



# State of New Hampshire

Department of Safety  
DIVISION OF STATE POLICE

## Criminal Records Unit

33 Hazen Drive, Concord, NH 03305

### NEW HAMPSHIRE MUNICIPAL EMPLOYEE BACKGROUND CHECKS

### EMPLOYEE/VOLUNTEER CANDIDATE BACKGROUND CHECKS NH RSA 41:9-b

#### INSTRUCTIONS

NH RSA 106-B:14 and Administrative Rule Saf-C 5700 authorizes the dissemination of NH Criminal History Record Information (CHRI) for non-criminal justice purposes. In NH, all CHRI is confidential and released only upon the knowledge and permission of the individual of whom the request is made. Individuals requesting their own record in person need only to complete Section I. If the CHRI is to be released to a third party, both Section I and Section II must be completed. All requests by mail must have both sections completed and Section II notarized.

#### SECTION I (PLEASE PRINT CLEARLY)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Maiden \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ ☐ Male ☐ Female

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

My signature below signifies I am the individual listed above and the information provided is true.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Signed under penalty of unsworn falsification pursuant to RSA 641:13

#### SECTION II

I hereby authorize the release of my criminal record conviction(s), if any, to the following:

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Notary's Signature \_\_\_\_\_

Signature of person/entity to receive record \_\_\_\_\_ (Affix Seal) Date \_\_\_\_\_

#### RECORD CHALLENGE

**Saf-C 5703.12 Procedure for Correcting a CHRI** (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

**WARNING:** The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.

#### FEES

☐ LIVESCAN - \$48.25 ☐ INKED - \$48.25 ☐ VOLUNTEERS - \$21.25 (Livescan or Ink)  
NH Only - \$25.00 ☐

Prepaid Account Number \_\_\_\_\_

NOTE: Make checks payable to: State of NH – Criminal Records

Fingerprint card or completed livescan form must be submitted at the same time as payment and this form.



**TOWN OF PLAISTOW**  
*Human Resource/Finance Department*

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**Town Acknowledgements**

I \_\_\_\_\_ hereby acknowledge receipt and review of the following:  
**Print Name**

- Current Job Description for my position as: \_\_\_\_\_ for the Town of Plaistow.
- Current Personnel Plan
- Current Written Safety Plan
- Town of Plaistow Code of Ethics
- Town of Plaistow Conflict of Interest Ordinance

\_\_\_\_\_  
**Signature (*Employee, Appointed or Elected Official*)**

\_\_\_\_\_  
**Date**

**Employee's Withholding Certificate**

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

**2024**

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 **ONLY** if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

<b>Step 2:</b> <b>Multiple Jobs or Spouse Works</b>	Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. Do <b>only one</b> of the following. (a) Use the estimator at <a href="http://www.irs.gov/W4App">www.irs.gov/W4App</a> for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; or (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . <input type="checkbox"/>
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Complete Steps 3–4(b) on Form W-4 for only **ONE** of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 . . . . . \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	3	\$
	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	4(a)	\$
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	4(b)	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . .	4(c)	\$

<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date
<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)



## General Instructions

Section references are to the Internal Revenue Code.

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 and you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

**Your privacy.** Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.



**Step 2(b) — Multiple Jobs Worksheet** (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

**Note:** If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

- 1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . 1 \$ \_\_\_\_\_
- 2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
  - a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . 2a \$ \_\_\_\_\_
  - b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . 2b \$ \_\_\_\_\_
  - c Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . 2c \$ \_\_\_\_\_
- 3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . 3 \_\_\_\_\_
- 4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . 4 \$ \_\_\_\_\_

**Step 4(b) — Deductions Worksheet** (Keep for your records.)

- 1 Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income . . . . . 1 \$ \_\_\_\_\_
- 2 Enter: {
  - \$29,200 if you're married filing jointly or a qualifying surviving spouse
  - \$21,900 if you're head of household
  - \$14,600 if you're single or married filing separately
 } . . . . . 2 \$ \_\_\_\_\_
- 3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . 3 \$ \_\_\_\_\_
- 4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . . 4 \$ \_\_\_\_\_
- 5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . 5 \$ \_\_\_\_\_

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



**Married Filing Jointly or Qualifying Surviving Spouse**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$240	\$670	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230





# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9

OMB No.1615-0047

Expires 07/31/2026

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**Section 1. Employee Information and Attestation:** Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number <div></div>		Employee's Email Address			Employee's Telephone Number
<b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
		<input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2. and 3.</b> above) authorized to work until (exp. date, if any)				
		If you check <b>Item Number 4.</b> , enter one of these:				
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
Signature of Employee					Today's Date (mm/dd/yyyy)	

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>		<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>		<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security               <p style="margin-top: 10px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p>The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4.</b> document, not a List C document.</p> </li> </ol>

### Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.

For receipt validity dates, see the M-274.

<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>
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\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.





# Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
Supplement A  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
--	--	---

**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code



**Supplement B,**  
**Reverification and Rehire (formerly Section 3)**

**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
**Supplement B**  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
--	--	---

**Instructions:** This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )	
<b>I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )	
<b>I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )	
<b>I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.





