

ELECTION WORKERS ONBOARDING CHECKLIST

Name: _____ Date: _____

Please check off each box as completed and submitted. Return this form with required documents.

1. Photocopy of your unexpired MA Driver's License OR MA ID Card OR Military Card.
2. Photocopy of your Social Security Card.
3. Photocopy of your U.S. Passport. If you do not have a valid U.S. Passport, you may provide a photocopy of your Social Security Card OR Birth Certificate*. (If you do not have access to a copy machine, please bring the required identification documents to the City Clerk's Office and we will make copies for you).

*If you were born in Fitchburg, you do not need to provide us with a copy of your birth certificate. We will have this on record. **If you were born in Fitchburg, MA, please indicate by filling out the requested information below:**

Name at Birth: _____
Date of Birth: _____
Mother's Name: _____
Father's Name: _____

3. City of Fitchburg Employment Application
4. Criminal Offender Record Information (CORI) Acknowledgement Form.
5. CORI Subject Information Form – TOP HALF ONLY. Do not write below the line entitled "Subject Verification"
6. Employee Data Form
7. W-4 (Please note, you may complete any section of the W-4 you wish, however, the only required sections for submission are Step 1, entitled "Enter Personal Information" and Step 5, entitled "Sign Here".
8. M-4 Please complete this form. Otherwise Massachusetts income taxes will be held from your wages without exemptions.
9. Employee Eligibility Verification Form (Form I-9)
10. Massachusetts DOR – New Hire/Independent Contractor Reporting Form
11. Acknowledgment Form of Receipt of Policies (Enclosed you will find copies of the City of Fitchburg's Harassment, Discrimination and Sexual Harassment Policy and Drug and Alcohol Policy for your review. Please keep these copies for your reference. Only the Acknowledgment Form should be returned to our office).
12. Conflict of Interest Training and Acknowledgment for Municipal Employees.

CITY OF FITCHBURG

List of Polling Places

<u>WARD</u>	<u>PRECINCT</u>	<u>LOCATION</u>	<u>ADDRESS</u>
Ward 1	Precinct A	South Street School	376 South St.
Ward 1	Precinct B	South Street School	376 South St.
Ward 2	Precinct A	Reingold Elementary School	70 Reingold Ave.
Ward 2	Precinct B	Reingold Elementary School	70 Reingold Ave.
Ward 3	Precinct A	Memorial Middle School	615 Rollstone St.
Ward 3	Precinct B	Memorial Middle School	615 Rollstone St.
Ward 4	Precinct A	Senior Citizens Center	14 Wallace Ave.
Ward 4	Precinct B	Senior Citizens Center	14 Wallace Ave.
Ward 5	Precinct A	Crocker Elementary School	200 Bigelow Rd.
Ward 5	Precinct B	Crocker Elementary School	200 Bigelow Rd.
Ward 6	Precinct A	St. Bernard's Activity Center	260 Summer St.
Ward 6	Precinct B	St. Bernard's Activity Center	260 Summer St.

Please complete the survey below:

1. Are you available to work Early Voting? YES _____ NO _____

If yes, do you have a preference on shift? A.M. _____ P.M. _____ Either _____

2. Please check any position(s) you would prefer:

Warden _____

Clerk _____

Check In Inspector _____

Inactive Voter Processor/Special Assistant _____

Automark/Ballot Box Assistance _____

Greeter _____

Translator _____

3. If there is a ward/precinct you would prefer to work, please indicate below.

Please note: we will do our best to accommodate your request, but may need to assign you to a different location based on availability and demand.

	<u>WARD</u>	<u>PRECINCT</u>	<u>LOCATION</u>
	Ward 1	Precinct A	South Street School
	Ward 1	Precinct B	South Street School
	Ward 2	Precinct A	Reingold Elementary School
	Ward 2	Precinct B	Reingold Elementary School
	Ward 3	Precinct A	Memorial Middle School
	Ward 3	Precinct B	Memorial Middle School
	Ward 4	Precinct A	Senior Citizens Center
	Ward 4	Precinct B	Senior Citizens Center
	Ward 5	Precinct A	Crocker Elementary School
	Ward 5	Precinct B	Crocker Elementary School
	Ward 6	Precinct A	St. Bernard's Activity Center
	Ward 6	Precinct B	St. Bernard's Activity Center

4. Please provide the following information for our records:

Name _____

Address _____

Home Phone Number _____ Cell Phone Number _____

Email _____

Political Designation: Democrat _____ Republican _____ Unenrolled _____



Employment Application Form

FITCHBURG

Massachusetts



Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #
City State ZIP Code

Phone: _____ E-mail Address: _____

Date Available: _____

Position Applied for: _____

Source of Advertisement: _____

Are you eligible to work in the United States? YES ☐ NO ☐ Employment Desired? Full Time ☐ Part Time ☐

Have you ever worked for this organization? YES ☐ NO ☐ Hours of work (per week) desired? _____

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain:

(Number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, and sentence(s) imposed)

Education

High School _____ Address: _____

Did you graduate? YES ☐ NO ☐ Degree: _____

College _____ Address: _____

Did you graduate? YES ☐ NO ☐ Degree: _____

Other _____ Address: _____

Did you graduate? YES ☐ NO ☐ Degree: _____

Please list any professional licenses, certifications or registrations you currently hold:

Previous Employment

Company: _____ **Phone:** _____
Address: _____ **Supervisor:** _____
Job Title: _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ **Phone:** _____
Address: _____ **Supervisor:** _____
Job Title: _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ **Phone:** _____
Address: _____ **Supervisor:** _____
Job Title: _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES ☐ NO ☐

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____

Are you a U.S. Veteran?

