



# New Benefited Employee Pre-Employment Paperwork

ePAF#

All new employees appointed to the University must complete the attached pre-employment paperwork within two weeks of receipt in order to be placed on the University's payroll system by their start date. Return all properly completed forms to the Office of Human Resources, Third Floor Quinn Administration Building.

## Section I. Completed by appointee:

1.  **Personal Data Questionnaire (PDQ)**  
You must complete, sign and date the bottom of the form.
2.  **University of Massachusetts Boston, Self-Identification Form**  
It is the policy of the University of Massachusetts to collect, maintain, and report certain ethnicity, race, disability, and Vietnam Era Veteran status information as required by federal and state entities. Completion of any part of this form is strictly voluntary but will enable the University to accurately report the diversity of its faculty and staff and to monitor the effectiveness of its affirmative action programs. Any data collected as part of this process will not be used to make employment-related decisions. The University's policy on the collection, maintenance, and reporting of such information is available at: [www.umb.edu/odei](http://www.umb.edu/odei)
3.  **Voluntary Self-Identification of Disability**  
Completion of any part of this form is strictly voluntary but will enable the University to accurately report the diversity of its faculty and staff and to monitor the effectiveness of its affirmative action programs. Any data collected as part of this process will not be used to make employment-related decisions. The University's policy on the collection, maintenance, and reporting of such information is available at: [www.umb.edu/odei](http://www.umb.edu/odei)
4.  **State Board of Retirement New Member Enrollment Form**  
All active state employees are required to contribute a percentage of their salary towards their retirement. This contribution is deposited into an annuity account on behalf of the member. A statement of the annuity account balance is mailed to all active members yearly. Refer to [www.mass.gov/treasury/retirement/state-board-of-retire](http://www.mass.gov/treasury/retirement/state-board-of-retire) for information.
5.  **Statement Concerning Your Employment in a Job Not Covered by Social Security (Form SSA –1945)**  
You must sign and date this form, which explains how a pension from this new position could affect future Social Security benefits to which you may become entitled (as per the Social Security Protection Act of 2004)
6.  **Mandatory Direct Deposit**  
Your payroll check will be deposited directly into your account: checking, savings, credit union, etc. The University offers the ability to have your check deposited into a combination of up to four accounts.
7.  **Conflict of Interest Law Requirements**  
Annual conflict of interest law education and training is mandated by the University of Massachusetts Boston and the Commonwealth of Massachusetts.
8.  **State Tax Form (M-4)**  
The appointee must complete, sign and date the bottom of the form.
9.  **Federal Tax Form (W-4) \***  
The majority of the form is a worksheet for determining the appropriate number of exemptions. The appointee must complete, sign, and date the bottom half of the first page of this form. \*Due to federal law mandates, Non-Resident Aliens must contact Human Resources by emailing [HRDirect@umb.edu](mailto:HRDirect@umb.edu) for additional information. For non-resident aliens, there may be tax implications if you do not complete and submit the form. This may result in additional withholdings and/or penalties from the Internal Revenue Service. The university will not adjust your tax forms if you do not complete them nor is the university financially responsible to refund any tax penalties.

The University of Massachusetts Boston is not responsible for determining your withholding allowance. If you have questions on exemptions, withholdings and/or any other tax related questions please contact the Internal Revenue Service directly at [www.irs.gov](http://www.irs.gov).

Please note: Residents of Rhode Island must also complete the Rhode Island Federal Tax Form (W4)

10.  **Massachusetts Disclosure Form**  
If applicable, complete the form by including the name(s) of family members who are currently employed by the state.
11.  **Computer Awareness and Data Security Compliance Statement**  
You must sign and date the bottom of the form.
12.  **Notice and Acknowledgement: Paid Family and Medical Leave Law – MGL c. 175M – 07-SEP-2019**  
You must sign and date the PFML Notice Acknowledgement form.
13.  **Background Check: Written Notice of Acknowledgement Form**  
The University will conduct a background check and a Massachusetts Criminal Offender Record Information (CORI) check.

**Section II. Completed by appointee and university representative:**

Employment Eligibility Verification Form (Form I9) \*\*\*Please read instructions thoroughly\*\*\*  
Newly hired employees must complete Section 1 of this form no later than their first day of employment. The hiring department must complete Section 2 of Form I9 within three (3) business days of the first day of employment after reviewing the original documents presented. **An appointee must provide documents within three days of their date of hire** that will verify identity as well as U.S. employment eligibility.

**Section III. Received by appointee:**

By signing below, appointee acknowledges receipt and understanding of the University policies listed below. The policies can be downloaded as a packet from the Forms page on the HR website:

<https://hr.umb.edu/policies>

- **Data Security, Electronic Mail, and Computer Policy Development (Doc. T097-010)**
- **Drug-Free Workplace Policy**
- **Federal Affordable Care Act (ACA) notification/information**
- **Guide to the Conflict of Interest Law**
- **Guide to Political Activity (Public Employees and Fundraising)**
- **Massachusetts Pregnant Workers Fairness Act**
- **Non-Discrimination and Harassment Policy (Doc. T16-040)**
- **Sexual Harassment Policy (Doc. T92-037)**
- **University of Massachusetts Boston Background Check Policy**
- **University of Massachusetts Policy on Fraudulent Financial Activities (Doc. T00-051)**
- **University of Massachusetts Principles of Employee Conduct (Doc T96-136)**

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**I have received, completed, and understand the forms and information listed above. I also understand that my name will not be added to the University's payroll until all of the appropriate paperwork is properly completed and submitted to the Office of Human Resources.**

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(Appointee) Print Name

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Date:

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(Appointee) Print Name

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Date:



UNIVERSITY OF MASSACHUSETTS BOSTON  
DEPARTMENT OF HUMAN RESOURCES

PERSONAL DATA QUESTIONNAIRE

Social Security Number

First Name	Middle Name	Last Name	
Street Address			Telephone
City	State/Country	Zip Code	Marital Status Single      Married
Birth Date**	Place of Birth		Gender Male      Female

\*\*If you are currently age 60 or over and starting a benefited position, you will be affected by Section 5 of Chapter 32 of the M.G.L. Please bring this fact to the attention of the Benefits Office Staff when you attend the New Employee Orientation.