## TOWN OF PLAISTOW

### Direct Deposit Authorization Form

I authorize the company named in the form below to automatically deposit/charge any funds owed to me to my account at the Depository Financial Institution named in the form below.

I understand that at this agreement may be terminated by me or by the company at any time by written notification. Any such notification requires a reasonable time to act upon it.

I authorize the company to charge/deposit my account only for the purpose of correcting an erroneous credit previously deposited to my account provided that, prior to the debit the company has notified me in writing of the reason for the debit.

**REQUIREMENT: A verification form from your financial institution indicating the routing number and account number to be used for your direct deposit is required. For checking accounts, a voided check is also acceptable.**

#### REQUEST FOR DIRECT DEPOSIT/DIRECT CHARGE:

##### Section I

I authorize the Town of Plaistow to automatically deposit funds owed

to me to my (our) Checking \_\_\_\_\_ Amt. \_\_\_\_\_ Savings \_\_\_\_\_ Amt. \_\_\_\_\_

Account at \_\_\_\_\_  
Financial Institution

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

I authorize the Town of Plaistow to automatically deposit funds owed

to me to my (our) Checking \_\_\_\_\_ Savings \_\_\_\_\_ Amt. \_\_\_\_\_

Account at \_\_\_\_\_  
Financial Institution

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

and to make adjustment entries, if necessary, only under the conditions described in the Authorization Agreement above.

##### **Section II**

Employee Name: \_\_\_\_\_ Employee # \_\_\_\_\_  
Please print

Email Address for deposit advice: \_\_\_\_\_

I have read and understood both sections of this form:

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

Town of Plaistow  
PAYROLL DEDUCTION FORM

I, \_\_\_\_\_ acknowledge deduction from my gross weekly earnings for  
the following (Full Name)

specified items and amounts.

IN PAYMENT FOR: AMOUNT

<input type="checkbox"/> NH Retirement _____.	_____
<input type="checkbox"/> Employee Savings Plan _____.	_____
<input type="checkbox"/> 457 Plan _____.	_____
<input type="checkbox"/> Union Dues _____.	_____
<input type="checkbox"/> Health Ins. _____	
<input type="checkbox"/> Dental Ins. _____.	_____
<input type="checkbox"/> Flex Spend. _____.	_____
<input type="checkbox"/> United Way _____.	_____

Total \$ \_\_\_\_\_.

to be deducted each payroll period beginning \_\_\_\_\_.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Witness \_\_\_\_\_

Print Name \_\_\_\_\_

Employee# \_\_\_\_\_

Please keep a copy of this for your records.

**Town of Plaistow, NH**

Revised February 12, 2020

**EMERGENCY CONTACT INFORMATION SHEET/CHANGE FORM**

**Name:**

\_\_\_\_\_  
(First) (Middle) (Last)

**Birth Date:**

\_\_\_\_\_  
**Address:**

\_\_\_\_\_  
**City/Town/State/Zip Code:**

\_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

\_\_\_\_\_  
**E-Mail Address:**

\_\_\_\_\_  
**Town Department Name**

\_\_\_\_\_  
**JobTitle/position**

**Emergency Contact Information** (Please provide us with two (2) contacts)

· **Name:**

\_\_\_\_\_  
**Relationship:**

\_\_\_\_\_  
**Telephone/Cell Phone Numbers:**

\_\_\_\_\_  
**Address:**

\_\_\_\_\_  
**City/Town:**

· **Name:**

\_\_\_\_\_  
**Relationship:**

\_\_\_\_\_  
**Telephone/Cell Phone Numbers:**

\_\_\_\_\_  
**Address:**

\_\_\_\_\_  
**City/Town:**

\_\_\_\_\_  
**Other Information** (Please list any information that maybe helpful, such as known allergies etc.)

**Preferred Hospital**

\_\_\_\_\_  
**DATE:**



## Funding

NHRS benefits are funded by member contributions, employer contributions, and net investment income. Investment returns historically provide the majority of funding for pension benefits.

The New Hampshire Constitution (Article 36-a) protects trust fund assets for the exclusive purpose of providing benefits; requires Trustees to set actuarially sound employer contribution rates; and requires employers to pay those rates in full.

### Trust Fund

The retirement system trust fund stood at \$10.75 billion as of June 30, 2022.

On that date, NHRS was 65.6% funded and had an Unfunded Actuarial Accrued Liability ("unfunded liability") of \$5.69 billion. The unfunded liability is the difference between the actuarial value of the retirement system's assets and the actuarial value of benefits already accrued.

The NHRS unfunded liability results from several factors, including legislative decisions made in the 1990s, investment losses in the 2008-09 great financial crisis, and the adoption of more conservative actuarial assumptions over the past decade.

Having an unfunded liability does not mean that a pension plan is unable to pay the benefits for which it is presently obligated or to meet its cash flow requirements.

Legislation enacted in 2018 requires the unfunded liability as of June 30, 2017, to be paid off through 2039. Biennial gains or losses from 2017 forward are separately amortized over fixed periods of no longer than 20 years.

Since 2013, the actuarial funded ratio has improved from 56.1% to 65.6%, an increase of approximately 16%.

