

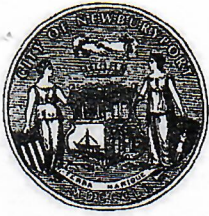
**RETURN COMPLETED APPLICATION ON A MONDAY OR
WEDNESDAY TO THE SENIOR/COMMUNITY CENTER (SCC) by
AUGUST 1, 2023**

FY24 Newburyport Senior Tax Work-Off Program Application

for NEW APPLICANT

First Name	Last Name	MI (optional)
Phone Number		
Email Address		
REQUIRED FORMS		
	<i>To be completed FIRST YEAR:</i>	
	Checklist	
	Program Application	
	Acknowledgement of FY24 Senior Tax Work-Off Program Policies	
	Qualification Confirmed by Assessor	
	First 2 pages of 2022 Tax Return	
	Criminal Offender Records Inquiry Form (CORI)	
	I-9 Employment Eligibility Form & Required Documents A. Valid Passport <u>OR</u> B. Valid Driver's License <u>AND</u> Social Security Card	
	Statement Concerning Your Employment in a Job Not Covered by Social Security	
	VOYA Enrollment Form	
	W-4 Form	
	Information Technology Resources Use Policy Acknowledgement Form	
	Employment Handbook Acknowledgement	
	Employee Payroll Change Requests-OPTIONAL	
	Emergency Contact Form	

Application processed by: _____ Date: _____



CITY OF NEWBURYPORT

COUNCIL ON AGING

331 High St., Newburyport, MA 01950

(978) 462-0430 • FAX (978) 462-0414

SENIOR TAX WORK-OFF APPLICATION

FY24: July 1, 2023-June 30, 2024

Name: _____ Date: _____

Address: _____

Email address: _____

Phone: (H) _____ (C): _____

Best times to contact: _____ Available start date: _____

Are you 60 or over? _____

Do you meet the proposed Income Guidelines for the Senior Tax Work-Off Program? _____

- ☐ 64,000 for individuals
- ☐ 80,000 for head of household
- ☐ 96,000 for married couples

Do you meet the qualifications of property ownership?

❖ Signature of Representative from Newburyport Assessor's Office _____

Are you currently an employee of the City of Newburyport? _____ Department? _____

Are you a retiree of Newburyport or another community or school department? _____

If yes, where? _____ Retirement date: _____

Schedule of Availability (days / times):

Description of Skills:

Other/Comments, Interests:

Have you participated in this program previously?*

Please indicate if you are currently in the program and expect to be continuing from FY23 on an assigned project not yet completed: _____

*Preference given to those currently assigned to tasks that are expected to meet the Program requirements.

Applications are being accepted until AUGUST 1, 2023.

All applicants will be notified of their status once their applications have been reviewed.

Some situations may require an interview by the Program Administrator or a Department Supervisor of job posting.

THIS APPLICATION IS SIGNED UNDER THE PAINS & PENALTIES OF PERJURY, WITH TRUE ATTEST THAT THE INFORMATION PROVIDED IN THE TAX WORK-OFF PACKET IS ACCURATE:

