



OFFICE OF THE TOWN  
**TREASURER/COLLECTOR**

Kristie A. Costa, CMMT, CMMC  
Ph: 508.758.4100 ext. 1  
Fax: 508-758-4102

16 Main Street  
PO Box 433  
Mattapoissett, MA 02739

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Congratulations on your new position and welcome to the Town of Mattapoissett!

Enclosed you will find information required to be completed for employment.

Please review and complete all items listed in the enclosed **New Hire Checklist**.

The following documents will be required to complete the new hire process:

- Passport  
OR
- Driver's License & Social Security Card or Birth Certificate

Upon review and completion of the enclosed information, please remit all information to the Treasurer's office located at Town Hall.

**Please note that compensation of wages will not be paid until the necessary information is provided.**

If you should have any questions, feel free to contact the Treasurer's office.



# Town of Mattapoissett

16 Main Street, P.O. Box 435  
Mattapoissett, MA 02739

## CORI (Criminal Offender Record Information) Request Form

The Town of Mattapoissett has representative(s) certified by the Criminal History Systems Board for access to all available criminal offender record information on the following individual from the Criminal History Systems Board pursuant to **Chapter 6 172 C** that mandates agencies which employ or accept a volunteer or refer for employment any individual who will provide care, treatment, education, training, transportation, delivery of meals, instruction, counseling, supervision, recreation or other services in a home or in a community based setting for any **elderly person or disabled person** or who will have any direct or indirect contact with such elderly or disabled persons or access to such person's files and pursuant to **Chapter 6 172H** that mandates those engaged in providing activities or programs to **children 18 years of age or less**, shall obtain all available CORI for the Criminal History Systems Board prior to employing such individual, accepting such individual as a volunteer or referring such individual for employment.

I, \_\_\_\_\_, am an applicant \_\_\_ / current employee \_\_\_  
volunteer \_\_\_ / Work-Off Program Participant\_\_\_

of the \_\_\_\_\_ Department, authorize the Town of Mattapoissett to do a CORI check.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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### Applicant/Employee/Volunteer Information (Please Print)

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Maiden Name or Alias (If Applicable) Place of Birth

\_\_\_\_\_  
Date of Birth \*\*\*-\_\_\_\_\_-\_\_\_\_\_  
Last 6 of Social Security #  
(Required) Mother's Maiden Name

\_\_\_\_\_  
\_\_\_\_\_  
Current Address Former Address

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_

State Driver's License Number: \_\_\_\_\_

\*Attach a copy of driver's license or State identification card.

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CORI REQUESTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature of Authorized Town Official





# Emergency Contact Form

Date: \_\_\_\_\_

Employee Name \_\_\_\_\_ Dept: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

*Please list the names & phone #'s of TWO individuals you would like us to contact:*

## EMERGENCY CONTACT #1:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

## EMERGENCY CONTACT #2:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_



# OFFICE OF THE TOWN TREASURER/COLLECTOR

I hereby authorize the Town of Mattapoissett (The Employer) to initiate credit entries to my checking and/or savings account(s) indicated below and the Depository(s) named below to credit the same to such account(s):

Account Information (**a voided check or a direct deposit form is required for all new accounts**):

Add 1. Bank Name: \_\_\_\_\_

Change Routing #: \_\_\_\_\_ Acct #: \_\_\_\_\_

Checking  Savings Deposit Amount: \_\_\_\_\_ or  Net Pay

Add 2. Bank Name: \_\_\_\_\_

Change Routing #: \_\_\_\_\_ Acct #: \_\_\_\_\_

Checking  Savings Deposit Amount: \_\_\_\_\_.

Add 3. Bank Name: \_\_\_\_\_

Change Routing #: \_\_\_\_\_ Acct #: \_\_\_\_\_

Checking  Savings Deposit Amount: \_\_\_\_\_.

Add 4. Bank Name: \_\_\_\_\_

Change Routing #: \_\_\_\_\_ Acct #: \_\_\_\_\_

Checking  Savings Deposit Amount: \_\_\_\_\_.

This authority is to remain in force and effect until the Town of Mattapoissett has received written notification from me of its termination in such time and in such manner as to afford the Town of Mattapoissett to act on it.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Print name

Signature \_\_\_\_\_ Email: \_\_\_\_\_

YOUR NAME 1234 Main Street Anywhere, IL 00000		243 DATE _____
PAY TO THE ORDER OF _____		\$ _____ DOLLARS
:0 2 1 2 3 4 5 6 7 8 9	00 1 2 3 4 5 6 7 8 9	2 4 3
ROUTING NUMBER	ACCOUNT NUMBER	CHECK NUMBER



# Employment Eligibility Verification

## Department of Homeland Security

### U.S. Citizenship and Immigration Services

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

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

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

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number
<p><b>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.</b></p>		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 <b>Item Numbers 2.</b> and <b>3.</b> above) authorized to work until (exp. date, if any)						
If you check <b>Item Number 4.</b> , 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
<b>Document Title 1</b>					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<b>Document Title 2 (if any)</b>	<p><b>Additional Information</b></p>    <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<b>Document Title 3 (if any)</b>					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<p><b>Certification:</b> 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.</p>					
Last Name, First Name and Title of Employer or Authorized Representative					First Day of Employment (mm/dd/yyyy):
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 Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:                             <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                                     <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:                             <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security                             <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b>, document, not a List C document.</p> </li> </ol>
<p><b>Acceptable Receipts</b></p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

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

FORM  
M-4

MASSACHUSETTS EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Rev. 11/19



Print full name .....  
Print home address.....

Social Security no. ....  
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 Mattapoisett 457(B) FICA Alternative Plan  
101887

**New Enrollment Form**

Participant Name \_\_\_\_\_  
(Please print)

Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

Street Address line 1 \_\_\_\_\_

Street Address line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone No. \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

**If you have questions regarding the completion of this form, please call us at 1-866-296-9712. Please return your completed form(s) to:  
Bencor P.O. Box 50, Lakeland, FL 33802 or you may fax your completed form to 1-888-500-7111.**

**What should I do to set up my account?** Please complete the New Enrollment Form and upon completion forward to the address or fax number displayed above. Establishment of your Plan account will begin upon receipt of the completed Enrollment Form. Once your account is created, you should log on to your account to select your investment options and update your beneficiaries to name the person or persons who should receive the funds in your account in the event of your death.

**How is my account invested?** The Plan offers a full array of investment options in which you may choose to invest amounts contributed to your account. If you do not choose investment options, your account will be invested automatically in your plan's default option, which may or may not be the best option for your circumstances. Therefore, it is very important for you to log on to your account at [www.bencorplans.com](http://www.bencorplans.com) as soon as possible to obtain information about all the available investments and choose the options that are appropriate for your objectives and preferences.