### Contribution Rates

By statute, Group I (Employee & Teacher) members contribute 7% of their salaries to NHRS. Group II (Police & Fire) members contribute 11.55% and 11.80%, respectively. Group II members do not participate in Social Security.

While member rates are set by statute, employer rates are set by the Board every two years and are based on the results of biennial actuarial valuations.

Employer contributions are assessed at different rates for state employees, political subdivision employees, teachers, police, and fire.



## HOW TO REACH US

**NHRS**  
54 Regional Drive  
Concord, NH 03301  
(603) 410-3500  
(877) 600-0158  
fax (603) 410-3501  
[www.nhrs.org](http://www.nhrs.org)  
[info@nhrs.org](mailto:info@nhrs.org)

Sign up for email alerts  
at [www.nhrs.org](http://www.nhrs.org)

Follow NHRS on  
Facebook, Twitter,  
LinkedIn, and YouTube

## Board of Trustees

*NHRS has a unique status in state government. It is not a state agency under the executive branch; it is a component unit of the state governed by statute and overseen by a Board of Trustees. Trustees are fiduciaries bound by law to act solely in the interest of the members and beneficiaries of the pension plan.*

### Public Members

Timothy Lesko, Chair  
Maureen Kelliher  
Robert Maloney  
Paul Provost

### Employee Members

Germano Martins,  
Employee  
Sue Hannan,  
Teacher  
Joshua Quigley,  
Police  
Andrew Martineau,  
Fire

### Employer Members

Christopher Coates,  
N.H. Association of Counties  
Ken Merrifield,  
State of N.H.  
Jon Frederick,  
N.H. Municipal Association  
Donald M. Roy,  
N.H. School Boards Association

### Ex Officio Member

Monica Mezzapelle,  
State Treasurer

# NHRS 2023 FACT SHEET

A Quick Guide to the  
New Hampshire  
Retirement System  
for Members, Retirees,  
Employers, and Lawmakers



*Disclaimer: While it is the goal of NHRS to provide information that is current, correct, and complete as of the date shown below, NHRS does not make any representation or warranty as to the current applicability, accuracy, or completeness of any information provided. The content herein is intended to provide general information only, and should not be construed as a legal opinion or as legal advice.*

Printed: 12/2022



# NHRS at-a-glance

## From the Executive Director

This brochure offers a snapshot of the New Hampshire Retirement System (NHRS, the retirement system), which was established in 1967 as a contributory, defined benefit plan. The plan provides lifetime pension benefits, as well as disability and death benefits. It also provides a post-retirement Medical Subsidy benefit to eligible beneficiaries.

Benefit formulas and eligibility requirements are set by state law (RSA 100-A). The retirement system is also governed by administrative rules, policies adopted by the NHRS Board of Trustees, and the Internal Revenue Code.

NHRS has a very important role in the economic well-being of New Hampshire's retired public employees, teachers, police officers, and firefighters. In the fiscal year ended June 30, 2022, NHRS had 48,687 members and 42,415 benefit recipients; it paid out more than \$950 million in benefits.

Our mission is simple: "To provide secure retirement benefits and superior service."

All of us at NHRS are committed to the professional management and administration of pension benefits for the exclusive benefit of all of our members and beneficiaries.

**Jan Goodwin,**  
NHRS Executive Director

## Membership

NHRS members are full-time state, county, and municipal employees, and teachers, police officers, and firefighters. The membership consists of two groups: Group I (Employee & Teacher) and Group II (Police & Fire).

### Active Members As of June 30, 2022

Employee	24,644
Teacher	18,217
Police	4,103
Fire	1,723
<b>Total</b>	<b>48,687</b>

Note: There are also 2,990 members no longer working in NHRS-eligible positions who are "vested," meaning they have earned a future benefit, and 16,717 non-vested members no longer working in NHRS-eligible positions who have kept their accumulated contributions with the retirement system.

### Participating Employers

NHRS has 461 participating employers – the State of New Hampshire, counties, individual communities,

school districts, and others. Not every New Hampshire political subdivision participates in the retirement system for its employees, although most do. Participation is mandatory for police, fire, and teacher employers.

### Retirees/Beneficiaries As of June 30, 2022

Employee	20,751
Teacher	15,154
Police	4,644
Fire	1,866
<b>Total</b>	<b>42,415</b>

### Average Annual Benefit As of June 30, 2022

Employee	\$15,005
Teacher	\$23,173
Police	\$39,189
Fire	\$44,350
<b>Total Average</b>	<b>\$21,862</b>

NHRS paid \$914.0 million in pension benefits in fiscal year 2022. In addition to pensions, the retirement system paid \$43.8 million in post-retirement Medical Subsidy benefits. With nearly 80% of retirees and beneficiaries living in New Hampshire, these benefit payments have a significant positive impact on the state's economy.

## Investments

NHRS pursues an investment strategy designed to meet its long-term funding requirements. The Board of Trustees, with research and input from NHRS investment staff, outside experts, and a recommendation from the Independent Investment Committee, sets an investment policy that includes asset allocation and an assumed rate of return.