YES

☐

NO

☐

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone/Work: _____ Cell: _____

E-Mail Address: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone/Work: _____ Cell: _____

E-Mail Address: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone/Work: _____ Cell: _____

E-Mail Address: _____

Address: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge and that intentional misrepresentations or omissions may be cause for the rejection of my application and that if hired I may be released from employment.

I understand that the City of Fitchburg may require me to successfully complete a pre-employment drug and alcohol test as a condition of employment and that continued employment may be based on the successful completion of similar tests.

I understand that the City of Fitchburg may as part of the hiring process request an investigative consumer report from a third party entity or agency including information concerning my character, general reputation, criminal record, personal characteristics, credit records, and mode of living. I may make a written request to the City to provide me with additional information regarding the nature and scope of any such report.

I understand that employment with the City of Fitchburg is "at will" and nothing in the interview or hiring process, this application, or City of Fitchburg policies are intended to create an employment contract between myself and the City of Fitchburg. Employment may be terminated by either party at any time for any reason with or without notice.

Signature: _____ Date: _____



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



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

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

CITY OF FITCHBURG
(Organization) is registered under the provisions of M.G.L. 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 _____
CITY OF FITCHBURG
(Organization) 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 _____
CITY OF FITCHBURG
(Organization)

with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The _____
CITY OF FITCHBURG
(Organization) may conduct subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that _____
CITY OF FITCHBURG
(Organization), must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting. The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last SIX digits of Social Security Number: _____ -- _____

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

* Father's Full Name: _____

* Mother's Full Name (including Maiden Name): _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

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

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date



**City of Fitchburg
Payroll Action and
Employee Data Form**

Employee #:	EFFECTIVE DATE of Hire, Change or Annual Update:
Payroll Action Type Choose from dropdown:	
Leave of Absence Type Choose from Dropdown:	
Leave of Absence Dates:	From: To:

PERSONAL INFORMATION

Last Name		Suffix:	First Name		Middle Name:	Preferred Name:	
Date of Birth (MM/DD/YYYY): / /		I identify my gender as: Male Female		Marital Status: Single Married		Soc. Sec. #	Civil Service YES NO Veteran YES NO
Department		Position Title		Position Type	# Hours per Week	Location Code	Org/Object
Group/Contract/Classification		Grade Step		Rate		Rate Frequency	
Retirement Type:		New Hire Documentation attached, if any:		Birth Certificate Driver's License	Passport Soc. Sec. Card	Other Picture ID W - 4	Form DD214 (Veterans Only)

EMPLOYEE CONTACT INFORMATION				EMERGENCY CONTACT INFORMATION			
MAILING ADDRESS:				Name:			
				Address:			
(Number, Street)			Apt #	(Number, Street)			Apt. #
City	State	Zip Code		City	State	Zip Code	
Telephone: Home: () - Preferred: Cell: () - Cell Phone Carrier:				Telephone: Home: () - Preferred: Cell: () -			
PERSONAL E-MAIL ADDRESS:				RELATIONSHIP TO EMPLOYEE:			

DEMOGRAPHIC INFORMATION	
Hispanic or Latino YES NO	RACE: (select one or more): American Indian African American Caucasian Alaskan Native Asian Pacific Islander or Native Hawaiian

**SAVE
FORM**

PRINT

**CLEAR
FORM**

Department Head Name (Printed)

Department Head Signature

Date

Form Completed by: _____

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

2025

Step 1:
Enter
Personal
Information

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

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 (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

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

Step 3:
Claim
Dependent
and Other
Credits

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 \$

Multiply the number of other dependents by \$500.....\$

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here

3 \$

Step 4
(optional):
Other

(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) \$

Adjustments

(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 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 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 **and** you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), 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 2025 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 17, 2026.

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 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 2025 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. 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 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 2025 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:

{	• \$30,000 if you're married filing jointly or a qualifying surviving spouse	}	2	\$ _____
	• \$22,500 if you're head of household				
	• \$15,000 if you're single or married filing separately				

- 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 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	\$700	\$850	\$910	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	700	1,700	1,910	2,110	2,220	2,220	2,220	2,220	2,220	2,220	3,220
\$20,000 - 29,999	700	1,700	2,760	3,110	3,310	3,420	3,420	3,420	3,420	3,420	4,420	5,420
\$30,000 - 39,999	850	1,910	3,110	3,460	3,660	3,770	3,770	3,770	3,770	4,770	5,770	6,770
\$40,000 - 49,999	910	2,110	3,310	3,660	3,860	3,970	3,970	3,970	4,970	5,970	6,970	7,970
\$50,000 - 59,999	1,020	2,220	3,420	3,770	3,970	4,080	4,080	5,080	6,080	7,080	8,080	9,080
\$60,000 - 69,999	1,020	2,220	3,420	3,770	3,970	4,080	5,080	6,080	7,080	8,080	9,080	10,080
\$70,000 - 79,999	1,020	2,220	3,420	3,770	3,970	5,080	6,080	7,080	8,080	9,080	10,080	11,080
\$80,000 - 99,999	1,020	2,220	3,420	4,620	5,820	6,930	7,930	8,930	9,930	10,930	11,930	12,930
\$100,000 - 149,999	1,870	4,070	6,270	7,620	8,820	9,930	10,930	11,930	12,930	14,010	15,210	16,410
\$150,000 - 239,999	1,870	4,240	6,640	8,190	9,590	10,890	12,090	13,290	14,490	15,690	16,890	18,090
\$240,000 - 259,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$260,000 - 279,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$280,000 - 299,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$300,000 - 319,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,170	19,170
\$320,000 - 364,999	2,040	4,440	6,840	8,390	9,790	11,100	12,470	14,470	16,470	18,470	20,470	22,470
\$365,000 - 524,999	2,790	6,290	9,790	12,440	14,940	17,350	19,650	21,950	24,250	26,550	28,850	31,150
\$525,000 and over	3,140	6,840	10,540	13,390	16,090	18,700	21,200	23,700	26,200	28,700	31,200	33,700

