1,870
$10,000 - 19,999	280	1,280	1,950	2,150	2,220	2,220	2,220	2,760	3,760	4,070	4,070	4,210
$20,000 - 29,999	850	1,950	2,720	2,920	2,980	2,980	3,520	4,520	5,520	5,830	5,980	6,180
$30,000 - 39,999	950	2,150	2,920	3,120	3,180	3,720	4,720	5,720	6,720	7,180	7,380	7,580
$40,000 - 59,999	1,020	2,220	2,980	3,570	4,640	5,640	6,640	7,750	8,950	9,460	9,660	9,860
$60,000 - 79,999	1,020	2,610	4,370	5,570	6,640	7,750	8,950	10,150	11,350	11,860	12,060	12,260
$80,000 - 99,999	1,870	4,070	5,830	7,150	8,410	9,610	10,810	12,010	13,210	13,720	13,920	14,120
$100,000 - 124,999	1,870	4,270	6,230	7,630	8,900	10,100	11,300	12,500	13,700	14,210	14,720	15,720
$125,000 - 149,999	2,040	4,440	6,400	7,800	9,070	10,270	11,470	12,670	14,580	15,890	16,890	17,890
$150,000 - 174,999	2,040	4,440	6,400	7,800	9,070	10,580	12,580	14,580	16,580	17,890	18,890	20,170
$175,000 - 199,999	2,040	4,440	6,400	8,510	10,580	12,580	14,580	16,580	18,710	20,320	21,620	22,920
$200,000 - 249,999	2,720	5,920	8,680	10,900	13,270	15,570	17,870	20,170	22,470	24,080	25,380	26,680
$250,000 - 449,999	2,970	6,470	9,540	12,040	14,410	16,710	19,010	21,310	23,610	25,220	26,520	27,820
$450,000 and over	3,140	6,840	10,110	12,810	15,380	17,880	20,380	22,880	25,380	27,190	28,690	30,190

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#: 046-00-1245 _____

Your earnings from this job are not covered under Social Security (i.e., you will not pay Social Security taxes). This means that you will not earn credits for Social Security retirement or disability benefits in this job. If you retire or become disabled, and you are eligible for a Social Security benefit based on other work, your earnings from this job will not be used to compute your Social Security benefit. In addition, we will not consider these non-covered earnings for the future potential calculation of survivor benefits based on your earnings. Your earnings from this job are subject to Medicare taxes and will count for purposes of the Medicare program. For information on how you may qualify for Social Security benefits, visit www.ssa.gov.

For More Information

Social Security publications and additional information are available at www.ssa.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 and understand that my earnings from this job are not covered under Social Security and will not be used to determine eligibility to or the amount of my potential future Social Security Benefits.

Signature of Employee: _____

Date: _____

Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

The Social Security Protection Act of 2004, Pub. L. No. 108-203, Section 419 requires State and local government employers to provide a statement to employees hired January 1, 2005, or later in a job not covered under Social Security. Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers must use to meet the requirements of the law.

While the earlier version of the SSA-1945 discussed the effect of the Windfall Elimination Provision and/or Government Pension Offset on an employee's potential future benefits, the Social Security Fairness Act (SSFA) of 2023 enacted on January 5, 2025, eliminated the reduction of Social Security benefits under the Windfall Elimination Provision and/or Government Pension Offset for individuals entitled to certain pensions from work not covered by Social Security, starting January 2024. However, this did not remove the requirement for State and local government employers to provide a statement to employees hired January 1, 2005, or later in jobs not covered under Social Security. This version of SSA-1945 explains to an employee that non-covered earnings will not be used to determine eligibility to or calculate the amount of potential future benefits.

Employers must:

- Get the employee's signature on the form
- Give the signed statement and information page to the employee prior to the start of employment
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

A fillable, downloadable version of the SSA-1945 is available online at the Social Security website, www.ssa.gov/online/ssa-1945.pdf.

TOWN OF NORTH ANDOVER, MASSACHUSETTS
OFFICE OF TOWN ACCOUNTANT
120 MAIN STREET, NORTH ANDOVER, MASSACHUSETTS 01845
Telephone (978) 688-9520
FAX (978) 688-9556

TOWN OF NORTH ANDOVER, MA 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 request 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 the event that the Town of North Andover depo sits 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: _____

** ***EMAIL RECEIPT TO*** _____

PLEASE PRINT - CAN BE PERSONAL OR SCHOOL

Please use the check boxes provided. 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