<https://malegislature.gov/Laws/GeneralLaws/PartI/TitleIV/Chapter32/Section5>

Educational Data				
Educational Level	Degree	Major	School Name	Year Awarded
High School/Equivalent				
Technical Certificate				
College/University				
Master's Level Degree				
Doctorate				

**EMERGENCY CONTACTS**

	Name	Address	Telephone	Relationship
<b>PRIMARY</b>				
<b>SECONDARY</b>				

**PRIOR SERVICE IN ANY MASSACHUSETTS GOVERNMENT AGENCY**

If retired from any government agency: (CHECK)

Name of Agency	From	To

"I attest that I have read and understood all of the contents of this form and that all of the information provided on this form is correct and complete to the best of my knowledge."

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

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



University of Massachusetts Boston - ODEI Self-Identification Form

The University of Massachusetts Boston is an equal opportunity employer and is required by law to periodically collect and report certain data (including data on citizenship, gender and race/ethnicity, as well as disability and veteran status) regarding our faculty and staff. The information collected via this form will be entered in the University of Massachusetts Boston’s Human Resources’ information system and may be used in accordance with the applicable laws and regulations concerning equal employment opportunity.

**Instructions:** New hires and re-hires, please complete this form in its entirety. Current employees requesting changes, please complete all of Sections I and II and only the information you wish to update on Section III. Upon completion please return this form to the Office of Diversity, Equity and Inclusion (ODEI.) This Form will be filed separately from your personnel file.

Section I: Name and Status

Select One:  New Hire/Rehire - Start Date or Effective Date of Change: \_\_\_\_\_  
 Current Employee - ID#: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last, First, Middle)

Section II: Department and Position Information

Department: \_\_\_\_\_

Position Title: \_\_\_\_\_

Position Classification:  Faculty  Professional  Classified

Section III: Personal Information and Self-Identification (Completion of the following information is voluntary.)

Sex:  Female  Male

Race/Ethnicity (Please provide both):

1. Hispanic Ethnicity:  Hispanic or Latino  Not Hispanic or Latino

2. Racial Identity: (Please select one or more of the following racial categories)

- American Indian or Alaska Native  Asian
- Black or African American  White
- Native Hawaiian or Other Pacific Islander

Military Status (Select one):  No Protected Military Service  Active Duty or Wartime or Camp Badge  
 Armed Forces Service Medal Veteran  Recently Separated Veteran  
 National Guard/Reserves

Disability Status:  Individual with a Disability  I Do Not Have a Disability  
 Disabled Veteran

NOTE: For accommodations, please contact the Office of Diversity, Equity and Inclusion at 617.287.4818.

Section IV: Signature and Date

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_  I do not wish to self-Identify.

**SELF-IDENTIFICATION DEFINITIONS:** Completion of this information is voluntary. All information is confidential and will be reported in aggregate form only. Declining to provide this information will not subject you to any adverse treatment.

**Ethnicity and Race** – This two-part question is requested for statistical reporting purposes to government agencies, including the U.S. Department of Education.

- **Hispanic Ethnicity-** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin (including Spain) regardless of race.
- **American Indian or Alaska Native -** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- **Asian -** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Black or African American -** A person having origins in any of the black racial groups of Africa.
- **Native Hawaiian or Other Pacific Islander -** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White -** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

#### **MILITARY STATUS AND DISABILITY STATUS SELF-IDENTIFICATION**

- This information is requested for statistical reporting purposes to government agencies, including the U.S. Department of Labor. Completion of this information is voluntary. All information is confidential and will be reported in statistical form only. Declining to provide this information will not subject you to any adverse treatment. Information regarding your disability may be disclosed to the extent that (1) your supervisor(s) may be informed of any work restrictions or reasonable accommodations needed, and (2) first aid personnel may be informed when and if you require emergency medical treatment. Protected Veteran Categories:
- **A Disabled Veteran** is one of the following:
  - a. A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
  - b. A person who was discharged or released from active duty because of a service connected disability.
- **A Recently Separated Veteran:** Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground naval or air service.
- **An Active Duty Wartime or Campaign Badge Veteran:** A veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- **An Armed Forces Service Medal Veteran:** A veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces Service Medal was awarded pursuant to Executive Order 12985
- **Military Discharge Date:** The date on which a person was discharged or released from military service.

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 1 of 2

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 2 of 2

### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.