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	\$200	\$850	\$1,020	\$1,020	\$1,020	\$1,370	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040
\$10,000 - 19,999	850	1,700	1,870	1,870	2,220	3,220	3,720	3,720	3,720	3,720	3,890	4,090
\$20,000 - 29,999	1,020	1,870	2,040	2,390	3,390	4,390	4,890	4,890	4,890	5,060	5,260	5,460
\$30,000 - 39,999	1,020	1,870	2,390	3,390	4,390	5,390	5,890	5,890	6,060	6,260	6,460	6,660
\$40,000 - 59,999	1,220	3,070	4,240	5,240	6,240	7,240	7,880	8,080	8,280	8,480	8,680	8,880
\$60,000 - 79,999	1,870	3,720	4,890	5,890	7,030	8,230	8,930	9,130	9,330	9,530	9,730	9,930
\$80,000 - 99,999	1,870	3,720	5,030	6,230	7,430	8,630	9,330	9,530	9,730	9,930	10,130	10,580
\$100,000 - 124,999	2,040	4,090	5,460	6,660	7,860	9,060	9,760	9,960	10,160	10,950	11,950	12,950
\$125,000 - 149,999	2,040	4,090	5,460	6,660	7,860	9,060	9,950	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,090	5,460	6,660	8,450	10,450	11,950	12,950	13,950	15,080	16,380	17,680
\$175,000 - 199,999	2,040	4,290	6,450	8,450	10,450	12,450	13,950	15,230	16,530	17,830	19,130	20,430
\$200,000 - 249,999	2,720	5,570	7,900	10,200	12,500	14,800	16,600	17,900	19,200	20,500	21,800	23,100
\$250,000 - 399,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$400,000 - 449,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$450,000 and over	3,140	6,490	9,160	11,660	14,160	16,660	18,660	20,160	21,660	23,160	24,660	26,160

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	\$450	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870	\$1,870	\$1,870	\$1,890
\$10,000 - 19,999	450	1,450	2,000	2,200	2,220	2,220	2,220	3,180	4,070	4,070	4,090	4,290
\$20,000 - 29,999	850	2,000	2,600	2,800	2,820	2,820	3,780	4,780	5,670	5,690	5,890	6,090
\$30,000 - 39,999	1,000	2,200	2,800	3,000	3,020	3,980	4,980	5,980	6,890	7,090	7,290	7,490
\$40,000 - 59,999	1,020	2,220	2,820	3,830	4,850	5,850	6,850	8,050	9,130	9,330	9,530	9,730
\$60,000 - 79,999	1,020	3,030	4,630	5,830	6,850	8,050	9,250	10,450	11,530	11,730	11,930	12,130
\$80,000 - 99,999	1,870	4,070	5,670	7,060	8,280	9,480	10,680	11,880	12,970	13,170	13,370	13,570
\$100,000 - 124,999	1,950	4,350	6,150	7,550	8,770	9,970	11,170	12,370	13,450	13,650	14,650	15,650
\$125,000 - 149,999	2,040	4,440	6,240	7,640	8,860	10,060	11,260	12,860	14,740	15,740	16,740	17,740
\$150,000 - 174,999	2,040	4,440	6,240	7,640	8,860	10,860	12,860	14,860	16,740	17,740	18,940	20,240
\$175,000 - 199,999	2,040	4,440	6,640	8,840	10,860	12,860	14,860	16,910	19,090	20,390	21,690	22,990
\$200,000 - 249,999	2,720	5,920	8,520	10,960	13,280	15,580	17,880	20,180	22,360	23,660	24,960	26,260
\$250,000 - 449,999	2,970	6,470	9,370	11,870	14,190	16,490	18,790	21,090	23,280	24,580	25,880	27,180
\$450,000 and over	3,140	6,840	9,940	12,640	15,160	17,660	20,160	22,660	25,050	26,550	28,050	29,550

FORM
M-4

MASSACHUSETTS EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Rev. 11/19



Print full name

Social Security no.

Print home address.....

City..... State..... Zip

Employee:

File this form with your employer. Otherwise, Massachusetts Income Taxes will be withheld from your wages without exemptions.

Employer:

Keep this certificate with your records. If the employee is believed to have claimed excessive exemptions, the Massachusetts Department of Revenue should be so advised.

