

Employee Number \_\_\_\_\_

**Town Of Carlisle Personnel Record  
For Part-Time or Temporary Employees Only**

**To Be Completed By Employee:**

NAME: (Mr., Miss, Mrs.) \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP \_\_\_\_\_

SOC. SEC. # \_\_\_\_\_ SEX \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

I have received a copy of the Sexual Harassment Policy \_\_\_\_\_

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

\*\*\*\*\*

-

**NOTE: A withholding in the amount of 1.45% of your pay will be made for FICA/Medicare. This is a mandatory withholding as defined by IRS regulations effective April 1, 1986.**

**NOTE: A withholding in the amount of 7.50% of your pay will be made for OBRA. This is a mandatory withholding since we do not withhold social security.**

**NOTE: You may apply for withdrawal of your OBRA funds when you terminate you're services with the Town of Carlisle.**

\*\*\*\*\*

**TO BE COMPLETED BY TOWN TREASURER:**

W-4: \_\_\_\_\_ OBRA \_\_\_\_\_ I-9 \_\_\_\_\_ EMPLOYMENT DATE: \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

HOURLY: \_\_\_\_\_ OR SALARY \_\_\_\_\_