Signature: _____ Date: _____



**City of Newburyport
COUNCIL ON AGING**

331 High St. / Newburyport, MA 01950

OFFICE: (978) 462-0430 • FAX (978) 462-0414

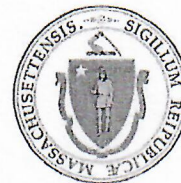
**SENIOR TAX WORK-OFF PROGRAM
ACKNOWLEDGEMENT OF FY24 POLICIES**

- Program (fiscal) year runs 7/1/23 ~ 6/30/24.
- Applicant must be a Newburyport resident age 60 or older AND meet the income eligibility.
 - Applicant must reside and have ownership in the Newburyport home for which they are seeking real estate tax credit. (Ownership as indicated in IGR 02-210/Sept 2002: Sect B/2.)
- Applicant's name must appear on the property deed as shown at the Registry of Deeds. (see 'ownership' above)
- Homes held in trust and workers seeking to assist in another's exemption may/may not be eligible for this program; applicants will be notified prior to work assignments. Final determination of qualifying candidates will be made at the discretion of the City Assessor in accordance with MGL Chapter 59, section 5K, entitled "Property tax liability reduced in exchange for volunteer services; persons over age 60" guidelines.
- An approved representative, determined in advance, may be authorized to provide services to the City on behalf of an applicant who is physically unable to complete the work assigned; note: the Representative must complete required documents, will receive a W-2 form at the end of the calendar year and is responsible for reporting earnings/wages to the IRS.
- Participants cannot partake in both the Senior Work-off and Veteran's Work-off programs simultaneously.
- Participant or his/her representative must be able to commit 100 hours (or amount agreed to by City), up to a total benefit of \$1500.
- Participant or his/her representative shall agree in writing that a request be sent to the Criminal History Systems Board (CHSB) for a copy of the individual's CORI (Criminal Offender Record Information) Report.
- Applicable real estate tax credit will appear on the tax bills due 02/01/2025.
- Those who have participated in the program during the previous fiscal year and are currently still involved in a project for a municipal department may be given preference to continue working on that project. The department supervisor may request the person(s) already trained for a particular task(s).
- Job seekers may be assigned to work in more than one department in order to satisfy the needs of various departments unable to offer the maximum number of creditable hours, and/or to fulfill the commitment of hours of work for the municipality by the job applicant.
- A lottery system may be used to fill remaining positions (when there are more qualified applicants than job openings) up to the allowable maximum of qualifying applicants.
- If/when the number of jobs offered exceeds the pool of applicants, departments will be notified of same and put on a waiting list for job applicants with appropriate skills to fulfill the job description.
- Successful applicants must complete all required documents in the Tax Work-Off Packet.
- Assigned workers are to record their hours worked on a Tax Work-Off Log Sheet, which is available online and in the Mayor's Office as well as at the COA Office, and have their departmental supervisor(s) verify the information with a signature. Workers assigned to the Senior/Community Center may check in using the kiosk to record hours electronically.
- All policies referring to City of Newburyport employment can be obtained from the Employee Handbook available in HR. Tax Work-Off Participants are not eligible for health insurance and/or other benefits.
- All participants must sign and return to the Tax Work-Off Program Administrator (COA Director) the appropriate completed packet for approval before commencing work.

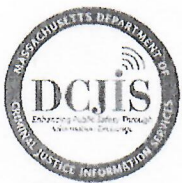
Signature

Date

Print Name



Criminal Offender Record Information (CORI) Acknowledgement Form



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: _____ -- _____ ☐ No 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: _____

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



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

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

► **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>)	
<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>	
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	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



Employer Completes Next Page






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

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

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
List A Identify and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Section 2 Do Not Write In This Space</div> 		
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

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

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

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)		Title of Employer or Authorized Representative HR Generalist	
Last Name of Employer or Authorized Representative Reilly		First Name of Employer or Authorized Representative Lisa		Employer's Business or Organization Name 04-6001403	
Employer's Business or Organization Address (Street Number and Name) City of Newburyport			City or Town Newburyport		State MA
					ZIP Code 01950

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
--	---------------------------	---

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	OR	LIST B	AND	LIST C
Documents that Establish Both Identity and Employment Authorization		Documents that Establish Identity		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 a nonimmigrant alien authorized to work for a specific employer because of his or her status: 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 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.		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	
		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:				
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		10. School record or report card		
		11. Clinic, doctor, or hospital record		
	12. Day-care or nursery school record			

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

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

Employee Name _____ Employee ID# Not Applicable

Employer Name City of Newburyport Employer ID# _____

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.

Signature of Employee _____ Date _____

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

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

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

Employers must:

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

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

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



Enrollment Form

For Part-Time Employees In 457 Public Employer Deferred Compensation Plans

Voya Retirement Insurance and Annuity Company
P.O. Box 990063
Hartford, CT 06199-0063

Fax Number: 1-800-643-8143

In this form, Voya Retirement Insurance and Annuity Company may also be referred to as the Company. Eligibility to receive Employer Contributions is determined by the Employer. Completion of this Enrollment Form does not establish your eligibility to receive Employer Contributions.