**How can I access my account online?** Upon completion of your Plan setup you may access your account online at [www.bencorplans.com](http://www.bencorplans.com) by selecting the Participant Login link. Select your State, City and Employer, then click on Log In. The first time you login, click on **New User** and follow the prompts. For returning users, enter your User ID and Password.

BENCOR Customer Service Representatives are available Monday - Friday, 9:00 a.m. through 6:00 p.m., Eastern Time, at 1-866-296-9712.

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

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**Employee Name** \_\_\_\_\_ **Employee ID#** \_\_\_\_\_  
**Employer Name** Town of Mattapoisett **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](http://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** \_\_\_\_\_

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## 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](http://www.socialsecurity.gov/online/ssa-1945.pdf). Paper copies can be requested by email at [ofsm.oswm.rqct.orders@ssa.gov](mailto: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.



## TOWN OF MATTAPOISETT

16 Main Street, P.O. Box 433  
Mattapoissett, MA 02739  
Phone: (508) 758-4100 Fax: (508) 758-4102

### Policy Acknowledgement Form

I have received and acknowledge my responsibility to read, understand, and abide by the contents of the following policies:

**Social Media Policy** Initial: \_\_\_\_\_

**Sexual Harassment Policy** Initial: \_\_\_\_\_

**Affordable Care Act (ACA)** Initial: \_\_\_\_\_

**Notice on License Suspension or Revocation** Initial: \_\_\_\_\_

**Alcohol & Drug Policy** Initial: \_\_\_\_\_

**Family Medical Leave Fact Sheet** Initial: \_\_\_\_\_

**State Ethics Commission Conflict  
of Interest Law Training** Initial: \_\_\_\_\_

I understand that failure to follow the above policies may result in disciplinary action or termination.

Print Name: \_\_\_\_\_

Sign Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Town of Mattapoisett

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## Town Clerk's Office

### 2023 Conflict of Interest Training:

Starting in 2010, municipal employees\* have been required to annually review and acknowledge receipt of the "Summary of the Conflict of Interest Law" and every two years complete an on-line Conflict of Interest Training. For 2023, the State Ethics Commission has created a new online training program that will store the completed documents.

To complete the training, please visit the following link and follow the steps below:

<https://massethicstraining.skillburst.com/> We have been advised that it is best to take the test via a GOOGLE browser.

#### Step 1:

- Create a log in: For most employees, this will be the first time, please click First time logging in
- Enter your email, name, and last name (home/personal email can be used)
- Select your organization: **Mattapoisett** & Click **Get Access**

#### Step 2:

- You will receive an email to create a password
- Click on the link and create a new password
- Click to Log in
- Enter your email address from above and the new password you recently created

#### Step 3: Once you are all logged in

- First part of the training: Click Launch (Green Button) for **State Ethics Commission Conflict of Interest Law Training (Length is 1 hour)**
- Second Part of the Training: Click Launch (Green Button) for **Acknowledge Receipt of the Summary of the Conflict-of-Interest Law for Municipal Employees (Length is 10 minutes)**

You no longer have to print, sign and submit documents to the Clerk's Office. With the new portal, the Town Clerk's Office will receive certificates automatically and will track your compliance by reviewing reports on the portal. You have the option to complete the training in parts because your progress saves, or you can complete it all in one sitting. As a reminder, **all municipal employees\* in Massachusetts are required to comply with the state conflict of interest law, Massachusetts General Laws chapter 268A.**

If you have any questions, please reach out to Catherine L. Heuberger, Town Clerk 508-758-4100 x 207

Thank you!

*\*The Massachusetts Ethics Commission defines 'municipal employee' as: A person performing services for or holding an office, position, employment, or membership in a municipal agency, whether by election, appointment, contract, or engagement, whether serving with or without compensation, on a full- or part-time, intermittent, or consultant basis.*



## Town of Mattapoisett Social Media Policy

The Town of Mattapoisett (“Town”) recognizes the importance of online social media networks as a communication tool. The use of social media presents certain risks and carries with it certain responsibilities. Social Media, while a relatively new form of activity, does not change the law or expectations around public service. The Town recognizes that employees and officials have the right to participate as citizens in public forums and discussions (including social media platforms) on matters of public concern. However, that right is balanced against the legitimate interests of the Town in promoting accountability, responsible and mature judgment, and the efficiency of the public services it performs through its employees and officials. The goal is to ensure that use of social media advances, rather than impedes, the operation of government. To that end, this policy establishes guidelines for employees’ personal use of social media, as well as for the official use of social media by Town employees and officials for government-related purposes. The Policy applies to all employees, officers, and officials (elected and appointed) of the Town of Mattapoisett. Employees whose employment is governed by law or a collective bargaining agreement are subject only to those provisions of this Policy not specifically regulated by law or agreement. This Policy is to be read in conjunction with all other applicable policies and rules of the Town, including but not limited to the Town’s Personnel Policies and Procedures. It may be amended from time to time and may be supplemented with additional administrative procedures and rules as may be issued. Nothing in this Policy is designed to interfere with, restrain or prevent employee communications that are otherwise protected under law (i.e., First Amendment, Whistleblower, Union Activities).

The Town of Mattapoisett “Town” permits departments to utilize social media sites and social networking sites (collectively “social media sites”) to further enhance communications with its residents and various stakeholders in support of Town goals and objectives. Town officials and Town departments can publish articles, facilitate discussions, and communicate information through such media to conduct **official** Town business. Social media sites facilitate further discussion of Town **government business**, operations, and services by providing members of the public the opportunity to participate in many ways using the Internet.

This policy sets forth general guidelines that must be adhered to with respect to utilization of social media sites for official Town purposes. Questions regarding this Policy should be directed to the Town Administrator. These guidelines may be supplemented by more specific administrative procedures and rules as may be issued. Furthermore, this Policy may be amended from time to time, and is meant to be read in conjunction with all other applicable policies and procedures of the Town of Mattapoisett.

### I. DEFINITIONS

1. “Social media sites” and “social networking sites” refer to websites that facilitate user participation, networking, and collaboration through the submission of user generated content. Social media in general includes tools such as: blogs, wikis, microblogging sites, such as Twitter; social networking sites, such as Facebook and LinkedIn; video sharing sites, such as YouTube and



## Town of Mattapoisett Social Media Policy

TikTok; messaging applications such as Snapchat and Instagram; and bookmarking sites such as Pinterest. A “social media identity” is a specific user identity or account that has been registered on a third-party social media site.