### The Independent

Investment Committee manages investments based on Board policies, continuously monitors and evaluates performance, and makes

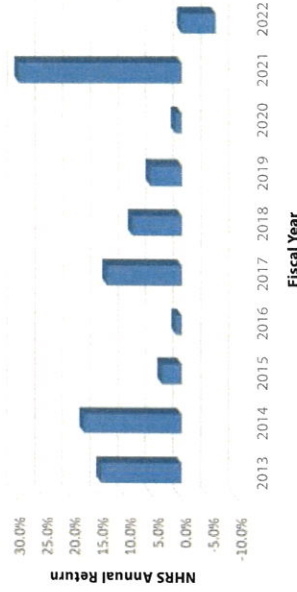
determinations regarding the hiring and retention of fund managers.

The goal is to meet or exceed the retirement system's assumed rate of return over the long term, while at the same time managing the risk, return, and liquidity of the portfolio.

NHRS realized a -6.1% investment return in fiscal year 2022.

The three-year, five-year, 10-year, and 25-year returns for the periods ended June 30, 2022, were 7.1%, 7.2%, 8.5%, and 6.9%, respectively. The assumed rate of return is 6.75%.

### 2013-22 Investment Returns



## Member/Retiree/Employer Information

Detailed information on NHRS benefits, news releases, forms, and answers to common questions for members, retirees, and employers may be viewed online at: <https://www.nhrs.org>

## Financial/Investment Information

Comprehensive Annual Financial Reports, Summary Financial Reports, Annual Investment Reports, and Actuarial Valuations may be viewed online at: <https://www.nhrs.org/funding-and-investments>

# LEARN MORE



**New Hampshire Retirement System**  
**54 Regional Drive, Concord, NH 03301**  
**Phone: (603) 410-3500 - Fax: (603) 410-3501**  
**Website: [www.nhrs.org](http://www.nhrs.org) - Email: [info@nhrs.org](mailto:info@nhrs.org)**

## MEMBER INFORMATION / ENROLLMENT FORM

### ENROLLMENT REQUIREMENTS:

1. This form must be completed and submitted prior to the first payroll deduction. If supporting documents, such as the birth certificate, are not immediately available to be submitted, please forward to NHRS as soon as possible thereafter.
2. Employers must provide written notice within a reasonable time after election or appointment to any person for whom membership is optional (RSA 100-A: 3, I-a).

### SECTION A – TO BE COMPLETED BY EMPLOYEE

Name:	Date of Birth:		
Address:	Social Security #:		
City/Town:	State:	Zip:	
Email:	Phone:	Male <input type="checkbox"/>	Female <input type="checkbox"/>

### SECTION B – TO BE COMPLETED BY EMPLOYER

Billing account number under which this employee will be reported:		
The first day this employee meets eligibility requirements for NHRS participation: _____ / _____ / _____ <div style="text-align: center; font-size: small;">Month      Day      Year</div>		
Date of first contribution, if different than the date listed above: <i>(The first day retirement contributions will be deducted from this employee's wages.)</i> _____ / _____ / _____ <div style="text-align: center; font-size: small;">Month      Day      Year</div>		
<b>MEMBERSHIP CLASSIFICATION</b>		
<b>GROUP I</b>	<b>GROUP II</b>	
<input type="checkbox"/> Employee <input type="checkbox"/> Teacher <input type="checkbox"/> Job Share Teacher <i>(One job shared equally (50/50) by two teachers)</i>	<input type="checkbox"/> Police <input type="checkbox"/> Fire	
Annual Salary: \$	Number of hours worked per week:	Number of months worked per year:
Employer name:	Position Title:	
Employer address:		
<b>REQUIRED SUPPORTING DOCUMENTS ATTACHED TO THIS FORM</b>		
<input type="checkbox"/> Copy of employee's Social Security Card <input type="checkbox"/> Copy of employee's birth certificate <input type="checkbox"/> NHRS Designation of Beneficiary(ies) (Pre-Retirement) Form		



EMPLOYER CERTIFICATION		
I hereby certify that _____ is an employee of _____ and that contribution deductions will be made in accordance with New Hampshire Retirement System law (RSA 100-A).		
Name:	Title:	Employer Phone #:
Signature of Department Head or Fiscal Officer:		Date Signed:

**SECTION C – SIGNATURE SECTION – TO BE COMPLETED BY EMPLOYEE**

I understand that I must file a properly completed Designation of Death Beneficiary(ies) (Pre-Retirement) form with NHRS or any benefits payable in the event of my death will be distributed in accordance with the applicable New Hampshire law.	
Employee's Signature:	Date Signed:

*PLEASE RETAIN A COPY FOR YOUR RECORDS*

*D NHRS 1  
Revised 1/2022*

<p>The New Hampshire Retirement System (NHRS) is governed by New Hampshire RSA 100-A, rules, regulations, and Federal laws including the Internal Revenue Code. NHRS also implements policies adopted by the Board of Trustees. These laws, rules, regulations, and policies are subject to change. Even though the goal of NHRS is to provide information that is current, correct, and complete, NHRS does not make any representation or warranty as to the current applicability, accuracy, or completeness of any information provided. The information herein is intended to provide general information only, and should not be construed as a legal opinion or as legal advice. Members are encouraged to address specific questions regarding NHRS with an NHRS representative. In the event of any conflict between the information herein and the laws, rules, and regulations which govern NHRS, the laws, rules, and regulations shall prevail.</p>
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## DESIGNATION OF DEATH BENEFICIARY(IES) PRE-RETIREMENT

**STEP 1** – To designate one or more primary beneficiary(ies), complete Section I.

**STEP 2** – To designate one or more contingent beneficiary(ies), who will receive the death benefit if the primary beneficiary(ies) is deceased at the time of the member's death before retirement, complete Section II.