Information About You <i>Please print.</i> <i>Changes to the Social Security No. or Date of Birth must be initialed by the Participant.</i>	Employer Name City of Newburyport		Billing Group No. VK4312	
	Participant Name (First, Middle Initial, Last)		Social Security No.	
	Participant Resident Address (No. & Street)		PO Box	
	City/Town Newburyport		State MA	Zip Code 01950
	Date of Birth	Home Telephone No. ()	Work Telephone No. ()	
Anti-Fraud Statement	We are required by the insurance regulations of your state to provide you with the following information: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.			
Mandatory Salary Reduction	I acknowledge that I have received the Fixed Annuity Disclosure Booklet and understand that all contributions will be deposited into the Voya Fixed Account [002].			
Signature	This Agreement is made between the Participant and the Employer. I understand that the information indicated above will remain in effect until later changed or revoked by me. I also understand that I am required to contribute a mandatory amount (as defined by my Employers Plan) into the Voya Fixed Account until my status as a Part Time employee is otherwise changed as permitted by the plan.			
	Participant's Signature		Date (mm/dd/yyyy)	

BENEFICIARY DESIGNATION – NON-ERISA

Voya Retirement Insurance and Annuity Company ("VRIAC")
Voya Institutional Plan Services, LLC ("VIPS")
Members of the Voya® family of companies
One Orange Way, Windsor, CT 06095-4774
Phone: 800-262-3862 Fax: 800-643-8143



As used on this form, the term "Voya," "Company," "we," "us" or "our" refer to VRIAC or VIPS as your plan's funding agent and/or administrative services provider. Contact us for more information.

For assistance in completing this form, please call our Customer Service Center at 800-262-3862.

GOOD ORDER

Good order is receipt at the designated location of this form accurately and entirely completed, and includes all necessary signatures. If this form is not received in good order, as we determine, it may be returned to you for correction and processed upon re-submission in good order at our designated location.

REQUEST TYPE

☐ Initial Designation ☐ Change to Designation

1. PLAN INFORMATION (Required)

Plan Name _____ Billing Group/Plan # _____

2. ACCOUNT HOLDER INFORMATION (Required)

Name (last, first, middle initial) _____ SSN (Required) _____

Work Phone (Include extension.) _____ Home Phone _____

3. BENEFICIARY INFORMATION (Changes must be Initialed by the Account Holder.)

Subject to the terms of my Employer's Plan, I request that any sum becoming due upon my death be payable to the beneficiary(ies) designated below. I understand this designation shall revoke all prior beneficiary designations made by me under my Employer's Plan. (All designations must be in whole percentages. Total percentage must equal 100% for Primary Beneficiary and 100% for Contingent Beneficiary, if designated. Example: 33%, 33%, 34%.)

	Enter Complete Legal Name, Address and Phone #	Date of Birth (mm/dd/yyyy)	Relationship	SSN/TIN	Percentage of Benefit
<input type="checkbox"/> Primary					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					

(Beneficiaries continued on next page.)

5. SIGNATURES

I hereby certify under the pains and penalties of perjury that information I furnished herein is true, accurate and complete.

Account Holder Signature _____ Date (mm/dd/yyyy) _____

City and State Where Signed _____

Witness Name (Please print.) _____

Witness Signature _____ Date (mm/dd/yyyy) _____

(Account Holder's signature must be witnessed. Witness must be a person of legal age, and someone other than a designated beneficiary.)

MAIL OR FAX INSTRUCTIONS *(Please keep a copy for your records.)*

Please return the completed form to: Voya Retirement Insurance and Annuity Company
PO Box 990063
Hartford, CT 06199-0063
Fax: 800-643-8143

OBRA INFORMATION

Part-Time, Seasonal, and Temporary Employees of the Commonwealth of Massachusetts or an electing Massachusetts local government employer

The Omnibus Budget Reconciliation Act of 1990 (OBRA) expanded the definition of "employment" for Social Security coverage and FICA tax purposes to include service performed after July 1, 1991 by a state or local government employee, unless the employee is a participant of the employer's retirement system at the time service is rendered or is already covered under an agreement between the employer and the Secretary of Health and Human Services (referred to as Section 218 agreement).