THE COMMONWEALTH OF MASSACHUSETTS  
**State Board of Retirement**  
 ONE WINTER STREET, 8TH FLOOR, BOSTON, MA 02108

**COMMONWEALTH AGENCY  
 NEW MEMBER  
 ENROLLMENT FORM**

**SECTION A TO BE COMPLETED BY MEMBER - SECTION B TO BE COMPLETED BY AGENCY**  
 PLEASE RETURN COMPLETED FORM TO THE MASSACHUSETTS STATE RETIREMENT BOARD

**SECTION A - TO BE COMPLETED BY MEMBER**

**1. MEMBER INFORMATION**

Name (Print)			Former Name		SSN
Street Address			Date of Birth		Gender: M <input type="checkbox"/>
City	State	Zip Code	Phone Number		F <input type="checkbox"/>
E-Mail					
Marital Status:					
<input type="checkbox"/> Married	<input type="checkbox"/> Single	If <b>Divorced</b> , are you subject to a Qualified Domestic Relations Order?			
<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced				
			Spouse Date of Birth		Spouse Name
Are you a Veteran?		<div style="border: 1px solid black; padding: 5px; text-align: center;">         The retirement law establishes specific periods of active service, which may qualify you for certain Veteran benefits.       </div>		Employment	
<input type="checkbox"/> Yes	<input type="checkbox"/> No			Start Date	
Dates of Military Service			Agency or Department		
<p><b>A copy of your military discharge may be requested</b></p>			Agency Phone Number		

**2. PAST MEMBERSHIP HISTORY WITH ANY OTHER CONTRIBUTORY RETIREMENT SYSTEM IN MASSACHUSETTS**

Retirement System	Start Date	End Date	Was a Refund Taken?	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

**If you wish to reinstate / purchase past creditable service you must make a separate request to the State Retirement Board.**

**3. ARE YOU CURRENTLY OR HAVE YOU EVER RECEIVED A RETIREMENT ALLOWANCE FROM ANOTHER PUBLIC RETIREMENT SYSTEM?**

Yes       No

**4. STATEMENT AND SIGNATURE OF MEMBER**

I certify the above information to be true and correct to the best of my knowledge and hereby accept membership in the Massachusetts State Employees' Retirement System. This statement is signed under penalties of perjury.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_ *Continued on reverse*



**NEW MEMBER ENROLLMENT FORM - PAGE 2**

**SECTION A (CONTINUED)**

**5. BENEFICIARY INFORMATION**

Beneficiary or beneficiaries nominated will receive in the proportion designated any amount due at your death, if you pass away prior to retirement. The right to change any nominated beneficiary is reserved by the member.

**A beneficiary blank with corrections or erasures is not acceptable**

**Give Complete Name and Address of Each Beneficiary**

Name:	Designation (Must check 1 box)	Proportion* (Must check 1 box)	DOB:
Street:	<input type="checkbox"/> Primary, <u>OR</u>	<input type="checkbox"/> All, <u>OR</u>	Relationship:
City, State, Zip:	<input type="checkbox"/> Contingent	<input type="checkbox"/> _____% (Percent)	SSN:
Name:	Designation	Proportion*	DOB:
Street:	<input type="checkbox"/> Primary, <u>OR</u>	<input type="checkbox"/> All, <u>OR</u>	Relationship:
City, State, Zip:	<input type="checkbox"/> Contingent	<input type="checkbox"/> _____% (Percent)	SSN:
Name:	Designation	Proportion*	DOB:
Street:	<input type="checkbox"/> Primary, <u>OR</u>	<input type="checkbox"/> All, <u>OR</u>	Relationship:
City, State, Zip:	<input type="checkbox"/> Contingent	<input type="checkbox"/> _____% (Percent)	SSN:
Name:	Designation	Proportion*	DOB:
Street:	<input type="checkbox"/> Primary, <u>OR</u>	<input type="checkbox"/> All, <u>OR</u>	Relationship:
City, State, Zip:	<input type="checkbox"/> Contingent	<input type="checkbox"/> _____% (Percent)	SSN:

**\*The totals of all proportions for your primary and contingent beneficiary(ies) MUST equal 100% EACH.**

**6. PLEASE SIGN BELOW**

Member Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness Signature \_\_\_\_\_

**Witness may not be beneficiary**

A Change of Beneficiary Form must be used if you wish to change your designated beneficiary(ies). You may obtain this form from the State Retirement Board or [mass.gov/retirement](http://mass.gov/retirement).

**SECTION B - TO BE COMPLETED BY THE AGENCY**

Position: \_\_\_\_\_ Start Date: \_\_\_\_\_

State Police Start Date: \_\_\_\_\_ Date of First Deduction: \_\_\_\_\_  New  Transfer

Rate to be deducted for retirement:  5%  7%  8%  9%  12%

Service Status:  Full-Time  Part-Time \_\_\_\_\_%  Temp/Sub \_\_\_\_\_%  Other \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

Agency and Payroll Number \_\_\_\_\_

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

**Employee Name:** \_\_\_\_\_

**Employee ID #** \_\_\_\_\_

**Employer Name:** University of Massachusetts Boston

**Employer ID#** UMS/1271

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 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to the 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 the 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** \_\_\_\_\_

## **Information Regarding Social Security Form SSA-1945, Statement Concerning Your Employment in a Job Not Covered by Social Security**

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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 use to meet the requirements of the law. Form SSA-1945 explains the potential effects of two provisions in the social security law for employees 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 an employee's social security retirement or disability benefit. The Government Pension Offset Provision can affect any possible social security benefit entitlement as a spouse or an ex-spouse.

