



New-Hire Onboarding Document Checklist

For **BENEFITED** Employee (with regularly scheduled hours of 20 or more hrs/week)

Recruitment & Selection

- Vacancy Announcement Posting
- All Applications & Resumes
(of all respondents - on file for 1yr)
- Candidate Selection Notes
- Candidate(s) Not Chosen Letter(s)
- Offer of Employment Letter
- Signed Acceptance of Offer
- Board of Selectmen Appointment
(if applicable)

Internal Administrative Forms:

- This Onboarding Checklist
- Employee Action Form
- Resource & Facility Access Request
- Special Municipal Emp Designation
(if applicable)

Give to / Collect from New-Hire:

- Employment Application
- CORI Order Form & Acknowledgment
- ⇒ Pre-employment Exam/Screen Form
- ⇒ Conflict of Interest Training Page
- Form I-9 Employment Eligibility
- IRS Tax Form W-4
- State Tax Form M-4
- Direct Deposit Form
- List of Emergency Contacts
- ⇒ INFO – Overview SS/OBRA/MCRS
- Job Not Covered by Social Security
- MANDATORY – (MCRS) Enrollment Form
- MCRS Lump Sum Beneficiary Form
- MCRS Option D Beneficiary Form
- MCRS Supplemental Information

Name: _____

Date of Hire: _____ Ph#: _____

Email: _____

Address: _____

Title: _____

Department: _____

Supervisor: _____

X _____

Supervisor's Signature

Give to / Collect from New-Hire (cont):

- ⇒ INFO – BCBS Health Ins Eligibility & Rates
 - VOLUNTARY – BCBS Health & Dental Enrollment
- ⇒ INFO – BCBS Dental Blue Freedom
 - VOLUNTARY – BCBS Vision Coverage Enrollment
- ⇒ INFO – TASC Flexible Spending Account
 - VOLUNTARY – TASC FSA/DCFSA Enrollment
(Section 125 Cafeteria Plan)
- Health Insurance Responsibility Disclosure
(applicable if new-hire declines health insurance or FSA)
- VOLUNTARY – Boston Mutual Group Term Life Insurance and Voluntary AD&D Coverage
- VOLUNTARY – Colonial Life Supplemental Ins.
(short-term disability plus other voluntary options)
- ⇒ INFO - Employee Assistance Program
- Acknowledgments of Receipt
 - Personnel Policies & Procedures Manual
 - Harassment Policy & Procedure
 - Email & Social Media Policy
 - Job Description





CANDIDATE SELECTION NOTES

The TOWN OF TOWNSEND does not discriminate in the selection, hiring, appointment or employment of any individual on the basis of race, color, religious creed, national origin, disability, gender identification, veteran status, ethnicity, appearance, or age.



Position Recruiting For: _____

Date Vacancy Announced: _____ Application Deadline (if stated): _____

Method(s) of Recruitment / Posting Note(s):

Individual(s) collecting application(s):

Individual(s) selecting candidate(s):

Number of apps/resumes received by deadline: _____ / after deadline: _____

Number of external applicants: _____ & number of which, qualified: _____

Number of internal applicants: _____ & number of which, qualified: _____

Interview Date: _____

Name of Candidate:

Interviewed by:

Summary of Interview Notes:

(attach additional notes if necessary)

Interview Date: _____

Name of Candidate:

Interviewed by:

Summary of Interview Notes:

(attach additional notes if necessary)

Interview Date: _____

Name of Candidate:

Interviewed by:

Summary of Interview Notes:

(attach additional notes if necessary)

Interview Date: _____

Name of Candidate:

Interviewed by:

Summary of Interview Notes:

(attach additional notes if necessary)

Name of candidate to which offer made:

Copy of selection notes to HR

All resumes/applications to HR



TOWN OF TOWNSEND
272 Main Street, Townsend, MA 01469



website: <https://www.townsendma.gov> ♦ telephone: 978-597-1700

OFFER OF EMPLOYMENT

Date: _____

Applicant Name: _____

Applicant Address: _____

Dear _____:

On behalf of the Town of Townsend, I am pleased to inform you that you have been selected as the candidate to fill the position of _____ as outlined within the Job Description, working ___ hrs per week at the rate of \$ ____/hr, reporting directly to _____, with a probationary period of ___ months. This offer is made contingent upon your passing a pre-employment physical exam, an alcohol/drug screen, and a background CORI. Additionally, your role may require an appointment by the Board of Selectmen.

To accept, please sign the Statement of Acceptance below and present it with your original signature to:

<p>Statement of Acceptance: I have reviewed this Offer of Employment and I accept the offer with all of the terms, as presented to me.</p> <p>X _____ Date: _____</p> <p style="text-align: center; margin-left: 50px;">Signature</p>
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If you do not accept this offer, kindly notify us so that we may continue our search to fill the vacancy. If you do accept this offer, further instructions will be provided to proceed in the hiring process. This letter is an Offer of Employment only; this letter does not constitute an Employment Agreement.

Sincerely, X _____

Name: _____

Title: _____

CC: Human Resources Department

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Town of Townsend, MA

Town of Townsend ♦ 272 Main Street, Townsend, MA 01469 ♦ Main Telephone: 978-597-1700

Date: _____

Dear _____:

Thank you for your interest in the

position within the Town of Townsend. I regretfully inform you that another applicant was chosen for the position.

This decision was not an easy one, and we thank you for your submittal. Your resume will remain on file for one year. We certainly wish you well in all of your future endeavors.