2. A “blog” (an abridgement of the term web log) is a Town of Mattapoisett website with regular entries of commentary, descriptions of events, or other material such as graphics or video.
3. A “moderator” is an authorized Town official (appointed or elected) or employee, who reviews, authorizes, and allows content submitted by the Town officials, employees and public commentators to be posted to a Town of Mattapoisett social media site or sites.
4. “Town Systems” are any electronic communication and information equipment and systems. Such Systems include, but are not limited to, computer workstations, hardware and software, electronic mail (e-mail), telephones, cellular phones, “smartphone”/PDA-style devices, tablets, pagers, facsimile machines, and the Internet.
5. “Town social media site” is any official social media site established by or for a Town department, with the authorization of the Town Administrator.

### II. GUIDELINES FOR PERSONAL USE OF SOCIAL MEDIA

All employees and officials are responsible for what they post online. Through this Policy, the Town is not intending to act as “thought police” or otherwise unnecessarily intrude upon the personal associations and relationships of employees and officials. However, the impact of social media participation by employees and officials upon the ability of Town government to function efficiently and effectively cannot be ignored. Any conduct that exposes the Town to legal liability may result in disciplinary action up to and including termination.

#### A. Required Conduct

1. Whenever the topic is one related to the functioning or operations of Town government, including any matter pending or reasonably anticipated to be pending before any Town board, committee, commission, or Town Meeting, all personal posts on any social media site shall contain an express statement that “The postings on this site are my own and do not represent the views, positions or opinions of the Town” or similar disclaimer. Employees and officials should not, except as authorized by their supervisor or board, represent themselves as a spokesperson for the Town.
2. Employees and officials should be mindful that social media activity that violates any of the Town’s policies may result in disciplinary action, up to and including termination.
3. Department heads and other employees or officials with policy-making authority must be mindful that there is greater risk that their comments or conduct while participating in social media may have a direct and negative impact upon the integrity of their board/committee or department and the public’s perception of Town government as a whole. Furthermore, there is a greater likelihood that the public will view their conduct/comments as representative of an official position or policy of the Town, even when personal disclaimers are made.



## Town of Mattapoissett Social Media Policy

### B. Prohibited Conduct

1. No Town Systems are to be used to make personal posts on any social media site or platform.
2. Town e-mail addresses may not be used to register on social networks, blogs, or other online tools utilized for personal use, and may not be used when setting up or establishing social media sites for personal use.
3. Per G.L. c. 268, §35, no employee or official shall post the Town Seal on any Internet site [i.e., social media network, website, blog site] or in any other Internet and/or social media communication or posting, with intent to give to such site or posting an official character which it does not possess, or unless authorized in writing in advance by the Town Clerk.
4. Inappropriate postings that include, for example, discriminatory comments/remarks, harassment, bullying, and/or threats of violence or similar inappropriate or unlawful conduct, will not be tolerated.
5. Do not post internal reports, draft policies, procedures, or other internal confidential communications or documents. Employees shall maintain the confidentiality of the Town's procedures for the development of policy and other such data exempt from the Public Records Law. The state's Conflict of Interest Law [G.L. c. 268A, §23(c)(2)] expressly prohibits an employee or official from improperly disclosing materials or data obtained in the course of official duties, that is otherwise exempt from disclosure under the Public Records Law, and further prohibits the use of such information to further "personal interest." If an employee or official has a question about whether information is appropriately considered public or not, s/he should contact the Town Administrator.
6. Do not post information about others that is protected from public disclosure by law, such as: Criminal Offender Record Information, HIPAA-protected information and any other personal medical information, information concerning allegations of domestic violence and abuse, information protected under student privacy statutes, and the like.
7. Employees and officials operating personal social media sites are subject to the same guidelines as above for the operation and administration of sites under their control, when focusing on topics relating to the functioning or operations of Town government. In order to avoid the appearance of being an official Town social media site, the site must clearly indicate their participation and carry a disclaimer that "The operation and administration of this site are my own and do not represent the views, positions or opinions of the Town".
8. Members of multi-member boards, committees and commissions must be mindful of the requirements of the Open Meeting Law, when participating in social media, in both personal and (where authorized) official capacities. A quorum of a board/committee/ commission should avoid posting on social media sites discussing topics relating to the functioning or operations of Town government, or on topics relating to matters under that board/committee/commission's jurisdiction, as doing so may violate the Open Meeting Law. Additionally, a series of individual postings on a social media site by members of a public body cumulatively may convey the position of a quorum regarding a subject within its jurisdiction, and may constitute improper deliberation among the members of a board or committee.



## Town of Mattapoisett Social Media Policy

### C. Permitted Conduct

1. Employees and officials may include, in their social media personal profiles, their job titles, as well as information about their personal participation in Town sponsored-events, including volunteer activities. Employees shall not include the official titles when posting personal statements as per the Guidelines for Personal Use of Social Media.

### III. POLICY

1. All Town of Mattapoisett social media sites shall be:
  - a) approved by the Town Administrator; and
  - b) published using social media platforms and tools approved by Town Administrator or their designee.
2. The official posting for the Town of Mattapoisett will be done by the Town Administrator or their designee.
3. Departments have the option of allowing employees to participate in existing social media sites as part of their job duties or allowing employees to create social media sites as part of their job duties. Department Heads may allow or disallow employee participation in any social media activities in their departments.
4. All Town social media sites shall adhere to applicable state, federal and local laws, regulations, and policies including the Public Records Law, Massachusetts Conflict of Interest Law, Public Records retention schedules, Open Meeting Law, Copyright Law and other applicable Town policies.
5. Public Records Law and e-discovery laws and policies apply to social media content. Accordingly, such content must be able to be managed, stored, and retrieved to comply with these laws. Furthermore, once such content is posted on a social media site, it should stay posted, unless it is removed for one of the reasons set forth below in paragraph Numbers 10 or 11, or it is changed to fix spelling or grammar errors.
6. All social media sites and entries shall clearly indicate that any content posted or submitted is subject to public disclosure.
7. Each Town social media site shall include an introductory statement which clearly specifies the purpose and topical scope of the blog and social media/network site. Where possible, social media sites should link back to the official Town of Mattapoisett Internet site for forms, documents, and other information.
8. Each Town social media site shall indicate to users that the site is subject to a third party's website Terms of Service. Furthermore, each Town social media site shall indicate that: the social media site provider could collect personal information through user's use of the social media site; and that this personal information may be disseminated by the third party; and that such dissemination may not be governed or limited by any state, federal or local law or policy applicable to the Town.
9. All social media sites shall clearly indicate they are maintained by the Town of Mattapoisett and shall have the Town contact information prominently displayed.



