



SWOP Volunteer (New-Hire or Re-Hire) Onboarding Document Checklist

For volunteers participating under the Senior Citizen Property Tax Work-Off Program

Recruitment & Selection

- Department Head's request for SWOP Volunteer approved
- Volunteer Announcement Posting
- All SWOP Applications Received (of all respondents - on file for 1 yr)

Internal Administrative Forms:

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

Give to / Collect from New-Hire:

- SWOP Program Application
- Volunteer Consent & Release Form
- CORI Order Form & Acknowledgment
- Form I-9 Employment Eligibility
- IRS Tax Form W-44
- State Tax Form M-4
- Direct Deposit Form
- List of Emergency Contacts

Name: _____

Date of Hire: _____ Ph#: _____

Email: _____

Address: _____

Title: _____

Department: _____

Supervisor: _____

X _____

Supervisor's Signature

Re-Hire

New-Hire

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

- INFO – Overview SS/OBRA/MCRS
- Job Not Covered by Social Security
- MCRS Additional Position Enrollment
- INFO - OBRA SMART Plan Guide
- MANDATORY - OBRA (SMART Plan) Enrollment Form
- INFO - Employee Assistance Program





TOWN OF TOWNSEND
Senior Citizen Property Tax Work-Off Program
Department Head Request Form

Department: _____ Date: _____

Department Head: _____ Tel#: _____

(1) My department is interested in the Property Tax Work-Off Program: YES ___ NO: ___

(2) Please list the positions that you would like a property tax work-off applicant to fill:

(3) Please list the types of skills that the position requires: (Be as specific as possible)

(4) Indicate the time frame to complete the above task (i.e., September – December or July only):
(number of hours per week or specific days if applicable)

I understand as the Department Head that I have the right to accept or reject an applicant based upon their skill level. I further understand that once an applicant is placed with my department, I am responsible for training, supervision and documentation of hours worked.

Signature _____

The volunteer and the department head will track hours of work performed and both will sign off on a time sheet to be returned to the Assessor's Office. The employment of the volunteer is at the discretion of the department head.

This agreement was signed on _____

Volunteer _____ Department Head _____

Designated Committee Signature _____



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

Time & Attendance

Direct Deposit

OBRA

MCRS

Health Insurance

Dental

FSA

Life Insurance

Other Optional Insurance

COBRA

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





TOWN OF TOWNSEND
SPECIAL MUNICIPAL EMPLOYEE STATUS FORM

In accordance with Chapter 268A of the Massachusetts General Laws the position of _____ has been designated a Special Municipal Employee by unanimous vote of the Board of Selectmen.

DATE OF VOTE: _____

Signature

Date

CC: Town Clerk
Town Accountant