### **FICA/Medicare Deduction**

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The Consolidated Omnibus Budget and Reconciliation Act (COBRA) which became law on April 1, 1986 mandates that all state government employees hired on or after April 1, 1986 are required to pay the Medicare portion of the Social Security tax. This tax is 1.45% of a person's annual salary. The employer is required to match the employee contribution. Regular weekly deductions will be made from the salaries of University employees subject to the Medicare deduction.

An exception to the Medicare deduction may apply to individuals who are hired by the University of Massachusetts Boston after April 1, 1986 and who are transferring from another state agency or position with continuous state service. Service at the previous state agency must have begun prior to April 1, 1986. If you feel you should be exempted from the FICA/Medicare deduction, please inform Human Resources as soon as possible.

### **Use of Social Security Numbers**

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Although the University does not deduct full social Security and does not require employee to use their social security number for identification purposes, the University reserves the right to examine an employee's social security card to verify that the name on the card matches the name being used for payroll purposes.

# DIRECT DEPOSIT

## How to Enroll:

On the bottom of your personal check, to the left side, you will locate a nine- digit Bank ID number (transit routing number) alongside these series of numbers will be your account number, WRITE CLEARLY and place these EXACT numbers on the direct deposit form. If the appointee wishes to have his/her check deposited into a savings account, he/she should contact the bank to get the Bank ID number (transit routing number) and account number

Your earnings will be electronically deposited into the bank(s) or credit union you designate (up to a maximum of four accounts) after you complete the Direct Deposit form. A pay statement detailing your earnings and deductions is available online in HR Direct.

**OR**

## GLOBAL CASH CARD PROGRAM

Employees who are experiencing hardship and/or does not submit the direct deposit form will be automatically placed on a "Global Cash Card"



### How it Works:

1. Your wages will be deposited onto the Global Cash Card Visa paycard each pay period for immediate use
2. Set up paycard alerts and two-way texting:
  - Receive email and text message alerts when your paycard is loaded on payday
  - Text and receive your paycard balance, activity, and payroll loads within seconds
3. Access your money in many ways:
  - Make signature purchases with No Fee at any merchant that accepts a Visa paycard
  - Receive cash back after making a debit purchase at many locations
  - Withdraw funds at Allpoint Network surcharge-free ATM locations

The World's Largest Surcharge-Free ATM Network. Over 60,000 surcharge-free ATM locations worldwide. Find a location near you at [www.allpointnetwork.com](http://www.allpointnetwork.com)

If you have any questions about using your Global Cash Card Paycard contact customer service at 1-949-751-0360

## GCC "No Hidden Fees" Detail

### PAYCARD PROGRAM

ENROLLMENT FEE	NO FEE
ANNUAL FEE/MONTHLY FEE	NO FEE
REWARDS PROGRAM	NO FEE
CARD REPLACEMENT	NO FEE
PIN CHANGE	NO FEE
AUTOMATED TELEPHONE	NO FEE
OPERATOR ASSISTED TELEPHONE	NO FEE
WEB SITE LOGIN	NO FEE
INACTIVITY FEE / MONTHLY	\$3.00
<small>(AFTER NINETY (90) DAYS OF NO TRANSACTIONS – LOADS ARE TRANSACTIONS)</small>	

FIRST TRANSACTION PER PAY PERIOD	NO FEE
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### POINT OF SALE – UNITED STATES

SIGNATURE PURCHASE	NO FEE
PIN PURCHASE	NO FEE
DECLINE – SIGNATURE	\$0.80
DECLINE – PIN	\$0.50

### POINT OF SALE – OUTSIDE UNITED STATES

SIGNATURE PURCHASE	NO FEE*
PIN PURCHASE	\$1.75
DECLINE – SIGNATURE	\$1.50
DECLINE – PIN	\$1.25

\*CURRENCY CONVERSION FEE MAY APPLY

### ATM – UNITED STATES

WITHDRAWAL (ALLPOINT)	NO FEE
WITHDRAWAL (OUTSIDE OF ALLPOINT NETWORK)	\$1.75

OTHER TRANSACTIONS	\$1.00
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### ATM – OUTSIDE UNITED STATES

WITHDRAWAL	\$3.50*
OTHER TRANSACTIONS	\$3.25

### BALANCE INQUIRY

ONLINE/IVR/LIVE CUSTOMER SERVICE	NO FEE
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### MONEY TRANSFER WORLDWIDE (CARD TO CARD)

\$1 – \$2500 (DAILY LIMIT IS \$2,500)	NO FEE
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### BILL PAY

CARDHOLDER DIRECT TO MERCHANT	NO FEE
ONLINE	NO FEE
CONVENIENCE CHECK	NO FEE



# University of Massachusetts

AMHERST • BOSTON • DARTMOUTH • LOWELL • WORCESTER

## AUTHORIZATION AGREEMENT FOR EMPLOYEE DIRECT PAYROLL DEPOSIT(S)

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

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

Employee ID: \_\_\_\_\_

Phone: \_\_\_\_\_

### BANK INFORMATION

Deposit Priority (1) – Deducts this amount 1st	<u>Full/Deposit/Balance</u>	<input type="checkbox"/>
<input type="checkbox"/> New <input type="checkbox"/> Delete <input type="checkbox"/> Change <u>New/Amount \$</u> _____	Percentage % _____	<input type="checkbox"/>
Bank Transit/Routing# (9 digits): _____	Account Number: _____	
Bank Name: _____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings

If depositing more than one (1) bank, you must choose one Balance Account



Deposit Priority (2) – Deducts this amount 2nd	<u>Full/Deposit/Balance</u>	<input type="checkbox"/>
<input type="checkbox"/> New <input type="checkbox"/> Delete <input type="checkbox"/> Change <u>New/Amount \$</u> _____	Percentage % _____	<input type="checkbox"/>
Bank Transit/Routing # (9 digits): _____	Account Number: _____	
Bank Name: _____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings

Deposit Priority (3) – Deducts this amount 3rd	<u>Full/Deposit/Balance</u>	<input type="checkbox"/>
<input type="checkbox"/> New <input type="checkbox"/> Delete <input type="checkbox"/> Change <u>New/Amount \$</u> _____	Percentage % _____	<input type="checkbox"/>
Bank Transit/Routing # (9 digits): _____	Account Number: _____	
Bank Name: _____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings

Deposit Priority (4) – Deducts this amount 4th	<u>Full/Deposit/Balance</u>	<input type="checkbox"/>
<input type="checkbox"/> New <input type="checkbox"/> Delete <input type="checkbox"/> Change <u>New/Amount \$</u> _____	Percentage % _____	<input type="checkbox"/>
Bank Transit/Routing # (9 digits): _____	Account Number: _____	
Bank Name: _____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings

I hereby authorize the University of Massachusetts to deposit my net pay as indicated above at the financial institution(s) named above. I understand the University of Massachusetts may cause my account to be adjusted to the extent necessary to correct any over deposit and I agree to hold the above named financial institution(s) harmless for any erroneous deposits or adjustments not caused by the financial institution. It is understood that I may terminate this agreement at any time by written notification to the University of Massachusetts. Any such notification to the University of Massachusetts shall be effective only with respect to entries initiated by the University after receipt of such notification and reasonable opportunity to act upon it. Any such notification to the bank by the employee is unacceptable. The bank may terminate this agreement by written notice to the employee for just cause.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

HUMAN RESOURCES USE ONLY:



## MEMORANDUM

**To:** UMass Boston Staff and Faculty  
**From:** Marie H. Bowen, Vice Chancellor for Human Resources  
**Date:** April 27, 2017  
**Subject:** **Annual Notice - Conflict of Interest Law Education Requirements**

The conflict of interest law seeks to prevent conflicts between private interests and public duties, foster integrity in public service, and promote the public's trust and confidence in that service by placing restrictions on what employees of the university may do on the job, after hours, and after leaving public service.

Annual conflict of interest law education and training is mandated by the University of Massachusetts Boston and the Commonwealth of Massachusetts, which requires that all employees complete the training every two (2) years. New employees should complete the training within thirty (30) days of the date of hire.

To ensure compliance with the Conflict of Interest requirements, please complete the following steps.

1. Acknowledge Receipt of the Summary of the Conflict of Interest Law for State Employees:

The summary of the conflict of interest law, General Laws chapter 268A, is intended to help employees understand how that law applies to them. The summary is not a substitute for legal advice, nor does it mention every aspect of the law that may apply in a particular situation.

The law requires that this form, which may be accessed at <http://www.mass.gov/ethics/education-and-training-resources/required-education-and-training/state-employees-summary.html> be submitted annually.

Please print and sign the form and return it to Human Resources.

2. Complete the Conflict of Interest Law Online Training Program:

The training program covers various issues you may encounter as a public employee and provides examples and reference information to help you recognize conflicts of interest. Recognizing and properly responding to a conflict of interest is a key element to maintaining the public's confidence in government and in the integrity of the work we do as public employees.

The training program can be found at: [www.stateprog.eth.state.ma.us](http://www.stateprog.eth.state.ma.us). It should take approximately one (1) hour to complete.

Upon completion of the training you will have the ability to print a Certificate of Completion. Please do so, make a copy for your records and send the certificate to

Human Resources. **You must complete the entire training in order to receive a certificate.**

NOTE: The online training program is not compatible with the Google Chrome web browser and make sure to disable pop-up blockers.

If you have questions, please review the [Education and Training Guidelines](#) available on the State Ethics Commission's website, [www.mass.gov/ethics](http://www.mass.gov/ethics). The guidelines provide helpful information about who is required to comply with these statutory requirements, record-keeping requirements, and the process.

Thank you for your time and attention to this important matter. If you have any questions, please contact Human Resources at [hr@umb.edu](mailto:hr@umb.edu).

FORM M-4

MASSACHUSETTS EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Rev. 8/02



Print full name Social Security no.
Print home address City State Zip

Employee:

File this form or Form W-4 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 "3." If your spouse is age 65 or over or will be before next year and if otherwise qualified, write "4." 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. If you claim more than the correct number of exemptions, civil and criminal penalties may be imposed. You may claim a smaller number of exemptions. 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.

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 withholding exemptions for your spouse or for any dependents that will not be claimed on your annual tax return.

If claiming a wife or husband, write "3" in line 2. Using "3" is the withholding system adjustment for the \$3,300 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.

IF YOU CLAIM THE SAME NUMBER OF EXEMPTIONS FOR MASSACHUSETTS AND U.S. INCOME TAXES, COMPLETE U.S. FORM W-4 ONLY.



# Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**  
 ▶ **Give Form W-4 to your employer.**  
 ▶ **Your withholding is subject to review by the IRS.**

**2020**

<b>Step 1: Enter Personal Information</b>	<b>(a)</b> First name and middle initial	Last name	<b>(b)</b> Social security number
	Address		▶ <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	<b>(c)</b> <input type="checkbox"/> <b>Single or Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly</b> (or Qualifying widow(er)) <input type="checkbox"/> <b>Head of household</b> (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

**Step 2:  
Multiple Jobs  
or Spouse  
Works**

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

Do **only one** of the following.