## Town of Mattapoisett Social Media Policy

10. The Town reserves the right to restrict or remove any content that is deemed in violation of this policy or any applicable law.
11. Town social media content and comments containing any of the following forms of content shall not be allowed for posting:
  - a) Comments or content not topically related to the particular site or blog article being commented upon;
  - b) Profane, obscene, or vulgar language or content;
  - c) Comments or content that promotes, fosters or perpetuates discrimination on the basis of race, color, gender, gender identity, national origin, religion, ancestry, age, sexual orientation, disability, maternity leave, genetic information, or active military status;
  - d) Comments or content that is threatening or harassing;
  - e) Sexual comments, content, or links to sexual content;
  - f) Conduct or encouragement of illegal activity;
  - g) Information that may tend to compromise the safety or security of the public or public systems;
  - h) Content that violates a legal ownership interest of any other party;
  - i) Protected health information;
  - j) Personnel information; or
  - k) Other information that is not public record or is otherwise privileged from public disclosure.
12. All Town social media moderators shall be trained regarding the terms of this policy, including their responsibilities to review content submitted for posting to ensure compliance with the policy.
13. Where appropriate, Town IT security and/or computer use policies shall apply to all social media sites and articles.
14. Officials (elected or appointed) and employees representing the Town via social media sites must always conduct themselves as a representative of the Town and in accordance with all applicable rules, regulations, and policies (including personnel policies) of the Town of Mattapoisett. See Section IV, Employee Guidelines for Use of Social Media Sites.
15. No Town or department social media site can endorse or otherwise cite (either with approval or disapproval) vendors, suppliers, clients, citizens, co-workers, or other stakeholders.
16. Employees found in violation of this policy may be subject to disciplinary action, up to and including termination of employment.

### **IV. USE OF SOCIAL MEDIA SITES FOR OFFICIAL PURPOSES**

1. **First Amendment Protected Speech.** Although the Town can moderate the social media sites that accept comments from the public (such as blogs and wikis) to restrict speech that is obscene, threatening, discriminatory, harassing, or off topic, employees cannot use the moderation function to restrict speech with which the Town merely disagrees (i.e., subject matter restrictions). Users have some First Amendment rights in posting content to public social media sites hosted by



## Town of Mattapoissett Social Media Policy

municipalities. Moderators must respect those rights by posting all comments other than those excluded for specific legitimate reasons, as referenced above.

2. **Copyright Law.** Employees and officials must abide by laws governing copyright and fair use of copyrighted material owned by others, including written material, photography, videography, and digital media. Never reprint whole articles or publications without first receiving written permission from the publication owner. Never quote an excerpt of someone else's work without acknowledging the source, and, if possible, provide a link to the original.
3. **Conflict of Interest.** Employees are prohibited from using social media to engage in any activity that constitutes a conflict of interest for the Town or any of its employees, as defined by MGL c. 268A.
4. **Protect Confidential Information.** Never post legally protected personal information that you have obtained from the Town (e.g., information that is not public record under the Public Records Law, G.L. c.66, §10 and G.L. c. 4, §7(26), or whose dissemination is restricted under applicable Federal or State privacy laws or regulations). Ask permission to publish or report on conversations that occur within the Town. Never post information about policies or plans that have not been finalized by the Town unless you have received explicit permission from your supervisor to post draft policies or plans on the department's social media sites for public comment.
5. **Consider Your Content.** As informal as social media sites are meant to be, if they are on a government domain or a government identity, they are official government communications. Social media sites will be sought out by mainstream media – so a great deal of thought needs to go into how you will use the social media in a way that benefits both the Town and the public. Employees should not comment about rumors, political disputes, or personnel issues, for example.
6. **Handling Negative Comments.** Because the purpose of many social media sites, particularly department blogs and wikis, is to get feedback from the public, you should expect that some of the feedback you receive will be negative. Some effective ways to respond to negative comments include:
  - a. Providing accurate information in the spirit of being helpful;
  - b. Respectfully disagreeing;
  - c. Acknowledging that it is possible to hold different points of view.
  - d. Notify the moderator to address the matter prior to any escalation.
7. **Respect Your Audience, Town Workers, and Officials.** Do not use ethnic slurs, personal insults, obscenity, or engage in any conduct that would not be acceptable in your department's workplace. Do not be afraid to be yourself but do so respectfully. This includes not only the obvious (no ethnic slurs, personal insults, obscenity, threats of violence, etc.) but also proper consideration of privacy and of topics that may be considered objectionable or inflammatory—such as party politics and religion. Do not use your department's social media presence to communicate among fellow Town employees. Do not air your differences with your fellow Town employees on your department's social media sites.



## Town of Mattapoisett Social Media Policy

8. **Use the Social Media Site or Identity Only to Contribute to your Department's Mission.** When you contribute to your department's social media site or identity, provide worthwhile information and perspective that contribute to your department's mission of serving the public. What you publish will reflect on the Town and Town government. Social media sites and identities should be used in a way that contributes to the Town's mission by:
  - a. Helping you and your co-workers perform their jobs better;
  - b. Informing citizens about government services and how to access them;
  - c. Making the operations of your department transparent and accessible to the public;
  - d. Creating a forum for the receipt of candid comments from residents about how government can be improved; and
  - e. Encouraging civic engagement.
9. **Mistakes.** The Town's policy is that once something is posted on a Town social media site, it should stay posted. Only spelling errors or grammar fixes should be made without making the change evident to users. If you choose to modify an earlier post, make it clear that you have done so—do not remove or delete the incorrect content; provide the correct information and apologize for the error. Ways to accomplish this include:
  - a. Strike through the error and correct; or
  - b. Create a new post with the correct information, and link to it from the post you need to correct or clarify.
  - c. Either method is acceptable. In order for the social media identity or site to achieve transparency, the Town cannot change content that has already been published without making the changes clearly evident to users.
10. **Media Inquiries.** Town or department social media identities or sites may lead to increased inquiries from the media. If you are contacted directly by a reporter, you should refer media questions to the Town Administrator's Office. Employees may not speak to the media on the Town's behalf, unless specifically authorized by the Town Administrator.
11. **Personal Comments.** Make it clear when you are speaking for yourself as a resident or stakeholder, and not on behalf of the Town of Mattapoisett. If you publish content on any website of the Town and it has something to do with the work you do or subjects associated with the Town, use a disclaimer such as this: "The postings on this site are my own and don't necessarily represent the Town's positions or opinions."
12. **Employee or Official Profile.** If you identify yourself as a Town employee or official, ensure your profile and related content is consistent with how you wish to present yourself to colleagues, residents and other stakeholders.
13. **Defamation.** Be aware that employees acting in their individual capacity (not on behalf of the Town) are not immune from defamation claims. Under Massachusetts law, defamation is established by showing that the defendant published a false, non-privileged statement about the plaintiff to a third party that either caused the plaintiff economic loss or was of the type that is actionable without proof of economic loss. Some statements, like imputation of a crime, are defamatory per se. Avoid statements that may be interpreted as defamatory.