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. Your personal exemption. Write the figure "1." If you are age 65 or over or will be before next year, write "2"
 2. If married and if exemption for spouse is allowed, write the figure "4." If your spouse is age 65 or over or will be before next year and if otherwise qualified, write "5." See Instruction C.
 3. Write the number of your qualified dependents. See Instruction D.
 4. Add the number of exemptions which you have claimed above and write the total.
 5. Additional withholding per pay period under agreement with employer \$
- A. ☐ Check if you will file as head of household on your tax return.
- B. ☐ Check if you are blind. C. ☐ Check if spouse is blind and not subject to withholding.
- D. ☐ Check if you are a full-time student engaged in seasonal, part-time or temporary employment whose estimated annual income will not exceed \$8,000.

EMPLOYER: DO NOT withhold if Box D is checked.

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

Date. Signed

THIS FORM MAY BE REPRODUCED

THE COMMONWEALTH OF MASSACHUSETTS, DEPARTMENT OF REVENUE

A. Number. The more exemptions you claim on this certificate, the less tax withheld from your employer. If you claim more exemptions than you are entitled to, civil and criminal penalties may be imposed. However, you may claim a smaller number of exemptions without penalty. If you do not file a certificate, your employer must withhold on the basis of no exemptions.

If you expect to owe more income tax than will be withheld, you may either claim a smaller number of exemptions or enter into an agreement with your employer to have additional amounts withheld.

You should claim the total number of exemptions to which you are entitled to prevent excessive overwithholding, unless you have a significant amount of other income. Underwithholding may result in owing additional taxes to the Commonwealth at the end of the year.

If you work for more than one employer at the same time, you must not claim any exemptions with employers other than your principal employer.

If you are married and if your spouse is subject to withholding, each may claim a personal exemption.

B. Changes. You may file a new certificate at any time if the number of exemptions increases. You must file a new certificate within 10 days if the number of exemptions previously claimed by you decreases. For example, if during the year your dependent son's income indicates that you will not

provide over half of his support for the year, you must file a new certificate.

C. Spouse. If your spouse is not working or if she or he is working but not claiming the personal exemption or the age 65 or over exemption, generally you may claim those exemptions in line 2. However, if you are planning to file separate annual tax returns, you should not claim 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.



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No.1615-0047

Expires 07/31/2026

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

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

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)		
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number	
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.):					
		<input type="checkbox"/> 1. A citizen of the United States					
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)					
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)					
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)					
		If you check Item Number 4. , enter one of these:					
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance	
Signature of Employee					Today's Date (mm/dd/yyyy)		

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

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

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority		Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A		LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity	AND 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, gender, 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, gender, 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	
Acceptable Receipts May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.			
<ul style="list-style-type: none">• Receipt for a replacement of a lost, stolen, or damaged List A document.• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.• Form I-94 with "RE" notation or refugee stamp issued to a refugee.	OR	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.



Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code



Massachusetts Department of Revenue

Form NHR

New Hire and Independent Contractor Reporting Form

Employee information

First name	Middle initial (optional)	Last name
Mailing address		
City/Town	State	Zip
Social Security number	Date of hire or reinstatement (mm/dd/yyyy)	

Employer information

Name of corporation	Account ID number		
City of Fitchburg	046-00-1388		
Payroll address	City/Town	State	Zip
718 Main Street Ste. 302	Fitchburg	MA	01420
Social Security number	Date of hire or reinstatement (mm/dd/yyyy)		

Important notice

Massachusetts regulations require employers with 25 or more employees to report their new hires and independent contractors at mass.gov/dor. Mail form to: **Massachusetts Department of Revenue, PO Box 55141, Boston, MA 02205-5141** or fax to (617) 376-3262.



CITY OF FITCHBURG

Department of Human Resources



Policy Name:	Harassment, Discrimination and Sexual Harassment	Policy Number:	20180118
Date Issued:	January 8, 2020	Effective Date:	January 13, 2020
<input type="checkbox"/> New <input checked="" type="checkbox"/> Amends <input type="checkbox"/> Rescinds			
Amends and/or Rescinds Policy #/dated: January 18, 2018			

I. General

It is the goal of the City of Fitchburg to promote a workplace that is free from harassment of any type, including but not limited to harassment of a discriminatory or sexual nature. The City of Fitchburg will not tolerate harassing conduct that affects employment conditions, that interferes with an individual's performance or that creates an intimidating, hostile or offensive work environment.

Harassment of employees occurring in the workplace or in other work related settings, is unlawful and will not be tolerated by the City of Fitchburg. Further, any retaliation against an individual who has made a complaint about harassment or retaliation against individuals for cooperating with an investigation of a harassment complaint is similarly unlawful and will not be tolerated. To achieve our goal of providing a workplace free from any type of harassment and retaliation, the City of Fitchburg is committed to following the procedures set forth below in the event of allegations of inappropriate conduct.

Because the City of Fitchburg takes allegations of harassment seriously, we will respond promptly to complaints of harassment. Where it is determined that such inappropriate conduct has occurred, the City of Fitchburg will act promptly to eliminate the conduct and impose such corrective action as necessary, including disciplinary action where appropriate.

While this policy sets forth our goals of promoting a workplace that is free of harassment, the policy is not designed or intended to limit the City of Fitchburg's authority to discipline or take remedial action for workplace conduct which we deem unacceptable, regardless of whether that conduct satisfies the definition of harassment.