Sincerely,

FOR THE TOWN OF TOWNSEND

X _____
(Dept Head Signature)

(Dept Head Name)



Town of Townsend

Fiscal Year: _____

Employee Action Form

(To be completed by Dept Head for any Personnel Action, Status, or Pay Rate Change)

Employee Name _____ Employee# _____

Department _____ Job Title: _____

Effective Date of Action: _____

Approval Date: _____

- | | | | |
|--------------------------------------|--|---|--|
| <input type="checkbox"/> New Hire | <input type="checkbox"/> Union Contract Increase | <input type="checkbox"/> Leave of Absence | <input type="checkbox"/> Status Change |
| <input type="checkbox"/> Promotion | <input type="checkbox"/> Other Pay Rate Increase | <input type="checkbox"/> Change in Hours | <input type="checkbox"/> Position Change |
| <input type="checkbox"/> Termination | <input type="checkbox"/> Resignation | <input type="checkbox"/> Retirement | <input type="checkbox"/> Elected |

Account Number: _____ (Expense G/L # to be paid from)

Status: (Use the following descriptions to complete the line items below.)

- | | | | |
|------------------------|------------------------|------------------------|------------------------|
| 1. Permanent Part Time | 2. Permanent Full Time | 3. Temporary Full Time | 4. Temporary Part Time |
| 5. Seasonal | 6. Elected | 7. Stipend | 8. Other (Describe) |

New Employee:

_____	_____	_____	_____	_____
Status	#Hrs per Week	Union/ Contract	Rate of Pay	Grade/Step

Existing Employee:

Prior to Change

_____	_____	_____	_____	_____
Status	#Hrs per Week	Union/ Contract	Rate of Pay	Grade/Step

Existing Employee:

After Change

_____	_____	_____	_____	_____
Status	#Hrs per Week	Union/ Contract	Rate of Pay	Grade/Step

Comments: _____

Approved:

Dept. Head or Board Chairman Date

Treasurer/ Collector Date

Town Administrator Date

Town Accountant Date

Office Use Only

Harpers

MCRS

Life Insurance

Time & Attendance

Health Insurance

Other Optional Insurance

Direct Deposit

Dental

COBRA

OBRA

FSA

Other





RESOURCE & FACILITY ACCESS FORM (grant or revoke)

TO ONBOARD TO OFFBOARD TO CHANGE ACCESS Reason for change:

First Name: _____ Last Name: _____

Title/Department: _____ Home Phone: _____

Personal Email: _____ Personal Cell Phone: _____

SETUP Access EFFECTIVE DATE:

SETUP Domain & User (H) Drive

Add Access to Shared (S) Drive

Add Access to Other Drive(s):

SETUP Work Assigned Email Address: _____
Add to Directory

Add personal email to "ALL EMPLOYEES" Broadcast List

Provide personal email to Benefits/Payroll Dept

SETUP Microsoft 365 Account:
Microsoft 365 on Office Desktop
Microsoft 365 on Laptop: Work Personal
Microsoft 365 on Phone: Work Personal
Microsoft 365 via Cloud Account/Access

SETUP Network Access via VPN N/A
VPN on Laptop: Work Personal
VPN App on Phone: Work Personal
Provide Instructions to Employee

SETUP Following Software, Program, Account Access:

On Office Desktop Via Cloud Account
On Laptop: Work Personal
On Phone: Work Personal

SETUP Following Software, Program, Account Access:

On Office Desktop Via Cloud Account
On Laptop: Work Personal
On Phone: Work Personal

Assign Physical Asset(s) & Activate

Office Desk Phone #: _____

Phone Extension: _____ Add to Ph Menu

Instructions to Employee Add to Ph List

Work Assigned Laptop ID: _____

Work Assigned Cell Phone #: _____

Fob or Key for: _____

Fob or Key for: _____

Fob or Key for: _____

Share Door Code(s) for: _____

Laptop Agreement Signed Email/Social Media Policy Signed

Activate ALL Fobs Record ALL Keys Record ALL Codes

REVOKE/Transfer Access EFFECTIVE:

REVOKE all Access to User's Drive (H) and Backup Files

OR Transfer User's Drive (H) to Alternative User:

Also Allow Alternative User to Drives:

Forward Emails to:

SetupAuto-Reply Omit Work Email from Directory/Menu

Forward personal email address to Benefits/Payroll

Remove personal email from "ALL EMPLOYEES" Broadcast List

REVOKE all Methods of User Access to Microsoft 365

REVOKE all Methods of User Access to Network via VPN

Transfer Access to Following Software, Program, Account

Pswrd

To: _____ **OR** REVOKE
Transfer Access to Following Software, Program, Account

Pswrd

To: _____ **OR** REVOKE

OTHER to which the Town requires continued access

OTHER:
User: _____ Password/Code: _____

OTHER:
User: _____ Password/Code: _____

OTHER:
User: _____ Password/Code: _____

Collect Physical Assets & Transfer/Deactivate

Form Signed for Laptop Return N/A

Work Laptop ID: _____

Office Desk Phone Ext: _____ Passcode: _____ N/A

Retrieve, Forward & Delete all Voicemail Messages

Delete all User Greetings **OR** Re-Record Greetings

Forward to: _____ Ext: _____

Remove From Phone Menu Remove From Ph List

Other Asset: _____ PIN: _____ N/A

Work Cell Ph#: _____ PIN: _____ N/A

Forward Cell Ph Calls to: _____

Reassign Cell Ph to: _____

Revoke ALL Fobs Revoke ALL Codes Collect ALL Keys

GRANT ACCESS

Request Made by:
Request Approved by:
Signature to Approve:

Request Made by:
Request Approved by:
Signature to Approve:

REVOKE ACCESS