## Town of Mattapoissett Social Media Policy

14. **Records Retention.** Social media sites will contain communications sent to or received by Town officials and employees and are therefore Public Records. Ensure that the Town or department retains a copy of the social media content in accordance with Public Records Retention Schedules. Review the third-party social media service provider’s terms of service for its record retention practices. Note that while third party social media providers will most likely save your content for some period of time, they generally will not save it indefinitely. To the extent their policies are inconsistent with Public Records Retention Schedules, the Town or department should retain copies of social media posts such as by printing or otherwise storing periodic “snapshots” of the social media sites.
15. **Open Meeting Law.** Be aware of the Open Meeting Law and possible violations for improper deliberations outside of a posted meeting. A series of individual postings on a social media site may cumulatively convey the position of a quorum of a governmental body regarding a subject within its jurisdiction and may constitute improper deliberation among the members of a board or committee.



# Overview of Health Insurance Marketplaces

## **THIS NOTICE IS REQUIRED BY THE NATIONAL HEALTH REFORM LAW (ALSO KNOWN AS THE AFFORDABLE CARE ACT OR ACA)**

This notice is meant to help you understand health insurance Marketplaces, which were set up to make it easier for consumers to compare health insurance plans and enroll in coverage. In Massachusetts, the state Marketplace is known as the Massachusetts Health Connector. Your employer is required by law (§ 1512 of the ACA, which creates 29 U.S.C. 218b) to provide you the information contained in this notice. You may or may not qualify for subsidized health insurance through the

Health Connector. If you are offered coverage by your employer that is considered “affordable” and meets a “minimum value” standard according to federal definitions (see below), you most likely will not qualify for the subsidized coverage offered through the Health Connector described in this notice. However, it may still be helpful for you to read and understand the information included here. Please ask your employer for more information if you have questions.

### **Overview:**

As a result of the Affordable Care Act (ACA), there is an easy way for many individuals and small businesses in Massachusetts to buy health insurance: the Massachusetts Health Connector. This notice provides some basic information about the Health Connector, and how coverage available through the Health Connector relates to any coverage that may be offered by your employer. You can find out more by visiting **MAhealthconnector.org**.

### **What is the Massachusetts Health Connector?**

The Health Connector is our state’s health insurance Marketplace. It helps individuals, families, and small businesses find health insurance that meets their needs and fits their budget. The Health Connector offers “one-stop shopping” to easily find and compare private health insurance options from the state’s leading health and dental insurance companies. Some individuals and families may also qualify for a federal tax credit that lowers their monthly premium right away, as well as cost sharing reductions that can lower out-of-pocket expenses. This tax credit is enabled by §36B of the Internal Revenue Code.

The next open enrollment for individuals and families to buy health insurance coverage through the Health Connector is scheduled to begin on November 1, 2019, and run through January 23, 2020. Individuals and families who experience a qualifying event can shop outside of open enrollment periods. You can find out more by visiting **MAhealthconnector.org** or calling **1-877 MA ENROLL** (1-877-623-6765).

*Continued on next page >>>*

### **Questions?**

Visit **MAhealthconnector.org** or call **1-877 MA ENROLL** (1-877-623-6765) or TTY: 1-877-623-7773, Monday to Friday, 8:00 a.m. to 6:00 p.m.

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Employees that live outside of Massachusetts can visit [healthcare.gov](http://healthcare.gov) to find out about Marketplaces in their region.

## Can I qualify for federal and state assistance that reduces my health insurance premiums and out-of-pocket expenses through the Health Connector?

Depending on your income, you may qualify for federal and/or state tax credits and other subsidies that reduce your premiums and lower your out-of-pocket expenses if you shop through the Health Connector. You can find out more about the income criteria for qualifying for these subsidies by visiting [MAhealthconnector.org](http://MAhealthconnector.org) or calling **1-877 MA ENROLL** (1-877-623-6765).

## Does access to employer-sponsored coverage affect my eligibility for help paying for coverage through the Health Connector?

An offer of health coverage from your employer could affect your eligibility for subsidies through the Health Connector. If your income meets the eligibility criteria, you will qualify for subsidies through the Health Connector if:

- Your employer does not offer coverage to you, **or**
- Your employer does offer you coverage, **but:**
  - ▶ Your employer’s offer of coverage for just you (not including other family members) would require you to spend more than the following percentage(s) of your household income:

### Is your employer’s individual health insurance coverage affordable?

Coverage for <b>2019</b>	<b>9.86%</b> of household income
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Coverage for <b>2020</b>	<b>9.78%</b> of household income
--------------------------	----------------------------------

**or**

- ▶ The coverage your employer provides does not meet the “minimum value” standard set by federal law (which says that the plan offered has to cover at least 60 percent of total allowed costs).

If you have coverage through your employer but are interested in shopping through the Health Connector, be sure to check with your employer on the rules around how and when you can disenroll from your employer’s group coverage. If you purchase a health plan through the Health Connector instead of accepting health coverage offered by your employer, please note that you will lose the employer contribution (if any) for your health insurance. Also, the amount that you and your employer contribute to your employer-sponsored health insurance is often excluded from federal and state income taxes.

**Please note:** You can find the most up to date percentages used to calculate affordability here: [www.mahealthconnector.org/esi-affordability-calculator](http://www.mahealthconnector.org/esi-affordability-calculator).

Continued on next page >>>

## Questions?

Visit [MAhealthconnector.org](http://MAhealthconnector.org) or call **1-877 MA ENROLL** (1-877-623-6765) or TTY: 1-877-623-7773, Monday to Friday, 8:00 a.m. to 6:00 p.m.

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Employees that live outside of Massachusetts can visit [healthcare.gov](http://healthcare.gov) to find out about Marketplaces in their region.

## EMPLOYER-SPONSORED HEALTH COVERAGE

This section will help you collect information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information.

**Does this employer offer employer-sponsored health insurance coverage that is affordable and meets a minimum value standard (according to federal standards) to at least some of its employees? Note:** *Whether a plan meets “minimum value” can be found on the plan’s Summary of Benefits and Coverage (SBC).*

Check one:      Yes      No

**If yes, and if the employee receiving this notice qualifies for such benefits, they can find out more by contacting:** \_\_\_\_\_  
(may be an HR contact, a resource, or an appendix to this document)

**If no, or if employee receiving notice does not qualify for such benefits,** the Health Connector can help employees evaluate coverage options, cost and eligibility. Please visit **MAhealthconnector.org** for more information, including an online application for health insurance coverage.

### Questions?

Visit **MAhealthconnector.org** or call **1-877 MA ENROLL** (1-877-623-6765)  
or TTY: 1-877-623-7773, Monday to Friday, 8:00 a.m. to 6:00 p.m.

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Employees that live outside of Massachusetts can visit [healthcare.gov](https://www.healthcare.gov) to find out about Marketplaces in their region.