II. Definitions

- A. Harassment** is defined as unwelcome conduct, whether verbal or physical, that is designed to threaten, intimidate or coerce an individual in the workplace. Harassment based on unlawful discrimination occurs when the conduct is based on a characteristic protected by law such as gender, race, color, national origin, ancestry, religion, age, disability, genetics, military status, sexual orientation, gender identity or participation in discrimination complaint related activities (retaliation).

Harassment includes, but is not limited to:

- Display or circulation of written materials or pictures that are degrading to a person or group as described above;
- Verbal abuse, slurs, derogatory comments or insults about, directed at or made in the presence of an individual or group as described above.

- B. Sexual harassment** is defined as unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature when:

- Submission to such conduct is made explicitly or implicitly a term or condition of an individual's employment;

Harassment, Discrimination and Sexual Harassment Policy, Definitions, Sexual Harassment, continued:

- Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or
- Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment;
- Direct or implied requests by a supervisor for sexual favors in exchange for actual or promised job benefits such as favorable performance reviews, salary increases, promotions, increased benefits or continued employment constitutes sexual harassment.

While the legal definition of sexual harassment is broad, other sexually-oriented conduct, in addition to the aforementioned examples, whether it is intended or not, that is unwelcome and has the effect of creating a work environment that is hostile, offensive, intimidating or humiliating to male or female workers may also constitute sexual harassment.

A. Examples of Sexual Harassment

While it is not possible to list all those additional circumstances that may constitute sexual harassment, the following are some examples of conduct which, if unwelcome, may constitute sexual harassment depending on the totality of the circumstances, including the severity of the conduct and its pervasiveness:

- Unwelcome sexual advances – whether they involve physical touching or not;
- Sexual epithets, jokes, written or oral references to sexual conduct, gossip regarding one's sex life; comment on an individual's body; comment about an individual's sexual activity, deficiencies or prowess;
- Displaying sexually suggestive objects, pictures, cartoons;
- Unwelcome leering, whistling, brushing against the body, sexual gestures, suggestive or insulting comments;
- Inquiries into one's sexual experiences;
- Discussion of one's sexual activities.

Sexual harassment can occur in a variety of circumstances, including but not limited to:

- The harasser can be the victim's supervisor, a supervisor in another department, division or area, an agent of the employer, co-worker or a someone who is not an employee of the employer, such as a client or customer;
- The victim does not have to be the person harassed but can be anyone affected by the offensive conduct;
- Unlawful harassment may occur without economic injury to, or discharge of, the victim.

The foregoing list is only meant to be illustrative and is not exhaustive. Further, all employees should take note that, as stated above, retaliation against an individual who has complained about sexual harassment and retaliation against individuals for cooperating with an investigation of a sexual harassment complaint is unlawful and will not be tolerated by the City of Fitchburg.

III. Complaint Procedure

If an employee believes that s/he has been subjected to harassment, sexual harassment, discrimination, retaliation or similarly abusive verbal or physical conduct which interferes with work performance or creates an intimidating, hostile or offensive work environment, the employee has the right and is encouraged to file a complaint. The complaint may be made in writing or verbally and should be filed with a City of Fitchburg Sexual Harassment Officer promptly following any incident of alleged harassment.

A. City of Fitchburg Sexual Harassment Officers

Susan A. Davis
 Director, Human Resources
 718 Main Street, Ste. 302
 Fitchburg, MA 01420
 978.829.1808
sdavis@fitchburgma.gov

Joanna Bilotta
 City Clerk
 718 Main Street, Ste. 108
 Fitchburg, MA 01420
 978.829.1821
jbilotta@fitchburgma.gov

If an employee cannot file a complaint comfortably because the alleged harasser is involved with the complaint procedure, the initial complaint should be made to the Mayor of the City of Fitchburg.

B. State and Federal Remedies

In addition to the above, if an employee believes that s/he has been subjected to unlawful harassment or discrimination or retaliation, the employee may file a formal complaint with either or both of the government agencies set forth below. Utilizing the City's complaint process neither prohibits an employee from filing a complaint with these agencies nor does the employee's decision not to utilize the City's complaint process prohibit the employee from filing a complaint with either of the agencies listed below. Any claims filed with these agencies must be done within a set period of time (EEOC – 30 days; MCAD – 300 days).

United States Equal Employment Opportunity Commission (EEOC)

John F. Kennedy Federal Building
 475 Government Center
 Boston, MA 02203
 Phone: 800.669.4000
 Fax: 617.565.3196

Massachusetts Commission Against Discrimination (MCAD)

Boston Headquarters
 One Ashburton Place, Suite 601
 Boston, MA 02108
 Phone: 617.994.6000



Worcester Office
 484 Main Street, Room 320
 Worcester, MA 01608
 Phone: 508.453.9630

When a complaint is received, the allegation will be promptly and thoroughly investigated in a fair and expeditious manner. The investigation will be conducted in such a way as to maintain confidentiality to the extent practicable under the circumstances. The investigation will normally include a private interview with the person filing the complaint and with any witnesses. The City will also interview the person alleged to have committed sexual harassment. When the investigation is completed, the City will, to the extent appropriate, inform both the person filing the complaint and the person alleged to have committed the conduct of the results of said investigation. If the investigation determines that sexual harassment has occurred, the City will act promptly to eliminate and remedy the offending conduct. Where it is appropriate, disciplinary action will be imposed, which may include termination of the offending employee.

