



DRACUT PUBLIC SCHOOLS Office of Student Services

2063 Lakeview Avenue
Dracut, MA. 01826
Phone; (978) 957-4633 Fax; (978) 957-9706

Steven Stone
Superintendent of Schools

Kimberly Lawrence
Director of Student Services

Substitute Nurse Application

Day to day on Call substitute Nurse

Please see the list below of documents and required items needed to submit application. Once the packet is complete please return to the Student Services office.

- a valid driver's license
- social security card
- proof of bachelor's/master's degree
- Registered Nursing License

Additional paperwork will need to be completed and processed before employment can begin.

- Employment eligibility verification form
- W-4
- Criminal Offenders Report (C.O.R.I)
- Fingerprint based criminal background check
- Direct Deposit form with a voided check attached.
- I-9 form
- Technology form
- Financial policy certification
- 457 Plan form
- Social Security Administration form
- 51 Mandated Training (please provide the certification of completion with application)

The Dracut Public Schools is a proud member of the Community of Caring Character Education Family

The Town of Dracut is an Equal Opportunity/Affirmative Action Employer



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Substitute Nurse daily rate
Daily Rate \$155.00 Per
—

<u>SCHOOL</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>HOURS</u>
Dracut High School	1540 Lakeview Ave	957-957-1500	7:20a-1:50p
Richardson Middle	1570 Lakeview Ave	978-957-3330	7:15a-1:45p
Englesby Elementary	1580 Lakeview Ave	978-957-9745	8:30a-2:45p
Brookside Elementary	1560 Lakeview Ave	978-957-0716	8:30a-2:45p
Greenmont Elementary	37 Greenmont Ave	978-453-1797	8:30a-2:45p
Campbell Elementary	1021 Methuen St	978-459-6186	8:30a-2:45p

NOTICE OF DISCRIMINATION

The Dracut Public Schools does not discriminate on the basis of race, color, national origin, age, sex or handicap in admission to, access to, treatment in or employment in its programs and activities.

The following person has been designated to handle inquiries regarding the nondiscrimination policies.

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Dracut Public Schools

Substitute Nurse Application

Office of Curriculum, Instruction and Assessment

As you may know, on January 10, 2013, Governor Deval Patrick signed into law G.L. c. 459 Acts of 2012 [An Act Relative to Background Checks]. The law requires that all school employees submit to national fingerprint-based criminal background checks, in addition to state CORI checks. As a result, any employee who began working for the Dracut Public Schools on or after

July 1, 2013 must complete the new fingerprinting-based criminal background check no later than September 3, 2014 as a condition of continued employment.

The State Applicant Fingerprint Identification System (SAFIS) Morpho Trust USA Identogo registration website is now scheduling fingerprinting appointments at various "Identogo enrollment centers" located throughout Massachusetts. Registration guides and a list of Identogo enrollment centers can be accessed at <http://www.identogo.com/FP/Massachusetts.aspx>. The SAFIS Registration Guide for PreK-12th Grade Education (ESE) and SAFIS Form 004: How to Change, Correct or Update Your National Criminal History Record Response is available by clicking on Forms and Links.

- You may schedule your fingerprinting appointment online at:
<http://www.identogo.com/FP/Massachusetts.aspx> (or by phone at 866-349-8130).
- Click the **Online Scheduling** link.
- You will be required to provide the Dracut Public Public Schools ESE Organization Code **00790000**
- The fee associated with fingerprinting is \$55 for licensed educators and \$35 for all other school personnel. Online payment options include credit cards and e-Checks.
- Upon completion of your registration, you will receive a Registration Confirmation Number which must be brought to your fingerprinting appointment.
- You are also required to bring an acceptable form of identification to your appointment.

Fingerprints will not be taken without acceptable identification presented at your fingerprinting appointment. A valid, unexpired driver's license from any US state or territory is acceptable. Alternate forms of acceptable identification are listed in the Registration Guide.

At the conclusion of your appointment, you will be provided with a fingerprint receipt. A copy of this receipt **MUST** be returned to Cynthia Curtis, Secretary to the Superintendent of Schools, in order to confirm that fingerprints were captured.



Dracut Public Schools
Substitute Nurse Application
Office of Curriculum, Instruction and Assessment

Reason for CORI: _____
(volunteer, substitute, prospective employee, current employee, coach, contractor, etc.)