**STEP 3** – Section III must include the member's signature, acknowledged in the presence of a Notary Public or Justice of the Peace. This form must be completed and filed with the New Hampshire Retirement System (NHRS) at the address noted above for this beneficiary designation to take effect. Members should retain a copy of this form for their records.

**NOTE** – If the member designates a trust as a beneficiary in Section I or II, the designation must provide the name and address of the trustee(s). In addition, a *Death Benefits Designation of a Trust as Beneficiary* form must also be completed.

(See reverse side for more information before completing this form.)

SECTION I – DESIGNATION OF PRIMARY BENEFICIARY(IES)					
I designate the following person(s), estate, or trust as my primary beneficiary(ies). To designate additional primary beneficiaries, initial here _____ and attach signed supplemental information to this form. The sum of the distribution percentages must equal 100%.					
Primary Beneficiary's Name	Distribution Percentage	Primary Beneficiary's Address	Primary Beneficiary's Last 4 of SS#	Primary Beneficiary's Date of Birth	Relationship to Member
1.	%				
2.	%				
3.	%				
4.	%				

SECTION II – DESIGNATION OF CONTINGENT BENEFICIARY(IES)					
I designate the following person(s), estate, or trust as my contingent beneficiary(ies). To designate additional contingent beneficiaries, initial here _____ and attach signed supplemental information to this form. The sum of the distribution percentages must equal 100%.					
Contingent Beneficiary's Name	Distribution Percentage	Contingent Beneficiary's Address	Contingent Beneficiary's Last 4 of SS#	Contingent Beneficiary's Date of Birth	Relationship to Member
1.	%				
2.	%				
3.	%				

SECTION III – MEMBER'S SIGNATURE AND ACKNOWLEDGMENT			
This designation of the above named beneficiary(ies) revokes any and all prior NHRS <i>Designation of Death Beneficiary(ies) (Pre-Retirement) (D-NHRS-2)</i> forms. I have read and understand the information on both sides of this form.			
Member's Name: _____		Member's Signature: _____	
Member's Address: _____		Date ____/____/____ Month Day Year	
State of _____		County of _____	
The foregoing instrument was acknowledged before me this _____ by _____ Date Member's Name			
Title (Notary Public or Justice of the Peace)	Signature of Person Taking Acknowledgment	Expiration Date	Affix Seal

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## **BENEFICIARY DESIGNATIONS BEFORE RETIREMENT**

**Single Primary Beneficiary** - One person, an estate, or a trust designated by a member to receive 100% of any NHRS death benefit and/or refund of the member's accumulated contributions, which may be payable upon the member's death before retirement.

**Multiple Primary Beneficiaries** - More than one person, which may include an estate and/or trust, designated by a member to each receive a percentage of any NHRS death benefit and/or refund of the member's accumulated contributions, which may be payable upon the member's death before retirement.

**Contingent Beneficiary(ies)** - The person(s), estate, or trust who would become eligible for any NHRS death benefit and/or refund of the member's accumulated contributions if the primary beneficiary(ies) is deceased at the time of the member's death before retirement.

**Member's Estate or Trust** - Members may designate an estate or a trust as a primary or contingent beneficiary. If a trust is the designated beneficiary, the member must also complete a *Death Benefits Designation of a Trust as Beneficiary* form, acknowledging an understanding and satisfaction of all the terms, conditions, and requirements applicable to designating a trust as beneficiary. Only a lump-sum payment may be made to an estate or trust.

## **EXPLANATION OF DEATH BENEFITS**

### **ORDINARY DEATH BENEFIT (Non Job-Related Death) – RSA 100-A:9**

The Ordinary Death Benefit may be payable to the member's designated beneficiary(ies) if the member dies before retirement and while in service for reasons that are not related to the job.

If the member had at least 10 years of combined creditable service or was eligible for Service Retirement at the time of death, and the member's spouse is the only designated beneficiary, the surviving spouse may choose to receive either an annual pension until death equal to 50% of the member's Service Retirement pension, or, a lump sum payment equal to the member's annual earnable compensation, plus a refund of the member's accumulated contributions.

If the member did not have at least 10 years of combined creditable service, was not eligible for Service Retirement, and either left no surviving spouse or designated someone other than the surviving spouse as beneficiary at the time of death, the member's designated beneficiary(ies) will receive a lump sum payment equal to the greater of either \$3,600 or the member's annual earnable compensation, plus a refund of the member's accumulated contributions.

### **ACCIDENTAL DEATH BENEFIT (Job-Related Death) – RSA 100-A:8**

The Accidental Death Benefit may be payable to the member's eligible beneficiary(ies) if the member dies before retirement and while in service as a result of an accident occurring while in the performance of duty in an NHRS-covered position and not due to the member's willful negligence. The beneficiary(ies) of Group II members may also be eligible for Accidental Death Benefits payable as a result of repeated trauma, gradual degeneration, or occupational disease occurring while in the performance of duty.