**(a)** Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); **or**

**(b)** Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

**(c)** If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . ▶

**TIP:** To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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

<b>Step 3: Claim Dependents</b>	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):  Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____  Multiply the number of other dependents by \$500 . . . . ▶ \$ _____  Add the amounts above and enter the total here . . . . . <b>3</b> \$ _____		
<b>Step 4 (optional): Other Adjustments</b>	<b>(a) Other income (not from jobs).</b> 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 . . . . . <b>4(a)</b> \$ _____		
	<b>(b) Deductions.</b> 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 . . . . . <b>4(b)</b> \$ _____		
	<b>(c) Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . . <b>4(c)</b> \$ _____		

<b>Step 5: Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ _____ ▶ <b>Employee's signature</b> (This form is not valid unless you sign it.)		▶ _____ ▶ <b>Date</b>

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)
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## General Instructions

### Future Developments

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

### Purpose of Form

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

**Exemption from withholding.** You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

**Your privacy.** If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

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



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

**Step 3.** Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

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

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

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



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

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

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

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



- 1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$24,800 if you're married filing jointly or qualifying widow(er); \$18,650 if you're head of household; \$12,400 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

**Married Filing Jointly or Qualifying Widow(er)**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240





## Computer and System Usage

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As an employee of the University of Massachusetts (the University), I understand that the unauthorized use or misuse of University computer facilities, computer applications, computer systems, and/or electronic communications systems (including e-mail) constitutes an infraction of the University's data and computing policies/guidelines.

I will not share or release any logon, operator id or password used to access University data, computer systems, or electronic communications systems. I will keep my password(s) confidential, will change my password as required by the computer system and will select a password that is difficult to guess. I will not store access passwords in batch files, in automatic login scripts, in terminal function keys, in computers without access control or in other locations where another person might discover them.

I will not intentionally write, produce, generate, copy, propagate or attempt to introduce a computer virus, worm, Trojan horse, etc. into any University computer system or any computers linked to the University computer system.

I further acknowledge that I will not use University data or computing systems (e.g. software, hardware, network components, etc.) in any illegal, unethical or unauthorized commercial activities.

## Data Confidentiality

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I recognize my individual responsibility for safeguarding the integrity, accuracy and confidentiality of data that I access as dictated by state and federal law, and University policies and procedures.

I will not improperly release any information obtained as a result of my authorized access.

I will properly create, access, use and dispose of University data based on the data's classification.

## Software Usage

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I will not knowingly violate the terms of University license agreements for software. I recognize that the University licenses the use of commercial software and does not own this software or its related documentation or instructional material, and except to the extent authorized by the software developer, does not have the right to copy computer software. I will use documentation only as allowed by the vendor and federal Copyright law.

I will not use personally owned software in University computers unless I have a proper license for the software and the license authorizes such use. I will only use such personally owned software in University computers after I have first obtained clearance from appropriate systems personnel as to its compatibility with University computers and systems.

I will not illegally distribute copyrighted software within or outside the University through any mechanism, electronic or otherwise. I will not use my e-mail access to unlawfully solicit or exchange copies of copyrighted software.

*(1) As directed by Board of Trustees' Policy Statements on Electronic Data Security, Electronic Mail and Computer Policy Development (Doc. T97-010, adopted February 5, 1997), and Policy Statement on Record Management, Retention and Disposition (Doc. T99-061 adopted August 4, 1999). Full text of these Policies and related Guidelines and all University Data and Computing Guidelines can be found at: <https://www.umassp.edu/bot/policies>*





## Electronic Communications

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I will use e-mail and any other electronic communications tool in a responsible manner consistent with other business communications (e.g., phone, correspondence). I will safeguard the integrity and confidentiality of University electronic mail; only use mail IDs assigned to me and will remove mail from my mailbox consistent with University, campus, departmental or electronic mail administrator message retention procedures.

I will not "rebroadcast"/send to a third party information obtained from another individual that the individual reasonably expects to be confidential, except as required by my job responsibilities, University policies and procedures, and applicable law.

I will not post materials that violate existing laws or University policies/codes of conduct. For example, materials that are of a fraudulent, defamatory, harassing, or threatening nature. I will not unnecessarily or inappropriately use computer resources by sending chain e-mails, spamming, mail bombing, generating unnecessary excessive print, etc.

## My Responsibilities

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I have agreed and will attend a workshop that includes information regarding my computer security and data confidentiality responsibilities as an employee of the University. I understand these responsibilities both as an authorized user and an employee.

I recognize my overall responsibility to exercise the degree of care required to maintain control of University computing systems and resources (e.g., data, software, hardware, network components, etc.) and agree to abide by established University policies/guidelines and Campus procedures. I acknowledge that failure to comply with University data and computing related policies/guidelines/procedures might result in: the loss or restriction of my computer access; reprimand; suspension; dismissal, or other disciplinary or legal action.