School Name or Department: _____

Last Name First Name Middle Initial Suffix

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

Date of Birth _____ Place of Birth: _____
Month/Day/Year (xx-xx-xxxx) (City and State)

Last six digits of Social Security Number (**REQUIRED**): _____ - _____

Gender: _____ Race: _____ Height: _____ ft _____ in Eye Color: _____

Current Address: _____
(Street Number and Name) City/Town, State and Zip

Former Address: _____
(Street Number and Name) City/Town, State and Zip

Driver's License or ID Number: _____ State of Issue: _____
A copy of driver's license or photographic identification is required to be submitted with application

Father's Full Name: _____
Last Name First Name

Mother's Full Name: _____
Last Name First Name Maiden Name

The above information was verified by reviewing the following form(s) of government issued identification:

☐ MA Driver's License ☐ Passport ☐ Other: _____

Verified By: _____
(Name of verifying employee)



Dracut Public Schools
Substitute Nurse Application
Office of Curriculum, Instruction and Assessment

**Criminal Offender Record Information (CORI)
Acknowledgement Form**

The Dracut Public Schools is registered under the provisions of MGL c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Dracut Public Schools to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Dracut Public Schools with written notice of my intent to withdraw consent to a CORI check.

For employment, volunteer, and licensing purposes only, the Dracut Public Schools may conduct subsequent CORI checks within one year of the date this form is signed by me provided; however, that the Dracut Public Schools must first provide me with written notice of this check.

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

Signature: _____

Name: _____
(Please Print)

Date Signed: _____
(Month, Day, Year)



Dracut Public Schools
Substitute Nurse Application
Office of Curriculum, Instruction and Assessment

Full Name _____ Date _____
(First Name) (Middle Initial) (Last Name)

Address _____
(Street) (City/Town) (State) (Zip Code)

Best Contact Phone Number _____ Date of Birth _____
(Area Code)

Email Address _____

☐ Registered Nursing License

☐ Bachelor's (Proof of Degree Must Be Provided)

☐ Master's Degree (Proof of Degree Must Be Provided)

School, College or University _____

Degree _____ Year of Graduation _____

Certification Number _____ Date of Certification _____

Area of assignment desired _____

Are you a member of the Massachusetts Teacher Retirement System? ☐ Yes ☐ No

Please check all that apply

☐ Brookside Elementary (K-5)

☐ Englesby Elementary (K-5)

Days Available

☐ Monday

☐ Thursday

☐ Greenmont Avenue (K-5)

☐ Campbell Elementary (K-5)

☐ Tuesday

☐ Friday

☐ Richardson Middle School (6-8)

☐ Senior High School (9-12)

☐ Wednesday

Signature _____ Date _____

OFFICE USE ONLY

CORI Date _____ Fingerprinting Date _____

Alice Video _____ Handbook _____

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DRACUT PUBLIC SCHOOLS

2063 Lakeview Avenue
Dracut, MA. 01826
www.dracutps.org
Ph:(978) 957-2617 Fax:(978) 957-7435



Mr. Steven Stone
Superintendent of Schools

Mr. David S. Hill
Director of Curriculum, Instruction and Assessment

RE: Direct Deposit/Paperless Pay Checks

TO: All Substitutes of Dracut Public Schools,

Effective January 1, 2017 the Town of Dracut is instituting "Direct Deposit" and paperless for all pay checks.

Attached is a "Direct Deposit Form" to complete. On the bottom of this letter is where you provide your email address for you to enter into the Harpers Payroll so that you will be able to access the details of your pay check. For the Direct Deposit Form you must provide a "Voided Check".

The Direct Deposit Form and Email information is due PRIOR to being added to the available substitute list, in order for us to enter all the pertinent information into the Dracut Public Schools payroll system.

Thank you for your cooperation.

Substitute Name: _____

Phone# _____

Address: _____

Email Address: _____

OFFICE USE ONLY

Received _____

The Town of Dracut is an Equal Opportunity/Affirmative Action

TOWN OF DRACUT

ENROLLMENT FORM FOR DIRECT DEPOSIT

EMPLOYEE NAME: _____

EMPLOYEE SOCIAL SECURITY NUMBER: _____

XXX - XX - _____

HOME/CELL PHONE NUMBER: _____

TOWN DEPARTMENT: _____

OFFICE TELEPHONE NUMBER: _____

NAME OF FINANCIAL INSTITUTION: _____

ADDRESS OF FINANCIAL INSTITUTION: _____

DEPOSIT NET PAY INTO ONE BANK ACCOUNT:

CHECKING ACCOUNT

SAVING ACCOUNT

BANK ABA NUMBER:

ACCOUNT NUMBER:

DEPOSIT INTO MULTIPLE ACCOUNTS:

\$ _____ CHECKING ACCT #

ABA #:

\$ _____ CHECKING ACCT #

ABA #:

\$ _____ SAVINGS ACCT #

ABA #:

\$ _____ SAVINGS ACCT #

ABA #:

BALANCE OF NET PAY AFTER MULTIPLE DIRECT DEPOSITS:

CHECK ACCT #

ABA #:

SAVING ACCT #

ABA #:

EMPLOYEE SIGNATURE _____

DATE: _____

FOR CHECKING ACCOUNT DIRECT DEPOSITS:

****PLEASE ATTACH A VOIDED CHECK - FOR CHECKING ACCOUNT #**

FOR SAVINGS ACCOUNT DIRECT DEPOSITS:

****PLEASE ATTACH A BANK SLIP WITH ABA # & SAVING ACCOUNT #**

Employee's Withholding Certificate

OMB No. 1545-0074

► **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.**

2022

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 widow(er) <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, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2:
Multiple Jobs or Spouse Works

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

Do only one of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; 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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ► ☐

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

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 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 and you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 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 2022 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2023.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

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

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

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.

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

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



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

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include other tax credits for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2022 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay each pay period, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

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

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

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 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3. 1 \$ _____
- 2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a 2a \$ _____
 - b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b 2b \$ _____
 - c Add the amounts from lines 2a and 2b and enter the result on line 2c 2c \$ _____
- 3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. 3 _____
- 4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) 4 \$ _____

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

- 1 Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \bullet \$25,900 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$19,400 \text{ if you're head of household} \\ \bullet \$12,950 \text{ if you're single or married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information 4 \$ _____
- 5 Add lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 5 \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions 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 Widow(er)

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	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,220	2,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

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	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

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	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

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

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

Preparer and/or Translator Certification (check one):

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

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

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



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<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 a nonimmigrant alien authorized to work for a specific employer because of his or her status: <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 alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 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 		<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 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 	<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

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

Refer to the instructions for more information about acceptable receipts.

Dracut Public Schools Technology Acceptable Use Policy

The Dracut Public Schools encourages the use of information technology to assist staff and students with academic success, preparation for the workplace, and lifelong learning. The Dracut Public Schools provides access to a wide range of information technology to support learning and communicating with others. Information technology will be used to increase communication, enhance student engagement, and assist staff and students in acquiring new skills.

This Technology Acceptable Use Policy for the Dracut Public Schools has been created to provide the parents, students, and staff with a statement of purpose and explanation of the use of technology within the Dracut Public Schools learning community. This policy is reinforced by practice and acceptable use standards, and is required to be read before accessing the technology devices, digital resources, and network infrastructure of the Dracut Public Schools. Students and parents/guardians as well as all staff members of Dracut Public Schools must also read and sign the accompanying Statement of Responsibilities.

Definitions

“Technology devices, digital resources, and network infrastructure” are defined as the Dracut Public Schools’ network, the Internet, email, hardware, software, printers, peripheral devices, individual computer devices, and web-enabled devices.

“Information Technology” is defined as Internet access, blogging, podcasting, email, published and non-published documents, and various forms of multimedia technology.

“Educational use” is defined as a use that supports communication, research, teaching and learning. “Devices” refers to district owned/leased, staff owned devices, and student owned devices.

Children's Online Privacy Protection Act (COPPA)

Congress enacted the Children's Online Privacy Protection Act, 15 U.S.C. §6501, et seq. (COPPA) in 1998. COPPA required the Federal Trade Commission to issue and enforce regulations concerning children's online privacy. The Commission's original COPPA Rule became effective on April 21, 2000. The Commission issued an amended Rule on December 19, 2012 that became effective on July 1, 2013.

Dracut Public Schools works diligently to comply with COPPA requirements. Dracut Public Schools does not collect student personal information or transmit such information directly to online entities for the purpose of creating web based accounts. In cases of web based account creation, Dracut Public Schools will use an internal school district identification number to represent each student user.