- Most full-time, state or local public employees are participants in their employer's retirement system. By virtue of that participation, full-time service is not covered employment for purposes of the Old Age Survivors and Disability Insurance (OASDI) portion of taxes under the Federal Insurance Contributions Act (FICA), sometimes called Social Security tax, on the wages of employees paid by the employer with respect to employment.
- Generally temporary, seasonal and part-time employees are not participants of their employer's retirement system and their employment may be excluded from mandatory Social Security coverage provided they participate in an appropriate alternative plan under OBRA.
- All employees classified as OBRA must make mandatory contributions equal to 7.5% of gross compensation per pay period. Contributions and any earnings are tax-deferred, meaning taxes are not due until distributed, and are invested in the ING Fixed Account. Distribution of benefits is permitted upon severance from employment, retirement or death.

If you have questions or would like further information about OBRA mandatory accounts, please contact (800) 525-4225

Employee's Withholding Certificate

OMB No. 1545-0074

2023**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.****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.)		

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, other details, 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) Reserved for future use.
- (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 ☐

TIP: If you have self-employment income, see page 2.

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
Adjustments**

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income **4(a)** \$ _____

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here **4(b)** \$ _____

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

Step 5:**Sign
Here**

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

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

Date

**Employers
Only**

Employer's name and address

First date of
employment

Employer identification
number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

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

Purpose of Form

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

Exemption from withholding. You may claim exemption from withholding for 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 **and** you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 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 2023 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2024.

Your privacy. 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).

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 income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

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.

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 roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



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

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

Step 4 (optional).

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

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2023 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.

- 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 2023 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:

{	• \$27,700 if you're married filing jointly or a qualifying surviving spouse	}	2	\$ _____
	• \$20,800 if you're head of household				
	• \$13,850 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

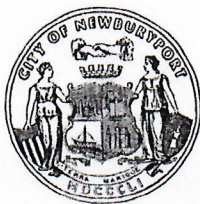
Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250

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	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

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	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600



TECHNOLOGY RESOURCES INFORMATION

INTRODUCTION

The City provides information technology resources (ITR) including, but not limited to computers, laptops, printers and other peripherals, programs, data, fax machines, local and wide-area networks, email, the internet, and mobile phones to employees and other authorized users working in the City to efficiently provide City services. All employees using the City's ITR have an obligation to use the City's ITR in a responsible manner, conforming to network etiquette, customs and courtesies and in compliance with this policy. The City determines which, if any, ITR are appropriate for each position and provides ITR to employees where appropriate at the City's discretion. Use of the City's ITR is a privilege which may be revoked at any time for conduct which violates this policy.

COMPLIANCE WITH POLICY

- A. Employees Responsibilities. Every employee who is authorized to use City ITR will be provided with a copy of this policy. It is the responsibility of an employee using the City's ITR to read, understand, and adhere to this policy. Any employee with questions regarding the application or meaning of this policy should seek clarification from his/her supervisor or from the City's Director of Information Technology at 978-465-4472. Failure to comply with this policy may result in suspension or termination of employment.

- B. Prohibited Conduct. The use of the City's ITR for inappropriate or prohibited conduct may result in disciplinary action up to and including termination from employment. It is not possible to list all of the circumstances which may constitute inappropriate use of the City's ITR, however, employees are prohibited from using the City's ITR:

1. in furtherance of any illegal act, including violations of any State or Federal criminal or civil laws or regulations;
2. to access, display, or share sexually explicit, obscene, or otherwise inappropriate materials, messages, or images;
3. to send or display threatening or harassing messages, materials, or images including, but not limited to, messages, materials or images of a sexual nature, racial, ethnic, sexual, religious, or gender-based slurs, or messages or images that offensively address someone's age, sex, sexual orientation, religion, race, ethnicity, national origin, disability or political beliefs;
4. to access, display, or disseminate material that advocates violence or discrimination towards other people (hate literature);
5. for any commercial purpose, including, but not limited to, the offering, providing, leasing, or purchasing of products or services;
6. to gain, or attempt to gain, unauthorized access to any computer or network;
7. to intercept or attempt to intercept communications intended for other persons;
8. to misrepresent either the City or the employee's role at the City;
9. for any political purpose (subject to the exceptions set forth in Section VII below) or to make solicitations in violation of Massachusetts General Laws, Chap. 55 ;
10. to libel or otherwise defame any person;
11. to download and/or install non-City supported and licensed software applications or programs;
12. to violate any copyright laws or to infringe on any intellectual property rights;
13. to distribute chain letters;
14. to access on-line gambling sites;
15. to connect unauthorized or unapproved computers, printers or peripherals to the City's network;
16. to develop or use programs that harass other users or infiltrate a computer, computing system or network and/or damage or alter the software components of a

computer, computing system or network;