☐ Checking ☐ Savings Account Number _____

ABA/Routing Number _____

I wish to deposit $ ____.____ or ☐ Entire Net Amount

2. Bank: Name/City/State: _____ ☐ ADD ☐ CHANGE ☐ REMOVE

☐ Checking ☐ Savings Account Number _____

ABA/Routing Number _____

I wish to deposit $ ____.____ or ☐ Entire Net Amount

3. Bank: Name/City/State: _____ ☐ ADD ☐ CHANGE ☐ REMOVE

☐ 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/204/Ethics-Conflict-of-Interest-Portal

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

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

NORTH ANDOVER PUBLIC SCHOOLS
566 Main Street
North Andover, MA 01845
Phone: 978-794-1503
Fax: 978-396-2956

Conflict of Interest Law Acknowledgement of Receipt

Conflict of Interest Law Acknowledgement Form

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

_____
Printed Date

_____ _____
Printed Full Name Signature

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

Link to Conflict of Interest Summary:
https://www.mass.gov/info-details/summary-of-the-conflict-of-interest-law-for-municipal-employees

NORTH ANDOVER PUBLIC SCHOOLS
566 Main Street
North Andover, MA 01845
Phone: 978-794-1503
Fax: 978-396-2956

Employee Handbook Acknowledgement of Receipt

Personnel Policy Handbook Acknowledgement Form

I understand that my signature below indicates that I have received a copy of the North Andover Public Schools 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 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

Link to Employee Handbook:
https://resources.finalsite.net/images/v1674241058/northandoverpublicschoolscom/hc8004rnr3xqt7guzjxc/NAPSEmployeeHandbook12-16-21.pdf

Quick Enrollment
Governmental 457(b) Plan

Massachusetts Deferred Compensation SMART Plan - Mandatory OBRA 98966-02

Participant Information

Last Name | First Name | MI

(The name provided MUST match the name on file with Service Provider.)

Social Security Number

Address - Number & Street

E-Mail Address

City | State | Zip Code

❑ Married ❑ Unmarried

❑ Female ❑ Male ❑ Nonbinary ❑ Unspecified

( ) Home Phone

( ) Work Phone

( ) Mobile Phone

Mo Day Year — Date of Birth

Mo Day Year — Date of Hire

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

Important Notice: Employees participating in the Massachusetts Deferred Compensation SMART Plan - OBRA Mandatory Plan (the Plan) must complete Social Security Form SSA-1945. The Plan has been designated as an alternative retirement system for part time employees not covered by their employers retirement system. If you have any questions regarding SSA-1945 or if you have not completed SSA-1945, please contact your employer.

Payroll Information

Employer/Division Name

Employer/Division Number

Plan Beneficiary Designation

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

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

Primary Beneficiary

100.00%

% of Account Balance | Social Security Number | Primary Beneficiary Name | Date of Birth

( ) Phone Number *(Optional)*

Relationship *(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)*

❑ Spouse ❑ Child ❑ Parent ❑ Grandchild ❑ Sibling ❑ My Estate ❑ A Trust ❑ Other ❑ Domestic Partner

Contingent Beneficiary

100.00%

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

( ) Phone Number *(Optional)*

Relationship *(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)*

❑ Spouse ❑ Child ❑ Parent ❑ Grandchild ❑ Sibling ❑ My Estate ❑ A Trust ❑ Other ❑ Domestic Partner

Investment Option: By signing this form, my contributions will be allocated to the Plan's default investment fund(s), SMART Capital Preservation Fund, without additional action by me. If I wish to contribute to any of the investment options of the Plan other than the default fund(s), I understand that I must contact my Plan Administrator or local representative to obtain a Participant Enrollment Form. I acknowledge that information about Plan investment options, including prospectuses, disclosure document and Fund Data sheets are available to me through my Plan Administrator or Plan Web site. I understand the risks of investing and that all payments and account values may not be guaranteed and may fluctuate in value.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I understand that I have the right to direct the investment of my account and that I can change my investment allocation from the Plan's default fund at any time by logging on to my account at www.mass-smart.com or by calling the Voice Response System at 1-877-457-1900.

My Account: 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 from 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 the notification forward and not on a retroactive basis.

Required Signature - By signing this form, I acknowledge that I have previously received detailed information about this Plan from my employer and understand that my participation in the Plan must be in compliance with the Plan Document and/or the Internal Revenue Code. Deferral agreements must be entered into prior to the first day of the month that the deferral will be made.

X _____ _____

Participant Signature Date

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

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

Uploaded electronically to:	**OR**	**Sent regular mail to:**	**OR**	**Sent express mail to:**
Login to account at **www.mass-smart.com** Click on *Upload Documents* to submit		Empower PO Box 173764 Denver, CO 80217-3764		Empower 8515 E. Orchard Road Greenwood Village, CO 80111

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

NORTH ANDOVER PUBLIC SCHOOLS
566 Main Street
North Andover, MA 01845
Phone: 978-794-1503
Fax: 978-396-2956

North Andover Public Schools utilizes the MUNIS Employee Self Service (ESS) Portal & Frontline Absence Management.

