

**FRANKLIN RECREATION DEPARTMENT
NEW EMPLOYEE PACKET
RECREATION COVER PAGE**

Employee Name: _____

Date of Birth: _____ **Email Address:** _____

Cell Phone: _____ **Home Phone:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Name of Primary Emergency Contact: _____

Relationship: _____ **Cell Phone:** _____

Name of Secondary Emergency Contact: _____

Relationship: _____ **Cell Phone:** _____

Do not write below this line. Recreation staff only.

Start Date: _____ **Hourly Rate:** _____

Check One for Job Title:

- ☐ Concession Stand Worker - T403
- ☐ Gate Guard – T402
- ☐ Program Aide – T414
- ☐ Program Coordinator – T422
- ☐ Referee – T420

- ☐ Camp/Program Counselor – T426
- ☐ Senior Camp/Program Counselor – T427
- ☐ Camp/Program Director – T428
- ☐ Camp/Program Assistant Director – T429

Department Org: 01630100

Object: 512280

Location and Check Location: T630

Supervisor: 2749

Personnel Status: OC – on call

Recreation Department Staff Sign Off: _____

Signed by: _____ **Date:** _____

REQUIRED FORMS CHECKLIST

Please read the following instructions carefully. You will not be paid until all forms are complete.

- ☐ **Recreation Cover Page** – completed by employee with sign off by a Rec Department Staff Member

- ☐ **W-4 Tax Form** - tells the Town what to take out of your check for *federal withholdings*.

The Town is not allowed to advise you on what to check, but you may wish to review the estimator at <https://www.irs.gov/individuals/tax-withholding-estimator> for assistance.

If you determine you may be exempt from withholdings, you may write “exempt” in the space below Step 4(c).

- ☐ **M-4 Tax Form** – tells the Town what to take out of your check for *state withholdings*.

If you determine you may be exempt from withholdings, you can check off Box D.

- ☐ **OBRA Acknowledgement Card** – federal law requires that you contribute 7.5% of your total (gross) compensation to the OBRA plan.

This is required since the Town does not withhold Social Security/FICA taxes from our employees. Be sure to read the “How your employer is helping you save for retirement” flyer for additional information.

You must fill out a “beneficiary” for these funds. This identifies a person that you would leave money to if anything happened to you. Make sure to include their date of birth and relationship to you.

- ☐ **I-9 Form** – required form to show that you are eligible to work in the United States.

*Please be sure to follow the formatting of each box. I.E. if the date is noted as **MM/DD/YYYY**; fill in as **such 01/01/2024** rather than 1/1/24.*

- ☐ **2 different forms of ORIGINAL IDENTIFICATION for the I-9 form** (see list of acceptable docs).
We cannot accept photocopies and documents must be unexpired.

We are required by law to personally examine two different forms of ID to show that you are eligible to work in the United States.

Please review the “List of Acceptable Documents” and provide something from List A (like a passport) OR provide something from List B (ID with a photo) AND List C (social security card or original birth certificate). You may provide any documents listed on the form, but these are the most common.

- ☐ **Direct Deposit Form with voided check or printout from the bank** – Please note that account must be in the **employee’s name**, even if a joint account. Checks will NOT be deposited into a parent/guardian’s account unless the employee’s name is on it as well.

Complete the direct deposit form and clearly list the name of your bank, account number and routing number. You must also provide a voided check or a printout from your online banking account or directly from your bank stating your name, account number, and routing number. We must have this printed verification to process your direct deposit.

- ☐ **Work Permit if you are between the ages of 14 and 17**



Employment Eligibility Verification

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

USCIS
Form I-9

OMB No.1615-0047

Expires 07/31/2026

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

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

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number <div></div>		Employee's Email Address			Employee's Telephone Number
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)				
		If you check Item Number 4. , enter one of these:				
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
Signature of Employee					Today's Date (mm/dd/yyyy)	

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

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

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

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

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A		LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity	AND Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph	3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record	5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card	7. Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central . The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.
		8. Native American tribal document	
		9. Driver's license issued by a Canadian government authority	
For persons under age 18 who are unable to present a document listed above:			
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	
Acceptable Receipts May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.			
• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



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

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

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

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

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

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

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

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

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

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

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

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



Supplement B,
Reverification and Rehire (formerly Section 3)

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

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

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)		Check here if you used an alternative procedure authorized by DHS to examine documents.	