- If the member was married at the time of death, the surviving spouse will receive a lifetime annual pension. For Group I members, the pension shall equal 50% of the member's Average Final Compensation at the date of the member's death. For Group II members, the pension shall equal 50% of the member's annual rate of earnable compensation at the date of the member's death. A refund of the member's accumulated contributions will also be paid to the member's designated beneficiary(ies) for both Group I and Group II.
- If the member leaves no surviving spouse, or if the surviving spouse dies, the pension will be payable to the member's children, until attainment of age 18.
- If the member leaves no surviving spouse and no children under age 18, the pension will be payable to the member's dependent mother or father for life.
- If the member leaves no survivors who are eligible for the annual pension, the member's designated beneficiary(ies) will receive a lump sum payment equal to the member's base salary plus accrued benefits not paid at the time of death, plus a refund of accumulated contributions.

Please note that this benefit may be reduced by amounts paid under Workers' Compensation or similar laws.

### **DEATH OF MEMBERS WHO ARE NOT IN SERVICE**

A member must be *in service* at the time of death for the beneficiary(ies) to be eligible for Ordinary or Accidental Death Benefits. If a member's death occurs when the member is not *in service*, only a refund of the member's accumulated contributions will be payable to the member's beneficiary(ies) or estate.





# LIFE, LONG-TERM DISABILITY (LTD), AND/OR SHORT-TERM DISABILITY (STD) APPLICATION AND CHANGE FORM

## WELCOME TO HEALTHTRUST

Use this form to change your beneficiary(ies) as well as to enroll in or change your disability and/or life insurance coverage. If you only need to change your mailing address, do not complete this form; instead, call HealthTrust's Enrollee Services Department at 800.527.5001 and notify your employer.

**BE SURE TO FILL OUT EACH SECTION COMPLETELY.** Failure to complete each section in full could delay the start of coverage.

## HOW TO COMPLETE THIS FORM

**Remove this cover sheet before you begin.**

### EMPLOYEE INFORMATION

Complete this section with your personal information, using your full legal name. Select the type of HealthTrust-sponsored life and/or disability coverage you are requesting. Please limit your selection to only those coverages offered by your employer and for which you are eligible.

Some life and disability coverages may require evidence of insurability. You will not be eligible for any amount greater than the evidence of insurability requirement if you do not submit an *Evidence of Insurability* form; this form may be obtained from your employer or HealthTrust. You will be added for an amount greater than the evidence of insurability requirement once approved. For more information, refer to your certificate of coverage.

### REASON FOR COMPLETING APPLICATION

Use this section to indicate the reason(s) for completing form.

### BENEFICIARY INFORMATION

Please name your beneficiary(ies) for your life and/or disability coverages. If you wish to name a different beneficiary(ies) for your life, long-term disability (LTD), and/or short-term disability (STD) coverages, attach a separate piece of paper containing all necessary information. Otherwise, your beneficiary(ies) will be the same for all coverages.

You may name more than one beneficiary. If you specify benefit percentages, the total must equal 100 percent. If you do not specify benefit percentages, benefits will be paid in equal shares.

If you do not name a beneficiary(ies) – or if neither your primary nor contingent beneficiary(ies) survive you – benefits will be paid in order of survivorship shown in your certificate of coverage. Your primary beneficiary(ies) are the person(s) you name to receive benefits. Your contingent beneficiary(ies) are the person(s) you name to receive benefits if your primary beneficiary(ies) do not survive you.

### EMPLOYEE SIGNATURE

Sign and date this form; return completed form to your employer (retain the pink copy for your records).

### EMPLOYER USE ONLY

Employer must review this form and verify that steps 1-4 are completed. Employer must complete this section and forward to HealthTrust for processing at: PO Box 617, Concord, NH 03302, or through the Secure Message Center in your Secure Member Portal (SMP) account, email [enrolleeservices@healthtrustnh.org](mailto:enrolleeservices@healthtrustnh.org) or fax 603.226.2988



**Questions?** Please call us at 800.527.5001, Monday through Friday, 8:30 a.m. to 4:30 p.m.







## Town of Plaistow

145 Main Street  
Plaistow, NH 03865  
603-382-5200 fax 603-382-7183

### REQUEST TO WAIVE THE LUNCH OR EATING PERIOD

**RSA 275:30-a Lunch or Eating Period.** – An employer may not require an employee to work more than 5 consecutive hours without granting him a 1/2 hour lunch or eating period, except if it is feasible for the employee to eat during the performance of his work, and the employer permits him to do so.

I \_\_\_\_\_ understand that my Employer the Town of Plaistow offers a lunch or eating time as defined in RSA 275:30-a. I am requesting not to take this time as offered. I also understand that at any time I wish to take the lunch or eating time I will be allowed to do so.

\_\_\_\_\_  
Employees signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



# Town of Plaistow

## Technology/Social Media Policy

*THIS DOCUMENT WILL BE PLACED IN YOUR PERSONNEL FILE*

This policy applies to all employees and Town Officials who are employed by the Town.