Employees can access the MUNIS Self Service Portal at:
https://northandoverma.munisselfservice.com/login.aspx
Please note that the ESS portal is not available right away for new hires; please allow 2 pay periods to pass before signing in for the first time.

Using the ESS Portal, employees can:

- 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 number(s)
- Add/View/Change emergency contact information
- Update State and Federal tax deductions

You can find a link to the ESS Portal in the NAPS bookmarks folder in the top left part of your Chrome browser. The direct link to the human resources department of our district website is:
https://www.northandoverpublicschools.com/departments/human-resources

LOGIN INFORMATION:
Username: lastnamefirstinitiallast4SSN (doej1234)
Password: last four digits of your SSN. *(You'll be prompted to change this after you log in for the first time.) Password must be at least 8 characters long with at least 1 number and 1 uppercase letter.*

Please note that the ESS portal is not available right away for new hires; please allow 2 pay periods to pass before signing in for the first time.

SUBSTITUTES will be able to access Frontline Absence Management once all of the onboarding is complete.

You will receive an invite to Frontline via email to create a username and password. It is recommended that you download the Frontline Absence Management mobile app that can be found in the Apple App Store/Google Play Store and turn on your push notifications to be notified when substitute jobs become available. The icon for the app will look like this:

North Andover Public Schools
2026-2027 Payroll Calendar

Check	Payroll Weeks	Date	Details
-	27-04	8/21/2026	Last paycheck of 2025-2026 school year (26-week pay schedule). School Committee Stipends; Admin Asst Vac Buy Back; Custodian Clothing Stipend
1	27-05	09/04/2026	1st paycheck of the school year (returning employees); Column change #1; Sick and personal day accruals updated (Frontline)
2	27-06	9/18/2026	1st paycheck new hires; Double health and dental deductions (new hires); Custodian Vacation Buy Back; School Committee Stipends
3	27-07	10/2/2026	Longevity checks for Admin Assts, Administrators & Non-Union Employees
-	SL 27-07	10/09/2026	Teachers & TA's Longevity (Off Cycle)
4	27-08	10/16/2026	School Committee Stipends
5	27-09	10/30/2026	3rd Payroll (No Health-Dental)
6	27-10	11/13/2026	Fall Coaching Stipends
7	27-11	11/27/2026	SKA staff Qtr 1 stipends; School Committee Stipends
8	27-12	12/11/2026	Extra-Curr, Advisors/Mentors & Academic Stipends 1/2; Column Change # 2; Dental insurance changes from open enrollment are reflected in deductions
9	27-13	12/24/2026	School Committee Stipends
10	27-14	1/8/2027	FSA deductions begin for the new benefit year
11	27-15	1/22/2027	School Committee Stipends
12	27-16	2/5/2027	SKA staff Qtr 2 stipends
13	27-17	2/19/2027	School Committee Stipends
14	27-18	3/5/2027	Winter coaching stipends; Column change #3
15	27-19	3/19/2027	403b match contributions; School Committee Stipends
16	27-20	4/2/2027	
17	27-21	4/16/2027	SKA staff Qtr 3 stipends; School Committee Stipends
18	27-22	4/30/2027	3rd Pay check of the month (No health or dental)
19	27-23	5/14/2027	Column Change #4; New Health Ins Rates for 21 pay employees
20	27-24	5/28/2027	School Committee Stipends
21	27-25	6/11/2027	Last paycheck for 21-pay employees; New FY Health Insurance Rates; Spring Coaches Stipend; Department Coordinators; TA Advisory Stipend $ 400.00 (HS); SKA staff Qtr 4 stipend
22	27-26	6/25/2027	Courier Stipend Custodians; School Committee Stipends; Cafe Attendance Incentive; Lump sum payments distributed
23	28-01	7/9/2027	First Pay FY 27. Custodian Longevity & Bi-Weekly Cell stipend starts; Administrators vacation buy-back
24	28-02	7/23/2027	School Committee Stipends
25	28-03	8/6/2027	
26	28-04	8/20/2027	Last paycheck of 2026-2027 school year (26-week pay schedule). School Committee Stipends; Custodian Clothing Stipend; Admin Asst Vacation Buy Back

Payroll Manager: Dawn Pendleton. pendletond@nak12.com
Administrative Assistant: Joanna Pham. phamj@nak12.com