



# New-Hire Onboarding Document Checklist

For Active Employee Going from **NON-Benefited** (<20hrs/wk) to **BENEFITED** (20+hrs/wk)

## Recruitment & Selection

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

- IRS Tax Form W-4 (if adjusting withholdings)
- State Tax Form M-4 (if adjusting withholdings)
- ⇒ 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 employee 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><b>Statement of Acceptance:</b> 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

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

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

Dear \_\_\_\_\_:

Thank you for your interest in the

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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: \_\_\_\_\_

- New Hire       Union Contract Increase       Leave of Absence       Status Change  
 Promotion       Other Pay Rate Increase       Change in Hours       Position Change  
 Termination       Resignation       Retirement       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