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*Print Name*

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*Signature*

*Date*





**NOTICE AND ACKNOWLEDGEMENT  
PAID FAMILY AND MEDICAL LEAVE LAW  
MGL c. 175M**

In 2018, Massachusetts signed into law a statute that provides paid family and medical leave (PFML) benefits to public and private workers. That law requires covered employers to provide employees with notice of the benefits and the employer/employee contributions for the Paid Family Medical Leave program. The University of Massachusetts is providing you with this notice in order to comply with this requirement. [Options and instructions for how to acknowledge this notice are located at the bottom of this document.](#)

## **Explanation of Benefits**

- **Beginning January 1, 2021,**
  - employees may be entitled to up to 12 weeks of paid family leave in a benefit year for the birth, adoption, or foster care placement of a child, or because of a qualifying exigency arising out of the fact that a family member is on active duty or has been notified of an impending call to active duty in the Armed Forces.
  - employees may be entitled to up to 20 weeks of paid medical leave in a benefit year if they have a serious health condition that incapacitates them from work.
  - employees may be entitled to up to 26 weeks of paid family leave in a benefit year to care for a family member who is a covered service member undergoing medical treatment or otherwise addressing consequences of a serious health condition relating to the family member's military service.
  
- **Beginning July 1, 2021,**
  - employees may be entitled to up to 12 weeks of paid family leave in a benefit year to care for a family member with a serious health condition.

Employees may be eligible for up to 26 total weeks, in the aggregate, of paid family and medical leave in a single benefit year. An employee's weekly benefit amount will be based on the employee's earnings, with a percentage of wages up to a maximum benefit of \$850 per week.

Leave taken under M.G.L. c. 175M shall run concurrently with leave taken under other applicable state and federal leave laws, including but not limited to, the Commonwealth's Parental Leave Act (section 105D of M.G.L. c. 149), the federal Family and Medical Leave Act of 1993 (29 U.S.C. 2601 et seq.), as amended, when the leave is for a qualified reason under those acts.

In some instances, paid leave provided under a collective bargaining agreement or employer policy and paid at the same or higher rate than paid leave available under this law may count against the allotment of leave benefits available under this law.



## Employer/Employee Contributions to the DFML Family and Employment Security Trust Fund

- On October 1, 2019, contributions to the Department of Family and Medical Leave (DFML) Employment Security Trust Fund will begin. An employer will be responsible for sending contributions to the DFML for all employees.
- Currently, the total contribution amount is 00.75% of wages. Of that 00.75% total contribution amount, there is a split: 17.5% is a family leave contribution and 82.5% is a medical leave contribution.
- Under the law, employers are permitted to deduct from employees' wages up to 40% of the medical leave contribution and up to 100% of the family leave contribution.
- As an employee of the University of Massachusetts, the Default Employee Share from your earnings is as follows:
  - 40% of the Medical Leave Contribution
  - 100% of the Family Leave Contribution

Your employer will contribute:

- 60% of the Medical Leave Contribution
- 0% of the Family Leave Contribution

## Job Protection, Continuation of Health Insurance and No Retaliation

- **Job Protection:** Generally, an employee who has taken family or medical leave under the law must be restored to the employee's previous position or to an equivalent position, with the same status, pay, employment benefits, length-of-service credit and seniority as of the date of leave.
- **Continuation of Health Insurance:** The employer must continue to provide for and contribute to the employee's employment-related health insurance benefits, if any, at the level and under the conditions coverage would have been provided if the employee had continued working continuously for the duration of such leave.
- **No Retaliation:** It is unlawful for any employer to discriminate or retaliate against an employee for exercising any right to which such employee is entitled under the paid family and medical leave law. An employee or former employee who is discriminated or retaliated against for exercising rights under the law may, not more than three years after the violation occurs, institute a civil action in the superior court.

## How to File a Claim

- Employees must file claims for paid family and medical leave benefits with the DFML using the Department's forms. Forms and claim instructions will be available on the Department's website [www.mass.gov/DFML](http://www.mass.gov/DFML) before January 2021.
- Employees are required to provide at least 30 days' notice to their employer of the anticipated starting date of Paid Family Medical Leave, the anticipated length of the leave and the expected date of return. An employee who is unable to provide 30 days' notice due to circumstances beyond his or her control is required to provide notice as soon as practicable.

## Contact Information

### The Massachusetts Department of Family and Medical Leave

Charles F. Hurley Building  
19 Staniford Street, 1<sup>st</sup> Floor Boston, MA 02114  
(617) 626-6565  
MassPFML@mass.gov

For more detailed information, please consult the Department's website: [www.mass.gov/DFML](http://www.mass.gov/DFML).

For the purposes of this notification your employer is:

Commonwealth of Massachusetts  
1 Ashburton Place Room 901  
Boston, MA 02108  
Employer ID# 04-6002284

## Options and Instructions for Acknowledgement

You have three options for acknowledging receipt of this Notice:

1. Select the link to HR Direct that is embedded in the email that you received or log onto HR Direct.
2. Print the portion of this document entitled "PFML Notice Acknowledgement Form", sign it, and mail it to the UMass Presidents Office, Human Resources Office, 333 South Street, Suite 400, Shrewsbury, MA 01545.
3. Print the portion of this document entitled "PFML Notice of Acknowledgement Form" and have it hand delivered to any of the locations listed below. You can also pick up a printed copy of the regulations and the acknowledgement form at these locations.