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)		Check here if you used an alternative procedure authorized by DHS to examine documents.	

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)		Check here if you used an alternative procedure authorized by DHS to examine documents.	

Employee's Withholding Certificate

OMB No. 1545-0074

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**Give Form W-4 to your employer.****Your withholding is subject to review by the IRS.****2024****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, and when to use the estimator at www.irs.gov/W4App.

Step 2:
Multiple Jobs
or Spouse
Works

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

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

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

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$ _____
Step 4 (optional): Other 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
employmentEmployer 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 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 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 2024 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, 2025.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

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

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. 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.

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



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

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

Step 4 (optional).

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

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

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

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

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

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

- 1** Enter an estimate of your 2024 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:

{	• \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately	}	2	\$ _____
---	--	---	-----------	----------	----------
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and 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	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

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	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

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	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230

FORM
M-4

MASSACHUSETTS EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Rev. 11/19



Print full name

Social Security no.

Print home address.....

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

Employee:

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

Employer:

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

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

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

EMPLOYER: DO NOT withhold if Box D is checked.

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

Date. Signed

THIS FORM MAY BE REPRODUCED

THE COMMONWEALTH OF MASSACHUSETTS, DEPARTMENT OF REVENUE

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

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

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

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

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

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

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

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

If claiming a spouse, write "4" in line 2. Entering "4" makes a withholding system adjustment for the \$4,400 exemption for a spouse.

D. Dependent(s). You may claim an exemption in line 3 for each individual who qualifies as a dependent under the Federal Income Tax Law. In addition, if one or more of your dependents will be under age 12 at year end, add "1" to your dependents total for line 3.

You are not allowed to claim "federal withholding deductions and adjustments" under the Massachusetts withholding system.

If you have income not subject to withholding, you are urged to have additional amounts withheld to cover your tax liability on such income. See line 5.

Town of Franklin
Direct Deposit Authorization and Change Form

You may choose up to four (4) accounts. If you split amounts between accounts, one account must be indicated as "balance". If you choose to use only one account, that account should be indicated as "balance". This will be the net amount of your paycheck.

Please attach a **personal check** marked VOID for checking accounts, a **deposit slip** marked VOID for savings account(s) and/or an **official bank form** certified and stamped by a banking official which provides your account number and the bank routing number.

I hereby authorize the direct deposit of my net pay by my employer in the account(s) and financial institution(s) indicated. Such direct deposit will be made on each succeeding payday, unless I choose to terminate this agreement in writing to my employer. Any such notification to my employer shall become effective following receipt, after reasonable opportunity to act on it.

In the event that my employer deposits funds erroneously into my account, I authorize my employer to debit my account for an amount not to exceed the original amount of the credit.

Please allow two to three pay periods to activate. Once activated, you will receive your check with a non-negotiable check and your stub with your weekly earnings information as normal.

****PLEASE NOTE THAT DIRECT DEPOSIT IS REQUIRED BY THE TOWN OF FRANKLIN****

Employee Name: _____ **Employee ID#:** _____

PLEASE SIGN BELOW

Please Check One

Please Check One

New <input type="checkbox"/>	Financial Institution	Checking <input type="checkbox"/>	
Cancel <input type="checkbox"/>	_____	Savings <input type="checkbox"/>	
Change Amt. <input type="checkbox"/>	_____		
Transit Routing Number	Account Number	Amount	
_____	_____	\$	_____
New <input type="checkbox"/>	Financial Institution	Checking <input type="checkbox"/>	
Cancel <input type="checkbox"/>	_____	Savings <input type="checkbox"/>	
Change Amt. <input type="checkbox"/>	_____		
Transit Routing Number	Account Number	Amount	
_____	_____	\$	_____
New <input type="checkbox"/>	Financial Institution	Checking <input type="checkbox"/>	
Cancel <input type="checkbox"/>	_____	Savings <input type="checkbox"/>	
Change Amt. <input type="checkbox"/>	_____		
Transit Routing Number	Account Number	Amount	
_____	_____	\$	_____
New <input type="checkbox"/>	Financial Institution	Checking <input type="checkbox"/>	
Cancel <input type="checkbox"/>	_____	Savings <input type="checkbox"/>	
Change Amt. <input type="checkbox"/>	_____		
Transit Routing Number	Account Number	Amount	
_____	_____	\$	_____

Signature

Date

Revised 09/10

HOW TO VIEW YOUR PAY ADVICE ONLINE **THROUGH MUNIS SELF SERVICE**

The Town of Franklin requires direct deposit for all employees.