Content Filtering

The Dracut Public Schools uses software and hardware designed to block access to certain sites and filter content as required by the Children's Internet Protection Act, 47 U.S.C. §254 (CIPA). Dracut Public Schools is aware that not all inappropriate information can be filtered and the district will make an effort to correct any

Adopted by Dracut School Committee August 11, 2014; Revised March 27, 2017

Technicians and computer system administrators maintain full access rights to all storage devices, and may need to access/manage such storage devices as part of their duties. Routine maintenance and monitoring of the system may lead to discovery that a user has or is violating the Dracut Public Schools' Technology Acceptable Use Policy, other school committee policies, state laws, or federal laws.

Search of particular files of a user shall be conducted if there is a reasonable suspicion that a user has violated the law or Dracut School Committee policies. The investigation will be reasonable and in the context of the nature of the alleged policy violation.

At any time and without prior notice, the administration reserves the right to monitor, inspect, copy, review, and store any and all usage of technology devices, digital resources, and network infrastructure, along with information technology as well as any information sent or received in connection with this usage. Staff and students should not have any expectation of privacy regarding such materials.

Consequences for Violation of Technology Policies

Use of the computer network and Internet is an integral part of research and class work, but abuse of this technology may result in loss of privileges. Those who use technology devices, digital resources, and network infrastructure, along with information technology inappropriately, may lose their access privileges and may face additional disciplinary or legal action, including suspension or termination of employment.

Unacceptable Uses of Technology Resources (including but not limited to)

1. Interfering with the normal functioning of devices, computer systems, or computer networks;
2. Damaging or theft of devices, computer systems, or networks;
3. Accessing, modifying, or deleting files/data that do not belong to you;
4. Sending or publishing offensive or harassing messages/content;
5. Accessing dangerous information that, if acted upon, could cause damage or danger to others;
6. Giving your username or password to any other person, or using the username or password of someone else to access any part of the system; you are responsible for safeguarding your username and password and any access to the Dracut Public Schools using your username and password is your responsibility;
7. Sharing and/or distribution of passwords or using another student or faculty/staff;
8. Intentional viewing, downloading or distribution of inappropriate and/or offensive materials;
9. Gaining unauthorized access to computer and or telecommunications networks and resources;
10. Viewing, transmitting or downloading pornographic, obscene, vulgar and/or indecent materials;
11. Using obscene language, harassing, insulting or bullying others, posting of private or personal information about another person, spamming email, violating any federal or state law, local regulation or school committee policy;
12. Violating copyright laws and/or the district policy on plagiarism;
13. Copying software or applications on Dracut Public Schools' devices through any electronic means unless the particular licensing agreement in place for the software allows user distribution;
14. Intentionally wasting limited network or bandwidth resources;
15. IS. Destruction/vandalism of system software, applications, files, hardware, or other network resources;

Due Process

When possible, the Dracut Public Schools will seek to apply progressive discipline for violations of the district policy and signed Technology Acceptable Use Policy Statement of Responsibilities which may include revocation of the privilege of a user's access to technology devices, digital resources, and network infrastructure, along with information technology. Other appropriate disciplinary or legal action may be undertaken by the Dracut Public Schools administration, including suspension or termination of employment. The nature of investigations will be reasonable.

Dracut Public Schools Limitations of Liability

The Dracut Public Schools makes no warranties of any kind, implied or expressed, that the services and functions provided through the Dracut Public Schools' technology devices, digital resources and network infrastructure, along with information technology will be error free or without defect. The Dracut Public Schools will not be responsible for damages users may suffer, including but not limited to loss of data or interruption of service.

The Dracut Public Schools, along with any persons or organizations associated with the school department internet connectivity will not be liable for the actions of anyone connecting to the internet through the school network infrastructure. All users shall assume full liability, legal, financial or otherwise for their actions while connected to the internet. The Dracut Public Schools assumes no responsibility for any information or materials transferred or accessed from the internet.

Parents/Guardians should read this Dracut Public Schools' Technology Acceptable Use Policy. Parents/guardians should discuss the technology use responsibilities with their children. Questions and concerns can be forwarded to the Dracut Public Schools and appropriate offices.

Parents and guardians agree to accept financial responsibility for any expenses or damages incurred as a result their student's inappropriate or illegal activities on the Dracut Public Schools' network, including the use of district owned devices.

Implementation of this Policy

The Superintendent of Schools or his/her designee(s), shall develop and implement administrative regulations, procedures, terms and conditions for use and user agreement is consistent with the purposes and mission of the Dracut Public Schools as well as with applicable laws and this policy.

Modification

The Dracut School Committee reserves the right to modify or change this policy and related implementation procedures at any time. Staff and students may be required to review the updated policy and sign a new Statement of Responsibilities.