17. to establish unauthorized connections which create routing patterns that are inconsistent with the effective and shared use of the City's network;
18. for any use that causes interference with or disruption of the City's ITR;
19. for any use that causes interference with or disruption of the City's network users or resources; or,
20. for any use which violates other City policies, including, but not limited to, the City's policy against sexual harassment;
21. to modify or access any town records unless same are within the employees' scope of responsibility.

The above list of prohibited conduct is not all inclusive; employees who are uncertain as to the appropriateness of any action or conduct being contemplated should consult their supervisors or the City's Information Technology Director for guidance.

C. City Business Use. The City's ITR, including, but not limited to, the City's email and other on-line services, are the property of the City of Newburyport, and should be used only for businesses purposes associated with the City. The City's ITR may, however, be used for incidental and occasional personal purposes provided that, in addition to the foregoing prohibited conduct, constraints and conditions, such use does not (i) directly or indirectly interfere with the City's operation of computing facilities or electronic mail services; (ii) burden the City with noticeable incremental cost; or (iii) interfere with the employee's work, performance, duties, responsibilities or with any other of the employee's obligations to the City. Personal use will be acceptable only as described herein and only on the employee's own time, which includes break time, lunch time, and before or after normal working hours and only as is acceptable with the employee's supervisor. Excessive or non-incidental personal use of the ITR or any other misuse of ITR may result in serious disciplinary action up to and including termination of employment. Use of the City's ITR is a privilege, not a right, and may be revoked at any time for inappropriate conduct.

PUBLIC RECORDS

Email messages are considered public records, are subject to disclosure and record retention requirements of the law, and are discoverable. Employees should not expect that email messages (such as those marked "personal" and/or "confidential") are private or confidential. Employees shall not read email received by another employee when there is no business purpose for doing so. Employees shall not send email or access the Internet under another employee's name without authorization. No employee shall change any portion of a previously sent email message without authorization. All employees with a City-assigned email account (email address) must conduct City-related email business via that account; unless unavailable due to the employee being off-site.

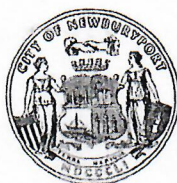
MONITORING AND NO EXPECTATION OF PRIVACY

Employees should have no expectation of privacy in any use of the City's Information Technology Resources (ITR). The City's computer system automatically stores and/or records information transmitted on the system including password-protected materials, data, information, email communications and websites viewed. The City may monitor employee use of ITR, including, but not limited to, computer equipment, email, the internet, websites visited, and files downloaded by the employee. Therefore, employees should not consider ITR and any communications, transmissions, websites viewed, and email sent or received, to be private or confidential. The mere deletion of messages, data, or files may not eliminate them from the system. All use of the City's ITR is subject to monitoring by the City, at any time without notice and notwithstanding any password(s), including, but not limited to, data incoming and outgoing email communications and attachments, websites visited or viewed and files downloaded. Use of the City's ITR system constitutes consent to monitoring and is conditioned upon strict adherence of this policy.

PRECAUTIONS AGAINST COMPUTER VIRUSES

All users are expected to undertake precautions to prevent infection of City computers by computer viruses. In particular, executable programs imported from other sites to City computers must not be used unless the Information Technology Department has authorized them and they have been subjected to

virus detection procedures approved by the Information Technology Department. The Information Technology Department may, from time to time, impose additional restrictions or regulations on the importing of remote files, and such restrictions or regulations shall be considered part of this policy.



INFORMATION TECHNOLOGY RESOURCES USE POLICY ACKNOWLEDGMENT FORM

I, _____ have read and understand the information listed above in the section entitled "Information Technology Resources Acceptable Use Policy" and consent to the monitoring described in such.