Your first check (and possibly second check) will be a “live check” since it takes at least one cycle for direct deposit to go through.

On your first pay stub, you will see your employee ID by looking at “Emp No” next to your name. This can be approximately 1/3 down the page on left-hand side). This is your employee ID, which you should memorize or keep in a safe place.

After your first check, all funds will be on direct deposit. You may view your online pay stub by visiting:

<https://franklin.munisselfservice.com/login.aspx>

User Name: Employee ID from your first pay advice (or contact Human Resources to find out number)

Temporary Password: last 4 digits of your social security number

- Once you are logged in, you will be promoted to change your password, the **new password must be at least six (6) characters long.**
- Click on **Pay/Tax information** to view your paycheck information.
- You may click on personal information to change your emergency contact or telephone number. You are not able to change your address or tax information on employee self-service at this time. **To change your address or tax information, you must complete a W-4 form and return it to the Human Resources Office.**
- If you lock yourself out at any time, you may contact Human Resources via email or by calling 508-553-4810 and they can unlock your account and reset your password.

OBRA ACKNOWLEDGEMENT CARD

(Please complete and submit to your Payroll Center)

I. Personal Information

_____-_____-_____
Social Security Number Date of Birth

SEX(circle one): M or F

Name

Address

Additional Address

City State Zip Code

Occupation

Home Phone

Work Phone

II. Plan Information

Plan Number: PLAN # 0036166002

Plan Name: TOWN OF FRANKLIN

Employer's Phone Number: 508-553-4810

*Deferral Amount:\$ 7.5% Frequency: per pay period

*Contributions to the OBRA Plan must be a minimum of 7.5% of compensation

Allocation: 100% Nationwide Fixed Account

III. Beneficiary Information

**If there are additional beneficiaries, please attach a separate sheet.*

Primary Beneficiary: _____

Date of Birth Relationship

Contingent Beneficiary: _____

Date of Birth Relationship

I have read and understand the terms stated within the Informational Sheet describing this product. I understand that 100% of my deferrals will be deposited in the Nationwide Fixed Account held with Nationwide Life Insurance Company.

Participant's Signature

Date

NRS Retirement Specialist

/# _____

How your employer is helping you save for retirement

Let's face it. It's not easy saving for retirement. You have to fit it in your budget. And as a part-time, seasonal or a temporary worker, that's not easy.

Introducing the Nationwide® OBRA Plan

The Omnibus Budget Reconciliation Act of 1990 (OBRA) allows governmental employers under certain circumstances to use a deferred compensation plan described in Section 457(b) of the Internal Revenue Code in lieu of paying and withholding Social Security/FICA taxes for employees that participate in such plans. In response to OBRA, Nationwide developed and offers FICA-replacement deferred compensation plans known as OBRA Plans.

How does the OBRA Plan work?

The OBRA Plan is designed for participation by all part-time, seasonal and temporary employees. You must contribute at least **7.5% of your total (gross) compensation** to the OBRA Plan. However, you may choose to defer a greater amount, if your plan allows.

Your employer automatically deducts the required contribution from your gross compensation – just as they would for FICA taxes – and invests it in a fixed-return annuity issued by Nationwide Life Insurance Company. The annuity offers an annual guaranteed rate, with a current interest rate that is adjusted quarterly. Guarantees are subject to the claims-paying ability of the company.

When can I get my money?

If you are no longer eligible to participate in the OBRA Plan – for example, because you become a full-time employee – you may transfer the full value of your OBRA account into your employer's 457 Deferred Compensation Plan, provided your employer's plan permits such a transfer. OBRA Plans are also eligible for rollover to an IRA or, in most cases, to another employer's eligible retirement plan.

You may withdraw your funds – without penalty – when you retire or stop working.

- If you die before you receive your money, your account balance will be paid as a lump-sum payment to your estate or, if your plan allows, as your beneficiary or beneficiaries request.
- If your account balance is less than \$5,000 when you are eligible to withdraw from your account, you will receive a lump-sum distribution.
- If your balance is \$5,000 or more, you may choose a lump-sum distribution or a periodic payout.

