

CPS: NONCONTRACT NEW HIRE DOCUMENTS>20HOURS/WEEK-INSTRUCTIONS:

The first two items must be done prior to the start of employment;

1. Complete [CORI form](#) and submit to Main Office with a copy of your driver's license.
2. Fingerprinting per [instructions](#); or contact previous district that you originally provided fingerprints for and ask them to forward a suitability report to us @ moregan@carlisle.k12.ma.us
3. [Carlisle Personnel Record](#) – complete top section
4. [Employee Information/Emergency Contact Form](#)
5. [Federal 2021 W4](#) – Complete all areas
6. [MA 2021 W4](#) – Complete all areas
7. [I-9](#) – Complete the first page. Be sure to sign at the bottom of the page. Return all pages along with two forms of acceptable identification (**passport, birth certificate, social security card, or driver's license**).
8. Please complete the Middlesex County Retirement System (MCRS) enrollment [application](#).
9. [Read](#) the Town sexual harassment policy and indicate by [signing](#) that you have read it.
10. [Direct Deposit](#)-The town of Carlisle issues pay electronically. The Treasurer's office will provide an email for you to access your biweekly pay statement via Harper's Employee Forward Portal. Email will be generated from: no-reply@employeeforward.com
11. [EPIMS](#)
12. [HIRD form](#) – sign sections in yellow. This explains that you were offered health insurance for this position.
13. [Mandatory Ethics Training](#) – Complete training and print certificate of successful completion Read [conflict of interest law summary](#) and complete the last page and return with paperwork as well.
14. [SSA Form](#)-explains that you don't pay into Social Security.
15. Health Insurance Information and [Enrollment Form-HMO Blue NE; Network Blue Select: Blue Care Elect \(PPO\)](#)
*Please note that the enrollment form for medical and dental are the same.
16. Dental Insurance Information and [Enrollment Form-Low Plan; High Plan](#)
17. Life Insurance Packet and Long Term Disability Form-copies in Business Office
18. [Waiver sheet](#) for any voluntary deductions you do not choose to participate in.
19. [Tax Sheltered Annuity \(TSA\) \(403b\)](#): -This is the list of all participating annuity vendors. If you would like to enroll in a 403b account, please contact the vendor at the phone # on the list and tell them we work through MidAmerica.

Return all these documents and any additional information requested prior to coming to your first day of work. Pay cannot be issued until all documents/information is received and completed.