D. Disciplinary Action

If it is determined that inappropriate conduct has occurred, the City will take immediate action to stop the offending conduct and, where appropriate, impose disciplinary action against the offending employee. Contingent upon the severity of the inappropriate conduct, such action may include counseling, formal reprimand, verbal or written warning, suspension or other formal sanctions up to and including termination of employment.



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CITY OF FITCHBURG ALCOHOL AND DRUG POLICY

I. GENERAL

This section applies to all employees of the City of Fitchburg whether or not they are also subject to the requirements of the [Omnibus Transportation Employee Testing Act of 1991](#).

The City of Fitchburg has a strong commitment to its employees to provide a safe work place and to establish programs promoting high standards of employee health. Consistent with the spirit and intent of this commitment, the City of Fitchburg has established this policy regarding drug and alcohol use or abuse. Quite simply, our goal will continue to be one of establishing and maintaining a work environment that is free from the effects of alcohol and drug use.

Employees of the City of Fitchburg are visible and active members of the communities where they live and work. They are inescapably identified with the City and are expected to represent it in a responsible and creditable fashion. The vast majority of our employees reflect credit upon themselves and the City of Fitchburg which they represent.

While the City of Fitchburg has no intention of intruding into the private lives of its employees, the City does expect employees to report for work in condition to perform their duties. The City recognizes that employee off-the-job as well as on-the-job involvement with drugs and alcohol can have an impact on the work place and on our ability to accomplish our goal of an alcohol and drug-free environment.

The following is the City of Fitchburg's policy:

1. The illegal use, sale or possession of narcotics, drugs, or controlled substances while on the job or on City property is an offense warranting discharge. Any illegal substances will be turned over to the appropriate law enforcement agency.
2. Employees who are under the influence of alcohol or narcotics, drugs or controlled substances, either on the job or when reporting for work, or who possess or consume alcohol during work hours, have the potential for interfering with their own, as well as their co-workers' safe and efficient job performance. Consistent with existing City of Fitchburg practices, such conditions will be proper cause for administrative action up to and including termination of employment.

CITY OF FITCHBURG ALCOHOL AND DRUG POLICY

City of Fitchburg policy, continued:

3. Off-the-job illegal drug activity which could adversely affect an employee's job performance or which could jeopardize the safety of other employees, the public, or City property or equipment is proper cause for administrative or disciplinary action up to and including termination of employment as additionally provided for in the Omnibus Transportation Act of 1991. In deciding what action to take, management will take into consideration the nature of the charges, the employee's present job assignment, the employee's record with the City and other factors relative to the impact of the employee's arrest upon the conduct of City business.
4. Some of the drugs which are illegal under federal, state or local laws include, among others, marijuana, heroin, hashish, cocaine, opioids, hallucinogens and/or depressants not prescribed for current personal treatment by a licensed physician.
5. Employees are expected to follow any directions of their health care provider concerning prescription medications, and must immediately notify their supervisor if any prescription drug is likely to have an impact on job performance. In addition, notification must be given at the time of any testing or screening as to any drugs or medicine being taken.

Any employee, while on City property or during that employee's work shift, including without limitation all breaks and meal periods, who consumes or uses, or is found to have in his or her personal possession, in his or her locker or desk or other repository, alcohol or drugs, which are not medically authorized, or is found to have used or to be using such alcohol or drugs, will be suspended immediately pending further investigation. If use or possession is substantiated, disciplinary action, up to and including discharge, will be imposed.

Any employee who voluntarily requests assistance in dealing with a personal drug addition or alcohol problem may participate in the Employee Assistance Program (EAP) without jeopardizing his or her continued employment with the City of Fitchburg. If an employee chooses to notify the City or request assistance from the City regarding an alcohol or drug problem, that notice or request will not jeopardize his or her continuing employment, provided the employee stops any and all involvement with the substance being abused, and maintains adequate job performance. While the EAP is a valuable source in dealing with personal problems, participation in the program will not prevent disciplinary action for a violation of this policy.

This statement is to clarify the City's operational stance and to provide for prompt effective reaction to any alcohol or drug related situation which has or could have any impact on operations. It does not alter in any way the policy of assisting employees in securing proper treatment or extending the coverage of the health benefits plan as indicated for problem drinking, alcoholism, or other drug dependencies.

II. OMNIBUS TRANSPORTATION EMPLOYEE TESTING ACT OF 1991: TESTING FOR DRUGS AND ALCOHOL

It is the policy of the City of Fitchburg to comply fully with the Rules issued by the U.S. Department of Transportation under the 1991 Omnibus Transportation Employee Testing Act dealing with limitations on alcohol and drug use by transportation workers, drug and alcohol testing of such workers and the reporting/record-keeping requirements relative to such testing. The Rules found at 49 C.F.R. s382.100 et seq. apply to all interstate and intrastate truck and motor coach operators, including but not limited to, school bus drivers and all City employees with commercial driver's licenses. (CDL's)

The following conduct is strictly prohibited:

1. Reporting for duty or remaining on duty requiring the performance of safety-sensitive functions with a breath/blood alcohol content of 0.04 percent (or higher)
2. Use of alcohol within the four (4) hours prior to performing a safety-sensitive function, such as driving
3. Use of alcohol on the job:
4. Use of alcohol during the eight (8) hours following an accident or until tested
5. Possession of any medication or food containing alcohol while driving a vehicle
6. Refusal to take a required test
7. Use of controlled substances on or off duty unless a doctor has prescribed the controlled substance and the doctor has informed the employee that the substance does not adversely affect the employee's ability to operate a vehicle safely

III. PROCEDURES-Alcohol and Drug Testing Pursuant to 49 C.F.R. s382.100 et seq.

A. Types of Required Tests

1. Pre-Placement Testing for Controlled Substances and Alcohol

All applicants for employment in covered positions, or candidates for transfer or promotion to such positions, as well as those covered employees returning from layoff, are subject to screening for use of alcohol or controlled substances.