You [choose the solution](#) that's best for you.

How can I get more information?

Although neither Nationwide nor any of its representatives may offer legal or tax advice, our friendly Customer Service Representatives will gladly assist you in participating in the OBRA program. Just [call toll-free at 1-877-677-3678](tel:1-877-677-3678), option 1, then 1, weekdays 8 a.m. – 9 p.m. Eastern Time.

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Nationwide, *On Your Side* and the Nationwide framemark are registered service marks of Nationwide Mutual Insurance Company.

The fixed annuity is issued by Nationwide Life Insurance Company, Columbus, Ohio.

Contract number NRC-0106AO, NRC-0106OR.

In Oklahoma only: NRC-0106OK.

NRM-2722AO.4



Nationwide®
On Your Side™



Employment Permit Application for 14- through 17-Year-Olds

Instructions: After completing this form and obtaining the required signatures as indicated, take this form to the Superintendent of Schools, or the person your school has authorized to issue work permits, in the school district where you live or in town where you attend school. You should bring with you proof of your age, such as your *Birth Certificate*, *Passport*, or *Immigration Record*.

The Superintendent, or his or her authorized agent, will then issue you an *Employment Permit*.

Bring the signed work permit back to your employer, who must keep it until you leave the job.

Questions about this application should be directed to the Department of Labor Standards at (617) 626-6952.

If you are under 18 years of age, you must obtain a work permit before starting a new job.¹

G.L. c. 149, §§86-89. The following are the steps you should take; please note that a ***Certificate of Health*** is required only of 14- and 15-year-olds.

Steps for Getting an Employment Permit

1. Obtain a job offer from an employer.
2. Ask the employer to complete the following section:

Promise of Employment

Name of Minor:	
Name of Employer:	
Business Address:	
Job Title and primary duties:	
Number of hours per day Minor is to be employed:	
The undersigned agrees to employ this Minor as stated above and in compliance with state law. A summary of laws governing Minors' hours of work and hazardous occupations can be found at the end of this application form.	
<hr/>	
Signature of Employer or Authorized Agent	Date

¹ Minors who are 17 years of age, who can show documented proof of a high school diploma or the equivalent to the school official authorized to issue work permits, do not need a signed work permit, but must still complete this permit application.

3. **For 14- and 15-year-olds only (16- and 17-year-olds may skip this step):** Ask your doctor to complete the following section:

Note: The following *Certificate of Health* must be signed **within 12 months** of the date this application is presented to the school official issuing the permit.

Certificate of Health

I hereby certify that I have made a thorough physical examination of the following named 14- or 15-year-old Minor:

and that, in my opinion, said Minor is in sufficiently sound health and physically able to perform the work indicated above. **A summary of laws governing Minors' hours of work and hazardous occupations can be found at the end of this application form.**

Signature of Physician

Date

4. Ask your Parent, Guardian, or Custodian to sign below.

I hereby approve the issuance of a permit for the work indicated above. **A summary of laws governing Minors' hours of work and hazardous occupations can be found at the end of this application form.**

Name of Parent, Guardian, or Custodian

Signature of Parent, Guardian, or Custodian

Date

5. Sign this application below:

Signature of Minor

Date

Summary of Massachusetts¹ Laws Regulating Minors' Work Hours and Occupation Restrictions

Prohibited Jobs (Hazardous Orders)

Persons under 14 may not work:

There are a few exceptions to this such as working as news carriers, on farms, and in entertainment (with a special waiver).

Persons under 16 years old may **NOT**:

- Operate, clean, or repair power-driven machinery (except office machines or machines in retail or food service not otherwise prohibited)
- Cook (except on electric or gas grills that do not have open flames)
- Operate fryolators, rotisseries, NEICO broilers, or pressure cookers.
- Operate, clean, or repair power-driven food slicers, grinders, choppers, processors, cutters, and mixers
- Perform any baking activities
- Operate microwave ovens (except to heat food in microwave ovens with a maximum capacity of 140 degrees Fahrenheit)
- Clean kitchen surfaces that are hotter than 100 degrees Fahrenheit.
- Filter, transport, or dispose of cooking oil or grease hotter than 100 degrees Fahrenheit
- Work in freezers or meat coolers
- Work in a manufacturing facility or occupation (e.g., in a factory, as an assembler).
- Work on ladders, scaffolds, or their substitutes
- Work in garages, except dispensing gas and oil
- Work in brick or lumber yards
- Work in amusement places (e.g., pool or billiard room, or bowling alley)
- Work in barber shops
- Work in construction, transportation, communications, or public utilities (except doing clerical work away from heavy machinery off the jobsite)
- Work in warehouses (except doing clerical work)
- Load or unload trucks, railroad cars, or conveyors
- Ride in or on a motor vehicle (except in a passenger seat wearing a seatbelt)
- Wash windows in public or commercial buildings if the windowsill is more than 10 feet above the ground
- Work doing laundry in a commercial laundry or drycleaning establishment.
- Work as a public messenger
- Work at processing operations (e.g., in meat, fish, poultry processing, or cracking nuts, bulk or mass mailing)

¹ This is a compilation of state and federal child labor laws. The most protective laws are presented here and apply to all employers of teens including parents who may employ their children. There are additional regulations in this area not summarized here and some exceptions for employers in agricultural industries. Questions about the state child labor laws should be directed to the Massachusetts Office of the Attorney General, Fair Labor and Business Practices Division (617-727-3465). Questions about federal child labor laws should be directed to the U.S. Department of Labor, Wage and Hour Division (617-624-6700).

- Work around boilers or in engine rooms
 - Do industrial homework
 - Work with dangerous electrical machinery or appliances
 - Work that is determined by the Massachusetts Attorney General to be dangerous to the health and well-being of Minors
 - **Work in any of the occupations or tasks prohibited for persons under age 18**
-

Persons under 18 years old may *NOT*:

- Drive a vehicle, forklift or work assist vehicle (except golf carts in certain circumstances)
- Ride as a passenger in a forklift
- Operate, clean, or repair power-driven meat slicers, grinders, or choppers
- Operate, clean, or repair power-driven bakery machines (except for certain countertop models and pizza dough rollers)
- Work 30 feet or more above ground or water
- Handle, serve, or sell alcoholic beverages
- Use circular or band saws, guillotine shears, woodchippers, or abrasive cutting discs
- Use power-driven woodworking machines
- Use, service, drive or work from hoisting machines
- Operate or load power-driven paper balers, compactors, or other power-driven paper processing machines
- Use power-driven metal-forming, punching, or shearing machines
- Use buffing or polishing equipment
- Manufacture brick, tile, or kindred products
- Manufacture or store explosives
- Work in excavation, wrecking, demolition, or shipbreaking
- Work in forest fire fighting, forest fire prevention, timber track operations or forestry service
- Work in logging, sawmilling, or mining
- Work slaughtering, packing, or processing meat or poultry
- Work in railway operations
- Work in roofing or on or about a roof
- Work in foundries or around blast furnaces
- Work manufacturing phosphorus or phosphorus matches
- Work where they are exposed to radioactive substances
- Work as a firefighter or engineer on a boat
- Oil or clean hazardous machinery in motion
- **Work in any job requiring the possession or use of a firearm***

Tasks not specifically permitted by the United States Department of Labor's Secretary of Labor are prohibited.

Legal Work Hours for Teens in Massachusetts

Note: After 8:00 p.m., all Minors must have the direct and immediate supervision of an adult Supervisor who is located in the workplace and is reasonably accessible to the Minor, unless the Minor works at a kiosk, cart, or stand in the common area of an enclosed shopping mall that has security from 8:00 p.m. until the mall is closed to the public.*

14- and 15-Year-Olds Work Hours

Only between 7 a.m. and 7 p.m. during the school year

Not during school hours

Only between 7 a.m. and 9 p.m. during the summer (from July 1 through Labor Day)

Maximum Hours When School Is in Session

18 hours a week

3 hours a day on school days

8 hours a day Saturday, Sunday, Holidays

6 days a week

Maximum Hours When School Is Not in Session

40 hours a week

8 hours a day

6 days a week

16- and 17-Year-Olds Work Hours*

Only between 6 a.m. and 10 p.m. (on nights preceding a regularly scheduled school day) – if the establishment stops serving clients or customers at 10:00 p.m., the Minor may be employed until 10:15 p.m.