## TOWN OF MATTAPoisETT

16 Main Street  
Mattapoissett, MA 02739

Phone: (508) 758-4100 Fax: (508) 758-4102

### ***Memorandum***

**To: All Town Employees**

**From: Michael LorencO, Town Administrator**

**Re: Notice on License Suspension or Revocation**

Please be advised that the Town, for insurance and legal requirements, must be informed when your Driver's License is suspended, revoked, or cancelled. This would pertain to any employee who drives a town-owned vehicle or their own vehicle in the normal course of performing their job function and duties.

To ensure all employees receive this notice and acknowledges receipt of such, I request that you sign below.

Thank you.

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## Town of Mattapoissett ALCOHOL & DRUG POLICY

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### **Purpose**

The Town of Mattapoissett is committed to maintaining the safety and health of its employees. The purpose of this policy is to protect the public and the Town employees from risks that result from employee drug or alcohol induced behavior.

While the Town of Mattapoissett has no intention of intruding into the private lives of its employees, involvement with drugs and alcohol off the job can take its toll on job performance and employee safety. Our concern is that employees are in a condition to perform their duties safely and efficiently, in the interests of their fellow workers and the public as well as themselves. The presence of drugs and alcohol on the job, and the influence of these substances on employees during working hours are inconsistent with this objective.

Employees who think they may have an alcohol or drug usage problem are urged to voluntarily seek confidential assistance from the Town's Employee Assistance Program counselors. While the Town will be supportive of those employees who seek help voluntarily, the Town will be equally firm in identifying and disciplining those employees who have work performance related problems and who continue to be substance abusers and do not seek help or continue substance abuse even while enrolled in counseling or rehabilitation programs. Information on the Town's Employee Assistance Program is available in the Town Administrator's office.

Supervisors will be trained to recognize abusers and become involved in this control process. Alcohol or drug abuse in the workplace will not be tolerated, and for those employees who experience performance problems related to alcohol and drug abuse, disciplinary action, up to and including termination, will be used as necessary to achieve this goal.

This policy provides guidelines for the detection and deterrence of alcohol and drug abuse in the workplace. It also outlines the responsibilities of the Town management personnel and employees. To that end, the Town will act to eliminate any substance abuse (alcohol, illegal drugs, prescription drugs or any other substance which could impair an employee's ability to safely and effectively perform the functions of the particular job) which increases the potential for accidents, absenteeism, substandard performance, poor employee morale or damage to the Town's reputation. The Town is committed to providing an alcohol and drug-free workplace. Substance abuse affects work performance in lost productivity, quality of work, cooperation with others, motivation, concentration, and judgement, and jeopardizes safe working environments. Any employee who thinks they have a drug or alcohol abuse problem is urged to call the Town's Employee Assistance Program for counseling. All persons covered by this policy should be aware that violations of the policy, depending on the degree of the severity, will be dealt with by any one or any combination of the following: counseling, oral reprimand, written reprimand, leave without pay, suspension, demotion, termination, or in not being hired.

In recognition of the public service responsibilities entrusted to the employees of the Town of Mattapoissett, and that drug and alcohol usage can hinder a person's ability to perform duties safely and effectively, the following policy against drug and alcohol abuse is implemented as Administrative Policy for full-time, part-time, and seasonal employees of the Town of Mattapoissett.

## Policy

- A. It is the Town of Mattapoissett's policy that employees shall not be under the influence of or in possession of alcohol or drugs; nor possess alcohol or illegal drugs while on Town of Mattapoissett property, at work locations, or while on duty or subject to being called to duty; i.e. on breaks, during meal periods or on standby subject to being called to duty; shall not utilize such substances while they are made subject to Town duty, sell or provide drugs or alcohol to any other employee or to any person while such employee is on duty or made subject to being called, not have their ability to work impaired as a result of the use of alcohol or drugs. After normal business or shift hours, management personnel are not, for purposes of this policy, considered subject to call or on standby unless designated as such by their supervisor. Non-management personnel are subject to call and standby pursuant to relevant procedures of the department to which they are assigned.

Employees shall not report to or perform work under the influence of drugs or alcohol or after consuming drugs or alcohol such that mental and physical capabilities are impaired.

An employee is under the influence of alcohol if he or she has consumed alcohol in an amount such that the alcohol is not metabolized by the time the employee reports or returns to work. The normal standard is that it takes one hour for each ounce of alcohol (typically one drink) to metabolize. An employee shall not report for work or return to duty if he or she has consumed alcohol within less than one hour of reporting. An employee must add an hour for each ounce of alcohol consumed before he or she reports or returns to work. (Example: 1 ounce - 1 hour; 2 ounces – 2 hours; 3 ounces – 3 hours; and so on). This minimum standard for alcohol consumption does not preclude the application of a case-by-case investigation (such as chemical analysis) to determine whether an employee is under the influence of alcohol or drugs.

Employees who think they may have an alcohol or drug usage problem are urged to voluntarily seek confidential assistance from a counselor through the Town's Employee Assistance Program. Employees who demonstrate a substance abuse problem may be given the option to seek assistance and thereby put off consideration of termination or other disciplinary action pending the results of such assistance. Employees who undergo voluntary counseling or treatment pursuant to the Employee Assistance Program and who continue to work must meet all established standards of conduct and job performance.

- B. Use of medically prescribed medications and drugs is not, per se, a violation of this policy; however, when taking medications or drugs which could interfere with the safe and effective performance of duties or operation of Town equipment, the employee should notify his/her supervisor or members of management or the Human Resources Department and provide drug side effect information before beginning work. Should a work performance problem or incident occur, disciplinary action may be taken, up to and including termination, for failure to make such notification.

In the event there is a question regarding an employee's ability to safely and effectively perform assigned duties while using such medications or drug, clearance from a qualified physician may be required prior to the employee's release to full duty. Supervisors who are informed of or have reasonable cause to believe that an employee under their supervision may be impaired by any medicine or prescription drug shall consider, to the extent such will not adversely impact operational requirements, modifying work

assignments and are to contact Human Resources to arrange for a medical clearance for the employee if appropriate.

- C. The Town reserves the right to search, without employee consent, all areas and property in which the Town maintains control or joint control with the employee. Some examples of areas under the Town's control are desks, lockers, file cabinets, offices, tool boxes (if not personally owned by the employee), storage rooms and storage areas.

If the Town has evidence an employee has illegal drugs on Town property, regardless of who has control of the area where the drugs are believed to be located, law enforcement authorities may be notified.

## **Assistance**

The Town of Mattapoisett is committed to providing reasonable accommodation to those employees whose drug or alcohol problem classified them as handicapped where and to the extent required under federal or state law.

The Town has established a voluntary and confidential employee assistance program (EAP) to assist those employees who voluntarily seek help for alcohol and drug problems. Employees seeking additional information about the EAP may contact the EAP counselor directly, or they may speak to their supervisor or to the Human Resources Department.

