



Dracut Public Schools New Employee Information Checklist

* Please use this checklist as a guide. Please provide the below documentation as it applies to the position you were hired for.

* Links to these forms are available by clicking below and also available within the new hire documents section of our website.

Mandatory For All Employees (regardless of position)

Copy of Driver's License

Copy of Social Security Card or Passport (unless social security is on Driver's License)

[Employment Verification Form \(I-9\) \(Section 1 only\)](#)

[W-4 Form](#)

[Direct Deposit Form](#)

[Conflict of Interest Law Certificate of Completion](#)

[Child Sexual Abuse Training Certificate of Completion](#)

[Social Security Statement](#)

This statement is to inform you that you will not be taking social security deduction from your paycheck. We will be taking Mass Teachers Retirement, Middlesex Retirement or OBRA instead

Mass Teachers Retirement Enrollment Form

The payroll clerk will Register you with MTRB. A notice with directions on how to enroll will be sent to you. Employee will then go on line and follow instructions. This will tell MTRB where the person is located and will help them apply money correctly. A copy of this transaction must be given to payroll when completed.

OR

[Middlesex Retirement Form \(non-teacher\)](#)

All full time personnel who do not belong to the MTRB, Paraprofessionals, custodians, secretaries, maintenance, cafeteria

OR

[OBRA Form](#)

For part-time personnel or coaches taken in place of social security

[Financial Policy \(only return signature page\)](#)

[Technology Acceptable Use Policy](#)

[Mandated Reporting \(Professional Staff\)](#)

[Mandated Reporting \(Non-Professional Staff\)](#)

Optional (Group Insurance Benefits)

* Health and Dental are paid one (1) month in advance

* All health/dental insurance are effective the 1st date of the month after your hire date.

For example: if your hire date is September 3rd, your health/dental will begin October 1

[Health Insurance Enrollment Form](#)

HMO Blue New England (Network Blue New England)

HMO Blue Select (Network Blue Select)

Blue Care Elect (PPO)

Birth Certificates (**Required for Family Plans**)

Marriage Certificate (**Required for Family Plans**)

[Dental Insurance Enrollment Form](#)

[Eye Med Enrollment Form](#)

[Life Insurance Form \(\\$10,000\)](#)

[Cafeteria 125 Plan Form](#)

In enrolling in health and life insurance will be deducted from salary before money is taxed.

[21 or 26 Payroll Option](#)

Offered to MTRS members, Cafeteria Employees or Paraprofessionals