Only between 6 a.m. and 11:30 p.m. (on nights **not** preceding a regularly scheduled school day).

Exception for restaurants and racetracks: only between 6 a.m. and 12:00 midnight (on nights **not** preceding a regularly scheduled school day).

Maximum Hours of Work – Whether or Not School is in Session

48 hours a week

9 hours a day

6 days a week

* Indicates a change Massachusetts Child Labor Laws, effective date January 3, 2007.

2024 PAY CALENDAR

*New Hire paperwork must be completed correctly by the deadline
to ensure an employee is paid in a timely manner.*

Pay Period Start Date	Pay Period End Date	Deadline to return Paperwork to Recreation or HR to be paid on time	Pay Date
Sunday, December 31, 2023	Saturday, January 13, 2024	Thursday, January 4, 2024	Thursday, January 18, 2024
Sunday, January 14, 2024	Saturday, January 27, 2024	Thursday, January 18, 2024	Thursday, February 1, 2024
Sunday, January 28, 2024	Saturday, February 10, 2024	Thursday, February 1, 2024	Thursday, February 15, 2024
Sunday, February 11, 2024	Saturday, February 24, 2024	Thursday, February 15, 2024	Thursday, February 29, 2024
Sunday, February 25, 2024	Saturday, March 9, 2024	Thursday, February 29, 2024	Thursday, March 14, 2024
Sunday, March 10, 2024	Saturday, March 23, 2024	Thursday, March 14, 2024	Thursday, March 28, 2024
Sunday, March 24, 2024	Saturday, April 6, 2024	Thursday, March 28, 2024	Thursday, April 11, 2024
Sunday, April 7, 2024	Saturday, April 20, 2024	Thursday, April 11, 2024	Thursday, April 25, 2024
Sunday, April 21, 2024	Saturday, May 4, 2024	Thursday, April 25, 2024	Thursday, May 9, 2024
Sunday, May 5, 2024	Saturday, May 18, 2024	Thursday, May 9, 2024	Thursday, May 23, 2024
Sunday, May 19, 2024	Saturday, June 1, 2024	Thursday, May 23, 2024	Thursday, June 6, 2024
Sunday, June 2, 2024	Saturday, June 15, 2024	Thursday, June 6, 2024	Thursday, June 20, 2024
Sunday, June 16, 2024	Saturday, June 29, 2024	Thursday, June 20, 2024	Wednesday, July 3, 2024
Sunday, June 30, 2024	Saturday, July 13, 2024	Thursday, July 4, 2024	Thursday, July 18, 2024
Sunday, July 14, 2024	Saturday, July 27, 2024	Thursday, July 18, 2024	Thursday, August 1, 2024
Sunday, July 28, 2024	Saturday, August 10, 2024	Thursday, August 1, 2024	Thursday, August 15, 2024
Sunday, August 11, 2024	Saturday, August 24, 2024	Thursday, August 15, 2024	Thursday, August 29, 2024
Sunday, August 25, 2024	Saturday, September 7, 2024	Thursday, August 29, 2024	Thursday, September 12, 2024
Sunday, September 8, 2024	Saturday, September 21, 2024	Thursday, September 12, 2024	Thursday, September 26, 2024
Sunday, September 22, 2024	Saturday, October 5, 2024	Thursday, September 26, 2024	Thursday, October 10, 2024
Sunday, October 6, 2024	Saturday, October 19, 2024	Thursday, October 10, 2024	Thursday, October 24, 2024
Sunday, October 20, 2024	Saturday, November 2, 2024	Thursday, October 24, 2024	Thursday, November 7, 2024
Sunday, November 3, 2024	Saturday, November 16, 2024	Thursday, November 7, 2024	Thursday, November 21, 2024
Sunday, November 17, 2024	Saturday, November 30, 2024	Thursday, November 21, 2024	Thursday, December 5, 2024
Sunday, December 1, 2024	Saturday, December 14, 2024	Thursday, December 5, 2024	Thursday, December 19, 2024
Sunday, December 15, 2024	Saturday, December 28, 2024	Thursday, December 19, 2024	Thursday, January 2, 2025
Sunday, December 29, 2024	Saturday, January 11, 2025	Thursday, January 2, 2025	Thursday, January 16, 2025