Employee Name (please print)

Date

Employee Signature

Department Head (please print)

Department Head Signature

Please check level of access:

_____ This employee is approved for **Intranet** mail only;

_____ This employee is approved for **Internet** mail only;

_____ This employee is approved for Intranet and Internet access and mail.

EMPLOYMENT HANDBOOK ACKNOWLEDGEMENT

The Employee Handbook describes important information concerning the City of Newburyport. I understand that I should consult Human Resources if I have any questions that are not answered in this Handbook.

I became an employee with the City of Newburyport voluntarily. I understand and acknowledge that there is no specified length to my employment with the City of Newburyport and that unless I am a member of a collective bargaining unit my employment is at will. I understand and acknowledge that "at will" means that I may terminate my employment at any time, with or without cause or advance notice. I also understand and acknowledge that "at will" means the City of Newburyport may terminate my employment at any time, with or without cause or advance notice, as long as the City does not violate Federal or State laws.

I understand that there may be changes to the information, policies and benefits in this Handbook. The only exception is that the City of Newburyport will not change or cancel its employment-at-will policy. I understand the City of Newburyport may add new policies to the Handbook as well as replace, change, or cancel existing policies. I understand that Handbook changes can only be authorized by the Mayor of the City of Newburyport.

I understand and acknowledge that the Handbook is not a contract of employment or a legal document. I have reviewed the Handbook located on the HR Web page and I understand that it is my responsibility to follow the policies contained in this Handbook and any changes made to it.

Employee Name (printed):

Employee Signature:

Date:





CITY OF NEWBURYPORT
FINANCE DEPARTMENT
60 PLEASANT STREET • P.O. BOX 550
NEWBURYPORT, MA 01950
PHONE (978) 465-4404

**Employee Payroll Change Requests
Revised August 2019**

POLICY

All changes to employee payroll information must be made online via the employee self-service portal (Employee Forward) or in person at City Hall (or Central Office for school personnel). Following submission, all changes will be reviewed and processed within 48 hours. Changes requested on the phone, via email, in writing or any other means will not be accepted under any circumstances.

PROCEDURES FOR EMPLOYEES

1. Log onto the employee self-service portal by visiting www.employeeforward.com.
2. If you do not know your username or password, click "Forgot username?" or "Forgot password?" in the upper right hand corner.
3. If, after trying step #2, you are still unable to log in, contact the Payroll Department.
4. Once logged into Employee Forward, select the applicable section to add  or edit  information.
5. Clicking "Submit" will transmit the change to the Payroll Department for review and approval.
6. For employees who are unable to access Employee Forward, changes may be made in person at City Hall (or Central Office for school personnel).

PROCEDURES FOR THE PAYROLL DEPARTMENT

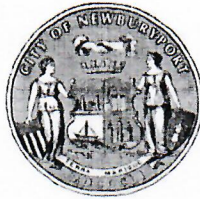
1. Upon hire, all employees will be set up with an Employee Forward account and given instructions on how to use the system. Existing employees without accounts will be set up by the Payroll Department using the email address provided by the employee.

2. All changes requested by employees on Employee Forward or in person will be reviewed and processed within 48 hours.
3. Under no circumstances will the Payroll Department accept changes requested on the phone, via email, in writing or any other means other than Employee Forward or in person.
4. All personal and banking information will be maintained in a secure environment at all times until such time it is entered into the payroll system. Once entered and uploaded into the payroll system, all other copies shall be destroyed.


Ethan Manning, Finance Director

8/9/2019

Date



**City of Newburyport Employee Personal and
Emergency Contact Form Information**

EMPLOYEE NAME

Last First Middle

Mailing Address City State Zip Code

() _____ () _____
Home Phone # Cell Phone # Date of Birth

Email Address SSN#

Physical Address (If Different from Mailing Address) City State Zip Code

EMERGENCY CONTACT INFORMATION

Primary Contact Name Relationship

Address City State Zip Code

() _____ () _____
Phone # Alternate Phone #

Secondary Contact Name Relationship

Address City State Zip Code

() _____ () _____
Phone # Alternate Phone #

Signature: _____ Date: _____