**DRACUT PUBLIC SCHOOLS
EMPLOYEE STATEMENT OF RESPONSIBILITIES**

Staff Expectations

I have read, understand and will follow the Technology Acceptable Use Policy. I understand that access to Dracut Public Schools' technology resources and network is designed for educational purposes. If I violate the agreement, the consequences could include suspension of computer privileges and/or disciplinary action, including termination of employment. I also understand the school network and email accounts are owned by Dracut Public Schools and that Dracut Public Schools has the right to access any of the information used through the mediums provided through the school at any time. I expressly waive any right of privacy I have in anything created, stored, sent, or received on Dracut Public Schools' technology resources or network.

Staff name (please print)

Department/School Location

Staff Signature

Date

Staff Device Delivery, Access, and Use Statement

Please be aware that all documents, photographs, movies, and data must be saved to cloud services such as Google Drive and Dropbox. When staff laptop computer devices require service devices may be picked up and exchanged. Staff may not have the opportunity to save or transfer local data upon the exchange.

Staff name (please print)

Staff Signature

Date

TOWN OF DRACUT

Treasurer's Office

Procurement Policy

All requirements set forth in M.G.L., Chapter 30B of the Uniform Procurement Act shall be followed. Section 16 of Chapter 30B shall not apply to the acquisition by the Town of real property or an interest therein, for the purposes of community preservation and upon recommendation of the Community Preservation Committee.

Fraud Policy

Introduction:

The Town of Dracut is committed to its duty to ensure effective stewardship of public money and other assets and resources for which we are responsible. It is the policy of the Town of Dracut to prevent and deter all forms of fraud that could threaten the security of our assets or our reputation. The Town is committed to the prevention, detection, investigation and corrective action relative to fraud.

What is Fraud?

Fraud is a violation of trust that is defined as a deception deliberately practiced to secure unfair or unlawful gain. The term includes but is not limited to such acts as deception, bribery, forgery, extortion, theft, embezzlement, misappropriation of money or assets, false representation, the concealment of material facts relating to any of the above and collusion or conspiracy to commit any or all of the above.

What to do if you suspect fraudulent activity:

The Town recognizes there may only be a suspicion of fraud - thus any concerns should be reported to the Town Accountant. If the concern involves the Accountant, any concerns should be reported to the Town Manager. The Town Accountant has the primary responsibility for the investigation of all suspected fraudulent acts as defined in the policy. The Town Accountant will alert the Town Manager of any suspected fraudulent activities.

Actions:

All cases of suspected fraud will be investigated and appropriate action will be taken.

Applicability

This Policy applies to all elected and appointed officials of the Town of Dracut.

will involve the Finance Director, Town Counsel and Human Resource Director. The Finance Committee and others within Human Resources, Legal, or management as deemed appropriate will be notified. The Town Manager will notify the Board of Selectmen.

Any employee who has knowledge of an occurrence of fraudulent conduct, or has reason to suspect that a fraud has occurred, shall immediately notify The Town Accountant. In cases where the employee has reason to believe the Town Accountant may be involved, the employee shall immediately notify the Town Manager unless the Town Manager is also believed to be involved, and then the Chairman of the Board of Selectmen.

All department heads or individuals, upon discovery of any violation of this policy, must notify the Town Accountant of the violation. If it is determined by the Town Accountant that corrective action may be provided for internally within the department, the department head or individual will notify the Town Accountant as to the steps taken to correct the violation.

Upon conclusion of the investigation, the results will be reported to the Town Manager. All significant findings will be reported to the Board of Selectmen. Where there are reasonable grounds to believe that a fraud may have occurred, the Town Accountant may report the incident to the appropriate authorities, which shall include the Board of Selectmen, in order to pursue appropriate legal remedies. The Town Accountant will pursue every reasonable effort to obtain recovery of the assets.

Confidentiality

All participants and all persons questioned in a fraud investigation shall keep the details and results of the investigation confidential so as not to violate an individual's expectation of privacy.

Investigation

Upon notification or discovery of a suspected fraud, the Town Accountant shall immediately investigate the fraud. The Town Accountant will make every reasonable effort to keep the investigation confidential.

When deemed necessary, the Town Accountant shall coordinate the investigation with the Finance Director, outside auditors and/or the appropriate law enforcement officials. Legal counsel will be involved in the process, as deemed appropriate.