Employees who seek counseling and/or rehabilitation assistance on their own through the Town's EAP may not, on that account alone, subject the employee to disciplinary action. However, should this assistance be sought after an investigation of work performance problems related to alcohol and drug abuse has begun, such action will not stop the investigation nor preclude disciplinary action from proceeding. Any counseling and/or rehabilitation assistance received through the Town's EAP is confidential.

## **Application**

This policy applies to all Town employees. It applies to alcohol and illegal drugs as well as to legal substances, drugs or medications which could impair an employee's ability to perform effectively and safely the functions of the job.

## **Employee Responsibilities**

A Town Employee:

- A. Shall not report work while his/her ability to perform job duties is impaired due to on-duty or off-duty alcohol or drug use, nor shall an employee be impaired while he/she is on assigned, paid standby subject to being called to duty;

- B. Shall not have in his/her possession any illegal drugs or have any alcohol readily accessible while on duty, on breaks, during meal period, or on Town property;
- C. Shall not use alcohol or drugs which may impair job performance during work hours, on breaks or during meal periods whether on Town property or elsewhere, nor shall an employee use such alcohol or drugs while on assigned, paid standby subject to being called to duty;
- D. Shall not, if in Town uniform, purchase or possess alcohol or illegal drugs;
- E. Shall not directly or through a third party sell illegal drugs or provide drugs or alcohol to be taken or consumed while on duty or on Town premises to any person, including an employee, while either employee or both employees are on duty, breaks, or mealtime;
- F. May be subject to an investigation and to chemical testing for alcohol and/or drugs if his or her supervisor or Department Head has reasonable suspicion that the employee is intoxicated or under the influence of illegal or impairing drugs or alcohol on the job, during work hours, on breaks, during mealtime or on Town property. Any employee who refuses to submit to such testing or conducts himself or herself during such testing so as to induce a false, incorrect or invalid result shall be subject to disciplinary action up to and including termination.

Refusal to submit to testing, or tampering with the test shall be cause for disciplinary action up to and including termination; and

- G. Shall provide within a reasonable time (normally 24 hours of a request) a bona fide verification from a physician or a current valid prescription for any prescription drug or medication taken or identified when a drug screen/test is positive. The employee may be instructed to provide a report from the physician describing the potential affects of the drug on the employee's job performance. The prescription must designate the employee as the person for whom the drug or medication is prescribed, not another individual. In the case of any non-prescription legal drug or medication, the employee may be required to produce identification of the drug along with indicated side affects identified by the manufacturer.

## Department Head Responsibilities

- A. Department Heads are responsible for enforcement of this policy within their respective departments.
- B. The Department Head may request that an employee submit to a drug and/or alcohol test to be undertaken in a manner prescribed by this policy, when the department head has a reasonable suspicion that an employee is intoxicated or under the influence of drugs or alcohol on the job or during breaks or meal periods.

"Reasonable suspicion" is a belief based on objective facts sufficient to lead a reasonably prudent supervisor to suspect that an employee is under the influence of drugs or alcohol to the extent that the employee's ability to perform the functions of the job is impaired or to the extent that the employee's ability to perform his/her job safely is reduced.

Existence of reasonable suspicion shall be based upon the totality of the circumstances and will normally include more than one of the following factors. For example, except for possession, any combination of any of the following may constitute reasonable suspicion:

1. *Slurred speech*
2. *Alcohol odor on breath*

3. *Unsteady walking and movement*
4. *An accident involving the employee, Town property and/or equipment or property where the cause may be symptomatic of suspected use of alcohol or drugs*
5. *Physical altercation*
6. *Verbal altercation*
7. *Deviation from employee's normal behavior*
8. *Possession of alcohol or drugs unrelated to job responsibilities*
9. *Information obtained from a reliable person with personal knowledge*
10. *Increased absenteeism*
11. *Performance of work with reduced efficiency and/or effectiveness*
12. *Increased disciplinary actions*

- C. The Department Head requesting that an employee be required to submit to a drug and/or alcohol test shall document in writing the facts constituting reasonable suspicion that the employee in question is intoxicated or under the influence of drugs. The Department Head shall then contact the Town Administrator. The Town Administrator shall have the authority to prepare a memo ordering the employee to submit to a drug and/or alcohol analysis at a location and by the methods approved by the Town Administrator.

## **Confidentiality**

Laboratory reports or test results of chemical tests shall not appear in an employee's official personnel file. Information of this nature will be contained in a separate confidential file that will be securely kept under the control of the Town Administrator. The report or test results may be disclosed only to persons whose knowledge thereof is necessary for performance of official duties or in administration of this policy. Disclosures, without employee consent, may also occur when: a) The information is compelled by law or by judicial or administrative process; b) the information has been placed at issue in a formal dispute between the employer and employee; c) the information is to be used in administering an employee benefit plan; d) the information is needed by medical personnel for the diagnosis or treatment of the employee who is unable to authorize disclosure; and e) release or use of the information is otherwise permitted by law.

An applicant or employee shall receive, at his or her request, the results of any drug or alcohol test performed in accordance with this policy within a reasonable time after the results are available. When disciplinary action is recommended or proposed under this policy, the laboratory reports will be made available to the employee. Employees' and applicants' privacy and dignity will be respected during the drug or alcohol testing process, including collection of a specimen. If a urine sample is required, employees and applicants will normally be permitted to urinate in private under such conditions as will assure the privacy and dignity of the employee and the integrity of the sample. The only exception will be where it is anticipated that an employee or applicant will attempt to tamper with or substitute a sample. For example, where there is evidence that the employee or applicant has tampered with or substituted a previously given sample. In that case, medical personnel may take further reasonable measures, including auditory or visual observation of taking of the sample as they deem necessary to assure the integrity of the sample.

## **Other Provisions**

Other provision may be found in the Memorandum of Agreement of individual employee bargaining units.

## Fact Sheet #28: The Family and Medical Leave Act

The Family and Medical Leave Act (FMLA) entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons. This fact sheet provides general information about which employers are covered by the FMLA, when employees are eligible and entitled to take FMLA leave, and what rules apply when employees take FMLA leave.

### COVERED EMPLOYERS

The FMLA only applies to employers that meet certain criteria. A **covered employer** is a:

- Private-sector employer, with 50 or more employees in 20 or more workweeks in the current or preceding calendar year, including a joint employer or successor in interest to a covered employer;
- Public agency, including a local, state, or Federal government agency, regardless of the number of employees it employs; or
- Public or private elementary or secondary school, regardless of the number of employees it employs.

### ELIGIBLE EMPLOYEES

Only eligible employees are entitled to take FMLA leave. An **eligible employee** is one who:

- Works for a *covered employer*;
- Has worked for the employer for at least *12 months*;
- Has at least *1,250 hours* of service for the employer during the 12 month period immediately preceding the leave\*; and
- Works at a location where the employer has at least *50 employees within 75 miles*.