The Town of Plaistow understands that social media can be a fun and rewarding way to share your life and opinions with family, friends and co-workers around the world. However, use of social media also presents certain risks and carries with it certain responsibilities. To assist you in making responsible decisions about your use of social media, we have established these guidelines for appropriate use of social media.

Social media includes all means of communicating or posting information or content of any sort on the Internet, including to your own or someone else's web log, or blog, journal or diary, personal web site, social networking or affinity web site, web bulletin or a chat room, whether or not associated or affiliated with the Town, as well as any other form of electronic communication.

The same principles and guidelines found in this code and guide apply to your activities online. Ultimately, you are solely responsible for what you post online. Before creating online content, consider some of the risks and rewards that are involved. Keep in mind that any of your conduct that adversely affects your job performance, the performance of fellow employees or otherwise adversely affects members, clients, vendors, people who work on behalf of the Town's legitimate business interests may result in disciplinary action up to and including termination.

Carefully read this policy, and the Town's Handbook, to ensure that your postings are consistent with these policies. Inappropriate postings that may include discriminatory remarks, harassment, and threats of violence of similar inappropriate or unlawful conduct, such as release of confidential client information, will not be tolerated and may subject you to disciplinary action up to and including termination.

Always be fair and courteous to fellow employees, vendors and people in the community. Also, keep in mind that you are more likely to resolve work-



related complaints by speaking directly with your co-workers or by utilizing our grievance process than by posting complaints to a social media outlet.

Nevertheless, if you decide to post complaints or criticism, avoid using statements, photographs, video or audio that reasonably could be viewed as malicious, obscene, threatening, or intimidating, that disparage individuals in the community or employees or that might constitute harassment. Examples of such conduct might include offensive posts meant to intentionally harm someone's reputation or posts that could contribute to a hostile work environment on the basis of race, sex, disability, religion, sexual orientation, veteran status, genetic information or any other status protected by law. This policy is not written to interfere with an employee's right to disclose activities or information that the employee reasonably believes violates the state's whistleblower law (RSA 275-E:2); represents a gross mismanagement or waste of public funds, property, or manpower; or evidences an abuse of authority or a danger to the public health and safety.

Make sure you are always honest and accurate when posting information or news, and if you make a mistake, correct it quickly. Never post any information or rumors that you know to be false about the Town, co-employees, vendors, or individuals in the community.

Maintain the confidentiality of Town private or confidential information. Do not post internal reports, policies, procedures, or other internal Town or residents confidential communication. Do not create a link from your social media site to the Town website without identifying yourself as an employee of the Town. Never represent yourself as a spokesperson for the Town, unless you are expressly directed to do so by the Town Manager or designee.

Refrain from using social media while on work time or on equipment we provide, unless it is work-related as authorized by a supervisor or consistent with the Town's computer use policy. Do not use Town email addresses to register on social networks, blogs or other online tools for personal use.

Additionally, improper use of computerized information includes the following non-exhaustive list of activities:

- 1. Obtaining information or using any Department resource in violation of law, regulation, policy, procedure, or other rule.*
- 2. Release or use of records for personal or financial gain, or to benefit or cause injury to a third party.*



- 3. Use of any department resource for access to or distribution of indecent or obscene material, including pornography.*
- 4. Harassing other users, or tampering with any computing systems, and/or damaging or altering the software components or web based content.*
- 5. Use of Town technology resources and social media for unapproved fundraising, commercial or political purposes, benevolent association activities, or any other activities not specifically approved or related to a business necessity of the Town of Plaistow.*
- 6. Any unauthorized activity which adversely affects the availability, confidentiality, or integrity of any system resource and/or related data.*
- 7. Engaging in acts that are deliberately wasteful of computing resources or which unfairly monopolize resources to the exclusion of others. These acts include, but are not limited to, broadcasting unsolicited mailings or other messages unrelated to the business necessity of the Town of Plaistow.*

Unauthorized Access: Unauthorized access of Town technology is prohibited. Employees are not permitted to use a code, access a file, or retrieve any stored communication unless authorized to do so or unless they have received prior clearance from an authorized Town representative. Town computers and information technology is for business use by Town personnel. Non-employees may not use Town technology without permission from a Department Supervisor.

Use of another employee's account, user name, or password, or accessing another's files without their consent (by anyone other than authorized representatives of the Town) is strictly prohibited. Obtaining, or trying to obtain, other users' passwords, or using programs that compromise security in any way is prohibited.

Town-owned computers, including laptops and smart phones shall not be used for personal or private social networking except upon written authorization by the employee's immediate supervisor. Social networking shall be defined as communicating and sharing information between two or more individuals in an online or internet community, such as the use of Facebook, Twitter, MySpace, YouTube, AOL, and similar websites. (These guidelines do not apply to private email accounts or the exchange of private text messages as may otherwise be allowed at appropriate times during the workday.)

Use of privately-owned computers or hand-held devices using the Town's internet connection services during the work day shall be allowed during authorized break periods only.