## Drop-off Locations

### UMASS LOWELL

Human Resources & Equal Opportunity & Outreach  
600 Suffolk Street  
Lowell, MA 01854

### UMASS DARTMOUTH

Human Resources Office  
Foster Administration Building, Room 202  
285 Old Westport Road  
Dartmouth, MA 02747

### UMASS BOSTON

Human Resources Office  
Quinn Administration Building, Room 076  
100 Morrissey Blvd  
Boston, MA 02125

### UMASS MEDICAL SCHOOL

**Main Campus**

Room S2-100A  
55 North Lake Ave  
Worcester, MA 01655

**Office Hours:**

Wed. 2 – 3pm  
Thurs. 10am – 11 am  
Fri. 11am -12pm

**Shrewsbury Location**

Human Resources  
333 South Street  
Shrewsbury, MA

**Quincy Location**

Joan Wall – Office 7026  
100 Hancock Street  
Quincy, MA 02171

**MassBiologics Location**

Jeffery Way - Office# 1017  
Administration & Research Building  
Mattapan, MA 02124

**Charlestown Location (Schrafft's Building)**

Bonnie Kumar – Office 3.401  
529 Main Street  
Schrafft City Center  
Charlestown, MA 02129

**UMASS PRESIDENT'S OFFICE****Shrewsbury Location**

Human Resources Office  
333 South Street, Suite 400  
Shrewsbury, MA 01545

**Boston Location**

Brian Melanson – A&F  
One Beacon – 31<sup>st</sup> floor

**PFML NOTICE ACKNOWLEDGEMENT FORM**

PAID FAMILY AND MEDICAL LEAVE LAW MGL c. 175M

Please complete only one of the two boxes below:

Your signature below acknowledges your receipt of the Paid Family and Medical Leave Notice and Acknowledgement Form.		
<hr/>		
<b>Signature</b>		<b>Date</b>
<hr/>		
<b>Name (Print)</b>	<b>Campus</b>	<b>Employee ID</b>

Your signature below indicate you have declined to acknowledge receipt of the Paid Family and Medical Leave Notice and Acknowledgement Form.		
<hr/>		
<b>Signature</b>		<b>Date</b>
<hr/>		
<b>Name (Print)</b>	<b>Campus</b>	<b>Employee ID</b>

Your signed acknowledgement, or statement indicating your refusal to sign the acknowledgement, will be retained by your employer. You may retain a copy for your own reference.



**UNIVERSITY of  
MASSACHUSETTS  
BOSTON**  
Department of Human Resources  
100 Morrissey Blvd.  
Boston, MA 02125-3393

HR use only: Benefited

**BACKGROUND CHECK INFORMATION  
WRITTEN NOTICE OF ACKNOWLEDGEMENT FORM**

As a prospective employee or a volunteer of the University of Massachusetts Boston, I understand and agree that the University will conduct a background check and a Massachusetts Criminal Offender Record Information (CORI) check. I may withdraw this authorization at any time by providing written notice to Human Resources of my intent to withdraw consent to a background check and a CORI check.

As a prospective employee or a volunteer, I understand and agree that a background check will be submitted with my personal information to the vendor contracted by the University of Massachusetts (Creative Services, Inc.) and to the Department of Criminal Justice Information Services (DCJIS) Criminal Offender Records Information (CORI). You will receive **two** separate emails with 1.) a link to the instructions on how to log in to Creative Services, Inc. and 2.) an access code which is required to login and complete the online form. These emails will come from Human Resources staff.

As a prospective employee or a volunteer, I understand and agree that an offer of employment may be extended and employment may begin, but will be contingent upon the receipt of an acceptable background check and CORI report. The background check and CORI report will be used for employment purposes and shall only be accessed for applicants who are otherwise qualified for the position for which they have applied. Unless otherwise provided by law, a criminal record will not automatically disqualify an applicant.

If an authorized official is inclined to make an adverse employment decision based on the results of a criminal history and/or other background check, I understand and agree that I will be notified immediately and shall be provided with a copy of the University's Background Check policy, as well as copy of my criminal history record (when this record is used in making an adverse employment decision). The source(s) of the criminal history will also be revealed. I will then be provided with an opportunity to dispute the accuracy of the background check and CORI record. I shall also be provided a copy of DCJIS' Information Concerning the Process for Correcting a Criminal Record. I acknowledge that the University's entire policy can be found on the Human Resources website [www.hr.umb.edu](http://www.hr.umb.edu).

I hereby acknowledge and provide permission to the University of Massachusetts Boston of the date that this Acknowledgement Form was signed by me to request my personal information from the background check vendor and DCJIS.

The University is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI reports for the purpose of screening prospective employees.

**By signing below, I provide my consent to a Creative Services, Inc. background check and CORI check and acknowledge that the information provided to the University is true and accurate to the best of my knowledge. Falsification of any such information-whenver discovered-could result in termination.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**BACKGROUND CHECK REQUEST FORM**

Please complete the following **REQUIRED** fields (please print clearly and legibly):

\_\_\_\_\_  
**Legal Last Name**

\_\_\_\_\_  
**Legal First Name**

\_\_\_\_\_  
**MI**

\_\_\_\_\_  
**Suffix**

\_\_\_\_\_  
**Other Legal Name(s) by which you may have been known by (please include first and last name)**

\_\_\_\_\_  
**Date of Birth (MM/DD/YYYY)**

\_\_\_\_\_  
**Last 6 Digits of your SSN**

\_\_\_\_\_  
**Current Mailing Address**

**Human Resources and Creative Services, Inc. will contact you at the e-mail address used for your online application to initiate the background check process.**

**PLEASE RETURN THE ORIGINAL FORM, ALONG WITH YOUR PRE-EMPLOYMENT PAPERWORK TO:**

**University of Massachusetts Boston  
Department of Human Resources  
Quinn Administration Building, 3<sup>rd</sup> Floor  
100 Morrissey Boulevard  
Boston, MA 02125**