\* Special hours of service eligibility requirements apply to airline flight crew employees. See Fact Sheet 28J: Special Rules for Airline Flight Crew Employees under the Family and Medical Leave Act.

The 12 months of employment do not have to be consecutive. That means any time previously worked for the same employer (including seasonal work) could, in most cases, be used to meet the 12-month requirement. If the employee has a break in service that lasted seven years or more, the time worked prior to the break will not count *unless* the break is due to service covered by the Uniformed Services Employment and Reemployment Rights Act (USERRA), or there is a written agreement, including a collective bargaining agreement, outlining the employer's intention to rehire the employee after the break in service. See "FMLA Special Rules for Returning Reservists".

### LEAVE ENTITLEMENT

Eligible employees may take up to **12 workweeks** of leave in a 12-month period for one or more of the following reasons:

- The birth of a son or daughter or placement of a son or daughter with the employee for adoption or foster care;
- To care for a spouse, son, daughter, or parent who has a serious health condition;
- For a serious health condition that makes the employee unable to perform the essential functions of his or her job; or
- For any qualifying exigency arising out of the fact that a spouse, son, daughter, or parent is a military member on covered active duty or call to covered active duty status.

An eligible employee may also take up to **26 workweeks** of leave during a "single 12-month period" to care for a covered servicemember with a serious injury or illness, when the employee is the spouse, son, daughter, parent, or next of kin of the servicemember. The "single 12-month period" for military caregiver leave is different from the 12-month period used for other FMLA leave reasons. *See Fact Sheets 28F: Qualifying Reasons under the FMLA and 28M: The Military Family Leave Provisions under the FMLA.*

Under some circumstances, employees may take FMLA leave on an intermittent or reduced schedule basis. That means an employee may take leave in separate blocks of time or by reducing the time he or she works each day or week for a single qualifying reason. When leave is needed for planned medical treatment, the employee must make a reasonable effort to schedule treatment so as not to unduly disrupt the employer's operations. If FMLA leave is for the birth, adoption, or foster placement of a child, use of intermittent or reduced schedule leave requires the employer's approval.

Under certain conditions, employees may choose, or employers may require employees, to "substitute" (run concurrently) accrued paid leave, such as sick or vacation leave, to cover some or all of the FMLA leave period. An employee's ability to substitute accrued paid leave is determined by the terms and conditions of the employer's normal leave policy.

## NOTICE

Employees must comply with their employer's usual and customary requirements for requesting leave and provide enough information for their employer to reasonably determine whether the FMLA may apply to the leave request. Employees generally must request leave 30 days in advance when the need for leave is foreseeable. When the need for leave is foreseeable less than 30 days in advance or is unforeseeable, employees must provide notice as soon as possible and practicable under the circumstances.

When an employee seeks leave for a FMLA-qualifying reason for the first time, the employee need not expressly assert FMLA rights or even mention the FMLA. If an employee later requests additional leave for the same qualifying condition, the employee must specifically reference either the qualifying reason for leave or the need for FMLA leave. *See Fact Sheet 28E: Employee Notice Requirements under the FMLA .*

Covered employers must:

- (1) Post a notice explaining rights and responsibilities under the FMLA. Covered employers may be subject to a civil money penalty for willful failure to post. For current penalty amounts, see [www.dol.gov/whd/fmla/applicable\\_laws.htm](http://www.dol.gov/whd/fmla/applicable_laws.htm);
- (2) Include information about the FMLA in their employee handbooks or provide information to new employees upon hire;

- (3) When an employee requests FMLA leave or the employer acquires knowledge that leave may be for a FMLA-qualifying reason, provide the employee with notice concerning his or her eligibility for FMLA leave and his or her rights and responsibilities under the FMLA; and
- (4) Notify employees whether leave is designated as FMLA leave and the amount of leave that will be deducted from the employee's FMLA entitlement.

See Fact Sheet 28D: Employer Notice Requirements under the FMLA.

## **CERTIFICATION**

When an employee requests FMLA leave due to his or her own serious health condition or a covered family member's serious health condition, the employer may require certification in support of the leave from a health care provider. An employer may also require second or third medical opinions (at the employer's expense) and periodic recertification of a serious health condition. See Fact Sheet 28G: Certification of a Serious Health Condition under the FMLA. For information on certification requirements for military family leave, See Fact Sheet 28M(c): Qualifying Exigency Leave under the FMLA; Fact Sheet 28M(a): Military Caregiver Leave for a Current Servicemember under the FMLA; and Fact Sheet 28M(b): Military Caregiver Leave for a Veteran under the FMLA.

## **JOB RESTORATION AND HEALTH BENEFITS**

Upon return from FMLA leave, an employee must be restored to his or her original job or to an equivalent job with equivalent pay, benefits, and other terms and conditions of employment. An employee's use of FMLA leave cannot be counted against the employee under a "no-fault" attendance policy. Employers are also required to continue group health insurance coverage for an employee on FMLA leave under the same terms and conditions as if the employee had not taken leave. See Fact Sheet 28A: Employee Protections under the Family and Medical Leave Act .

## **OTHER PROVISIONS**

Special rules apply to employees of local education agencies. Generally, these rules apply to intermittent or reduced schedule FMLA leave or the taking of FMLA leave near the end of a school term.

Salaried executive, administrative, and professional employees of covered employers who meet the Fair Labor Standards Act (FLSA) criteria for exemption from minimum wage and overtime under the FLSA regulations, 29 CFR Part 541, do not lose their FLSA-exempt status by using any unpaid FMLA leave. This special exception to the "salary basis" requirements for FLSA's exemption extends only to an eligible employee's use of FMLA leave.

## **ENFORCEMENT**

It is unlawful for any employer to interfere with, restrain, or deny the exercise of or the attempt to exercise any right provided by the FMLA. It is also unlawful for an employer to discharge or discriminate against any individual for opposing any practice, or because of involvement in any

proceeding, related to the FMLA. *See Fact Sheet 77B: Protections for Individuals under the FMLA* . The Wage and Hour Division is responsible for administering and enforcing the FMLA for most employees. Most federal and certain congressional employees are also covered by the law but are subject to the jurisdiction of the U.S. Office of Personnel Management or Congress. If you believe that your rights under the FMLA have been violated, you may file a complaint with the Wage and Hour Division or file a private lawsuit against your employer in court.

**For additional information, visit our Wage and Hour Division Website:**

**<http://www.wagehour.dol.gov> and/or call our toll-free information and helpline, available 8 a.m. to 5 p.m. in your time zone, 1-866-4-USWAGE (1-866-487-9243).**

This publication is for general information and is not to be considered in the same light as official statements of position contained in the regulations.

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