

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 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 because we will have it on record. If you were born in Fitchburg, please indicate below by providing your birth date, birth name and parents' names.

YES, I WAS BORN IN FITCHBURG, MA:
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. Employee Eligibility Verification Form (Form I-9)
9. Massachusetts DOR – New Hire/Independent Contractor Reporting Form
10. Acknowledgement 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 Acknowledgement Form should be returned to our office).



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 _____ is registered under the
(Organization)
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 _____ may conduct
(Organization)
subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that _____ CITY OF FITCHBURG _____, must first provide me
(Organization)
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:	New Hire	
Leave of Absence Type Choose from Dropdown:	NONE	
Leave of Absence Dates:	From: <input type="text"/>	To: <input type="text"/>

PERSONAL INFORMATION

Last Name	Suffix: None	First Name	Middle Name:	Preferred Name:	
Date of Birth(MM/DD/YYYY): <input type="text"/> / <input type="text"/> / <input type="text"/>	I identify my gender as: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	Soc. Sec. # <input type="text"/>	Civil Service <input type="checkbox"/> YES <input type="checkbox"/> NO	Veteran <input type="checkbox"/> YES <input type="checkbox"/> NO
Department	Position Title	Position Type NO CHANGE	# Hours per Week Other: <input type="text"/>	Location Code <input type="text"/>	Org/Object <input type="text"/>
Group/Contract/Classification NO CHANGE	Grade 0	Step 0	Rate <input type="text"/>	Rate Frequency NO CHANGE	
Retirement Type: NO CHANGE	New Hire Documentation attached, if any:	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Driver's License	<input type="checkbox"/> Passport <input type="checkbox"/> Soc. Sec. Card	<input type="checkbox"/> Other Picture ID <input type="checkbox"/> W - 4	<input type="checkbox"/> 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:	Telephone: Home: () -			
Cell: () -	Home	Cell: () -			
Cell Phone Carrier: Other:					
PERSONAL E-MAIL ADDRESS:			RELATIONSHIP TO EMPLOYEE:		

Hispanic or Latino <input type="checkbox"/> YES <input type="checkbox"/> NO	RACE: (select one or more): <input type="checkbox"/> American Indian <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander or Native Hawaiian
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SAVE FORM

PRINT

CLEAR FORM

<input type="text"/>	<input type="text"/>	<input type="text"/>
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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.**

2020

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 online estimator, 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 2020 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 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

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.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), 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 2020 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 16, 2021.

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 the 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. Step 3 of Form W-4 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. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. 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 2020 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
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
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
c Add the amounts from lines 2a and 2b and enter the result on line 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.
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)

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



- 1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). 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
2 Enter: { \$24,800 if you're married filing jointly or qualifying widow(er); \$18,650 if you're head of household; \$12,400 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

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	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

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	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240



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	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<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. <i>(See instructions)</i>	
<p><i>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.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

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

STOP Employer Completes Next Page **STOP**



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		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
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)
----------------	-----------------	---------------------------------------

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 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.



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)

Date of Birth (mm/dd/yyyy)

Employer information

Name of corporation

Account ID number

Payroll address

City/Town

State

Zip

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
 166 Boulder Drive, Ste. 108
 Fitchburg, MA 01420
 978.829.1808
sdavis@fitchburgma.gov

Mary de Alderete
 City Clerk
 166 Boulder Drive, Ste. 108
 Fitchburg, MA 01420
 978.829.1821
mdealderete@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.



Susan A. Davis
Director

City of Fitchburg
Office of Human Resources
City Hall
166 Boulder Drive
Fitchburg, MA 01420
Phone: 978.829.1808
Fax: 978.829.1966

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)

CITY OF FITCHBURG ALCOHOL AND DRUG POLICY

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

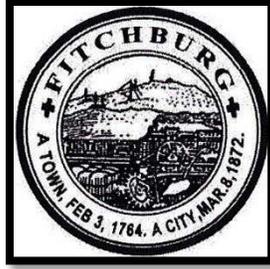
1. The City is required to keep detailed records of its alcohol and drug misuse prevention program.
2. Driver alcohol and drug testing records are confidential. Test results and other confidential information may only be released to the employer, the substance abuse professional, the MRO, and any arbitrator 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