It should be noted that there may be certain instances of fraud that will be handled in the normal course of operations that will not result in a separate "investigation" by the Town Accountant. For these cases, periodic communications will be made to the Town Accountant updating the Director of the cases noted and actions taken.

Security of Evidence

Once a suspected fraud is reported, immediate action to prevent the theft, alteration, or destruction of relevant records shall be initiated. Such actions may include, but are not

Treasurer's Receipt-The receipt issued by the Town Treasurer to departments, boards and commissions upon receipt of turnovers.

Policy

The policy for Petty Cash and the deposit of monies collected by departments is as follows:

Petty Cash is for the official business only, specifically the making of change to a customer or reimbursement of small amounts for items purchased by employees. Such reimbursements will be approved only upon presentation of the appropriate paid receipts. No employee shall use Petty Cash for personal business, even if the intent is to reimburse Petty Cash.

When a department has collections in cash, coin, checks or other negotiable instruments that total \$100.00 or more, a turnover should be made to the Town Treasurer. If a department has on hand collections less than \$100.00, the monies are to be turned over to the Treasurer, at a minimum, once a week.

Departmental collections not turned over daily are to be held in a location that is secure from potential fire and theft.

Collection of Monies

Departments shall issue all customers a pre-numbered receipt at the time of collection of monies.

- Departments shall properly identify all receipts for accounting purposes.

Cash Out

All departments, on a daily basis at a minimum, shall make an accounting of their cash drawer to assess if a turnover is required.

FINANCIAL POLICIES CERTIFICATION

I certify that I have received, read and understand the Procurement, Fraud and Receipt policies. I further certify that I will follow the requirements set forth in these policies.

Print Name

Signature

Department

Date



**Participant 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.)

Mailing Address

City State Zip Code

() ()
Home Phone Work Phone

☐ Check box if you prefer to receive quarterly account statements in Spanish.

Social Security Number

E-Mail Address

☐ Married ☐ Unmarried ☐ Female ☐ Male

Mo Day Year Mo Day Year

Date of Birth Date of Hire

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. The Plan has been designated as an alternative retirement system for part time employees not covered by their employers retirement system. The SSA-1945 explains the potential effects of the Windfall Elimination Provision and Government Pension Offset Provision under the Social Security law which may reduce the amount of your Social Security retirement or disability benefits, and/or benefits received by you as a spouse or an ex-spouse. If you have any questions regarding SSA-1945 or if you have not completed SSA-1945, please contact your employer.

Payroll Information

Town of Dracut
Division Name

To be completed by
Representative: P&D6971
Division Number

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. I will refer to the fund's prospectus and/or disclosure documents for more information.

INVESTMENT OPTION NAME

**INVESTMENT
OPTION CODE
(Internal Use Only)**

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	Date of Birth
()		Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)	
Phone Number (Optional)		<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other	
		<input type="checkbox"/> Domestic Partner	

Contingent Beneficiary**100.00%**

% of Account Balance	Social Security Number	Contingent Beneficiary Name	Date of Birth
()		Relationship (Required - If Relationship is not provided, request will be rejected and sent back for clarification.)	
Phone Number (Optional)		<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other	
		<input type="checkbox"/> Domestic Partner	

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

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

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

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

Employee Name _____ Employee ID# _____

Employer Name Dracut Public Schools Employer ID# _____

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 _____

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

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] 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. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse, surviving spouse, or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- 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.

Copies of the SSA-1945 are available online at the Social Security website, www.socialsecurity.gov/online/ssa-1945.pdf. Paper copies can be requested by email at ofsm.oswm.rqct.orders@ssa.gov or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.



Please be advised that the Dracut Public Schools requires that all newly-hired staff members complete the following training programs:

- 51A Online Mandated Reporter Training
You may complete this training on the following website:
<http://51a.middlesexcac.org>

- Child Sexual Abuse Training course
You may complete this training on the following website:
<https://elearning.enoughabuse.org/products/enough-preventing-child-sexual-abuse-in-my-school-dracut-2022-2023>
 - Click the green “register” button in the right-hand corner
 - Click the “Create an Account” button above your cart
 - Fill out the required fields and click “Submit”. The next page will open the course

- Conflict of Interest Law Mandated Training
You may complete this training by visiting the following website:
www.muniprogram.state.ma.us

Upon completion of these training programs, please provide copies of your certificates of completion to the Office of the Superintendent. This training must be done before your start date.

Thank you for your cooperation.