

TOWN of NORFOLK New Employee Form

Employee Name _____
(Last) (First) (Middle)

Address: _____

Mailing Address: _____
(if different from above)

Social Security Number: _____ Telephone _____

Emergency Contact Information:
 Person to contact: _____

Day Phone Number: _____ Evening Phone Number: _____

Start Date: _____

Department: _____

School: (if applicable) H. Olive Day Freeman-Kennedy (Circle one that applies)

Pay Frequency: Weekly Bi-Weekly (Circle one that applies)

Status: Temporary Permanent (Circle one that applies) Scheduled hours per week: _____

Position/Title: _____ Grade _____ Step _____ Rate _____

Annual Salary: _____ (salaried employees only)

The following forms need to be completed in their entirety and submitted to the Accounting Office before any new employee is placed on the payroll.

		Form Completed?	
		Yes	NO
I-9	Employment Eligibility Verification Form with appropriate forms attached	_____	_____
W-4	Federal Income Tax Withholding Form	_____	_____
M-4	Massachusetts Income Tax Withholding Form	_____	_____

Benefits Eligibility: 20+ hours weekly
 Health Insurance _____
 Life Insurance _____
 Dental
 FSA (eligible after 90 days of employment)

Retirement: (check one that applies)
 _____ Norfolk County Retirement (employees 20 hours and over) _____
 _____ Mass Teachers Retirement (employees 20 hours and over) _____
 _____ OBRA (in lieu of Social Security, employees less than 20 hours) _____

Is Employee currently receiving a pension? YES NO (circle one that applies)

Employee ever contributed to a Mass. Public pension plan in the past? YES NO NOT SURE
 **If YES, what percent was contributed? 5% 7% 8% 9% 11% not sure (circle one that applies)

 I hereby certify that the above employment documents have been reviewed and are complete as submitted.

Signature of Department Head _____ Department _____ Date _____

All information contained on this form and the attached documents is true and complete.

 Employee Signature