All applicants who test positive for either drugs or alcohol will not be offered employment with the City of Fitchburg.

2. Post-Accident

All covered employees shall be tested after accidents where there has been a citation for a moving traffic violation, or there is a fatality even if the driver is not cited for a moving traffic violation. Tests for alcohol use shall be conducted within 2 hours, but in no case more than 8 hours of the accident, while tests for controlled substances shall be conducted within 32 hours of the accident. Employees must refrain from all alcohol and controlled substance use until the test is complete. Employees are obligated to cooperate in such testing or will be deemed to have refused. It is the employee's responsibility to make him/her available for testing. Generally, the employee will be accompanied to/from the testing site by a City of Fitchburg employee/supervisor.

3. Reasonable Suspicion

An employee shall be tested when a trained supervisor or manager observes behavior, speech, appearance or odor that leads to a reasonable suspicion that the employee has violated Number 1-7 of Section II of the guidelines or has been or is using controlled substances without a doctor's prescription. In the case of alcohol use, the observation shall be made during, preceding or after the workday. No such limitations are placed on observations for impermissible use of controlled substances. Tests for alcohol use shall be conducted within two (2) hours, but in no case more than eight (8) hours, after the

CITY OF FITCHBURG ALCOHOL AND DRUG POLICY

Required Tests, Reasonable Suspicion continued:

observation is made. If a test cannot be administered, the driver must be removed from performing safety-sensitive duties for at least 24 hours.

4. Random

Employees shall be tested for the use of alcohol and controlled substances on a random, unannounced basis just before, during or after performance of safety-sensitive functions for alcohol or at any time for controlled substances. Each year, the number of random alcohol tests conducted by the City must equal at least 25% of all covered employees. Random drug tests conducted by the City must equal at least 50% of all covered employees.

5. Return to Duty and Follow-Up

An employee who has violated the prohibited alcohol or drug standards shall be tested for alcohol and/or drug use prior to his/her return to performing safety-sensitive duties. Follow-up tests are unannounced and at least six (6) tests must be conducted in the first 12 months after an employee returns to duty. The City of Fitchburg agrees to bear the expense of the six (6) follow-up tests. Follow-up testing may be extended for up to 60 months following the return to duty.

B. Conducting Tests

1. Alcohol

DOT rules require breath testing using evidential breath testing (EBT) devices. Two breath tests are required to determine if a person has a prohibited alcohol concentration. A screening test is conducted first. Any results less than 0.02 alcohol concentration is considered a "negative" test. If the alcohol concentration is 0.02 or greater, a confirmation test must be conducted. Refusal of an employee to complete and sign the breath alcohol testing form shall be deemed to be a refusal to test. In addition, blood alcohol testing can be used in reasonable suspicion and post-accident testing where an evidentiary breath testing device is not available or where an employee is not capable of producing adequate breath.

2. Drugs

Drug testing is conducted by analyzing a driver's urine specimen is subdivided into two bottles labeled as primary and split. Both bottles are sent to the laboratory. Initially, only the primary specimen is opened and used for the urinalysis. The split specimen remains sealed at the laboratory. If the analysis of the primary specimen confirms the presence of illegal controlled substances, the driver has 72 hours to request that the split specimen be sent, at the driver's expense, to another DHHS certified laboratory for analysis. The driver will be reimbursed should the split specimen come back negative.

Testing is conducted using a two-stage process. First, a screening test is performed. If the test is positive for one or more drugs, a confirmation test is performed for each identified drug. Sophisticated testing requirements ensure that over-the-counter medications or preparations are not reported as positive results.

All drug tests are reviewed and interpreted by a physician designated as a Medical Review Officer (MRO) before they are reported to the employer. If the laboratory reports a positive result to the MRO, the MRO will contact the driver and conduct an interview to

CITY OF FITCHBURG ALCOHOL AND DRUG POLICY

Conducting Tests, Drugs, continued:

determine if there is an alternative medical explanation for the drugs found in the urine specimen. For all the drugs listed above, except PCP, there are some limited, legitimate medical uses that may explain a positive test result. If MRO determines that the drug use is legitimate, the test will be reported to the City as a negative result.

3. Refusal to Participate/Tampering

Any refusal to participate in any of the types of alcohol and or drug tests authorized in this policy will be treated as indicative of a positive result.

If there is any evidence that an employee engaged in sample tampering, such conduct shall be treated as a refusal to participate in testing for purposes of imposing discipline.

C. Consequences of Alcohol/Drug Misuse

1. Drivers who have any alcohol concentration (defined as 0.02 to 0.039) when tested just before, during or just after performing safety and sensitive functions must be removed from performing such duties for 24 hours, and will be sent home with pay or assigned suitable non safety sensitive work if available.
2. Drivers who engage in prohibited alcohol (at a level of 0.04 or greater) or drug conduct (that is, who test positive for alcohol or drug use) must be immediately removed from safety sensitive functions must be evaluated by a substance abuse professional and must undergo a treatment program as defined by the professional.
3. Drivers who wish to continue employment with the City of Fitchburg must be evaluated within five (5) days by a substance abuse professional and comply with any treatment recommendations to assist them with an alcohol or drug problem. Employees will be placed on non-occupational sick leave or leave without pay status during the treatment period, whichever is appropriate.
4. Drivers who have been evaluated by a substance abuse professional, who comply with any recommended treatment, who have taken a return to duty test with a result less than 0.02 and/or a urine drug test which is negative who are then subject to unannounced follow-up tests, may return to work.
5. Drivers who have returned to work under these conditions and who subsequently test positive for alcohol or drugs in accordance with this policy may be subject to discipline, up to and including termination. Any action may be subject to the grievance and arbitration procedure.

D. Information/Training

1. All current and new employees will receive written information about the testing requirements and how and where they may receive assistance for alcohol or drug misuse. All employees must receive a copy of the policy and sign the Confirmation of Receipt (See page 7).

CITY OF FITCHBURG ALCOHOL AND DRUG POLICY

Information/Training continued:

2. All supervisory and management personnel in the Department of Public Works must attend at least two hours of training on alcohol and drug misuse symptoms and indicators used in making determinations for reasonable suspicion testing.

E. Record Keeping

1. The City is required to keep detailed records of its alcohol and drug misuse prevention program.
2. Driver alcohol and drug testing records are confidential. Test results and other confidential information may only be released to the employer, the substance abuse professional, the MRO, and any arbitrator of a grievance filed in accordance with this policy. Any other release of this information may only be made with the driver's consent.

F. Pre-employment References

1. The City must obtain and review the following information from each employer that the prospective driver worked for, in a safety sensitive position, during the previous two years; information about a test in which the employee's blood alcohol was 0.04 or greater; information about a positive drug test; and information about any refusal to participate in the alcohol and drug testing program.
2. The prospective employee must provide the former employer with a written release allowing the release of this information or he/she may not be hired.
3. If the previous employer indicates that a positive result was received, or that the employee refused to participate when selected for an alcohol or drug test, the applicant may not be appointed unless he/she has consulted with a substance abuse professional, received recommended treatment, and tested negative in a return to duty test.
4. The City of Fitchburg must provide the same information to subsequent employers of current city employees when provided with a written release.

G. Questions

Questions about this policy should be referred to the employee's Division Supervisor, the Commissioner of Public Works and /or the Director of Human Resources.



City of Fitchburg, Massachusetts

EMPLOYEE ACKNOWLEDGMENT OF RECEIPT OF POLICIES

**THE UNDERSIGNED HEREBY ACKNOWLEDGES RECEIPT AND REVIEW
OF THE FOLLOWING POLICIES AND AGREES TO ABIDE BY THESE
POLICIES CONTAINED HEREIN.**

ALCOHOL AND DRUG POLICY

Initial

**HARASSMENT, DISCRIMINATION AND SEXUAL
HARASSMENT POLICY**

Initial

EMPLOYEE NAME (PRINT)

EMPLOYEE SIGNATURE

DATE



City of Fitchburg

ADVISORY NOTICE TO ALL CITY OF FITCHBURG EMPLOYEES AND VOLUNTEERS

Does the Massachusetts Conflict of Interest Law apply to you?

Are you a City Employee?

You do not have to be a full-time, paid municipal employee to be subject to the Massachusetts Conflict of Interest Law., G.L. Chapter 268A. This law defines a municipal employee as anyone performing services for a city or town or holding a municipal position, whether paid or unpaid, including full- and part-time municipal employees, elected officials, volunteers and consultants.

YOU ARE A CITY EMPLOYEE IF YOU:

- Perform services for the City **or**
- Hold an office, position or membership in a City agency, board or commission
- Are employed by the City of Fitchburg
- Hold any elective office or appointment
- Work for the City under a contract of hire or engagement

YOU ARE AN EMPLOYEE whether you are paid or unpaid and regardless of whether you perform services on a full, regular, part time, intermittent or consultant basis. This means that all board, commission or agency members are considered to be municipal employees and are subject to the Conflict of Interest Law. Further, volunteers and part-time persons are also deemed to be City of Fitchburg employees for the purposes of adherence and are subject to the Conflict of Interest Law.

The conflict of Interest law seeks to prevent conflicts between private Interests and public duties, foster integrity in public service, and promote the public's trust and confidence In that service by placing restrictions on what municipal employees may do on the job, after hours, and after leaving public service.

BEING A CITY EMPLOYEE HAS LEGAL CONSEQUENCES. YOU HAVE LIABILITIES UNDER THE ETHICS STATUTE, WHICH IMPOSES PENALTIES FOR THOSE WHO VIOLATE ITS RESTRICTIONS.

Online Training Program

All current municipal employees must complete online training every 2 years. **New public employees must complete this training within 30 days of beginning public service, and every 2 years thereafter.**

To Access the Online Training Program:

- To access the training: <https://www.mass.gov/how-to/complete-the-online-training-program-for-municipal-employees>
- One you are logged into the dashboard, you will need to complete both the State Ethics Commission Conflict of Interest Law Training as well as the Acknowledge Receipt of the Summary of the Conflict of Interest Law for Municipal Employees.
- You will be prompted to print a certificate for the training as well as the acknowledgment. Please complete the required fields, print the certificate, and provide a copy to our office