Employees are prohibited from using any social media websites to publicly display Town-owned badges, uniforms, logos, insignia, tools, equipment, vehicles or other images of Town-owned property in a manner that is not consistent with existing departmental rules, regulations, guidelines, or standard operating procedures. (These guidelines do not apply in the event that a department has no such rules, regulations or procedures.)

Employees shall not identify themselves or refer to other Town employees by job title, rank, classification or position when engaged in social networking, except as otherwise permitted by law, or when specifically authorized in writing by the employee's immediate supervisor for the exercise of official duties.

Employees shall not post, transmit or distribute any images obtained from a work place or while on-duty, to include scenes of accidents, crimes, fires, training sites or any other municipal activity except upon written authorization from the employee's immediate supervisor. (This guideline does not apply to images made during a public meeting as otherwise allowed under RSA 91-A:2.) The unauthorized release or distribution of any photograph or video recording of an incident victim will be cause for immediate discharge as a Town employee.

Employees who participate in social networking while off-duty shall maintain an appropriate level of professionalism and decorum when making reference to municipal operations or other Town employees, agents or officials.

The Town recognizes all employees have constitutionally protected rights pertaining to freedom of speech, freedom of expression, freedom of association, and protections afforded under the Whistle Blower's Protection Act. In addition, employees have a right to discuss their wages, hours and working conditions with co-workers and others. However, any social media displays of willful or deliberate malicious acts that result in the disruption of workplace relationships will be treated as though the behavior took place while in the employment of the Town. The following social media situations by employees are likely to result in the imposition of disciplinary action, up to and including discharge:



*(i) Behavior that is directed towards a Town official using language that is defamatory, slanderous or unlawful;*

*(ii) Conduct that interferes with the maintenance of essential work-place discipline;*

*(iii) Actions of an obscene or derogatory nature that damage or impair the reputation and/or efficiency of municipal operations;*

*(iv) Cyber-bullying directed towards any Town employee.*

The Town reserves the right to require employees and candidates for employment to provide access to their personal social media website(s) as part of a background examination or an official investigation that is specifically related to their job responsibilities or in the event of a credible allegation that the Town's policies on use of technology, (including these guidelines) have been violated.

The use of private or personal social media shall not be considered part of the scope of an employee's duties except when authorized in writing by an employee's immediate supervisor. Accordingly, in most cases the Town shall not indemnify employees from personal financial loss and/or expense, including reasonable attorney fees, for any claims, demands, suits, or judgments resulting in damages arising from any matters that are published, posted, transmitted, broadcasted, displayed or disseminated on a private or personal social media website.

All social media communications by Town officials about governmental proceedings or the publication of governmental records shall be subject to the New Hampshire Right To Know Law and public access pursuant to the provisions of RSA 91-A, including, but not limited to (a) the obligation to preserve such records for specific time periods (usually measured in number of years); and (b) the remedies (and possibly penalties) as set forth in RSA 91-A:8.

Improper use of Town technology devices may result in disciplinary action, up to and including discharge. Unacceptable uses of Town technology shall include, but are not necessarily limited to, the following:

- *The unauthorized transmission of highly confidential or sensitive customer or proprietary material outside of the office;*

- *The unauthorized use for any business or commercial purposes other than the delivery of municipal services;*
- *Misrepresentation or non-disclosure of an employee's actual identity or affiliation with the Town of Plaistow;*
- *The unauthorized transmission of harassing, intimidating, abusive or offensive material;*
- *The unauthorized disclosure, interception, disruption or alteration of electronic messages or data, including confidential, sensitive and non-public materials;*
- *Soliciting, receiving or transmitting sexually explicit material of any type;*
- *Posting unauthorized newsgroup or bulletin board messages on behalf of the Town;*
- *Causing, directly or indirectly, excessive strain on any computing facilities or resources, or unwarranted or unsolicited interference with others' use of technology devices such as chain letters, viruses, spam, etc.;*
- *Using technology devices for any purpose that violates federal or state laws, including but not limited to gambling, copyright violations or software licensing infringement;*
- *The introduction or installation of any unauthorized software, hardware, discs, files, downloads, cookies, surveys, scans or other technology devices;*
- *The incurring of any expenses or fees that are not specifically authorized by a Supervisor, or conduct which results in such expenses to the Town;*
- *Having or using passwords on the employee's computer which are not known to the Town.*

The Town prohibits retaliating against any co-employee for reporting a possible deviation from this policy or for cooperating in an investigation. Any employee who retaliates against another employee for reporting a possible deviation from this policy or for cooperating in an investigation will be subject to disciplinary action up to and including termination.

These guidelines are to be construed as the Town's exercise of its management rights in the determination of the methods and means by which information, documentation, photographs, video, audio, data, electronic files, passwords, communications, and messages related to official government functions are to be publicly conveyed (or withheld from distribution) by Town employees through social media websites.



Any violation of these guidelines shall be subject to disciplinary action as otherwise set forth herein; to be consistent with the provisions of the Town's Personnel Policies and/or collective bargaining agreements as may be applicable hereto.

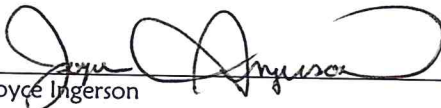
If you have any questions or need further guidance, please contact the Town Manager.

Approved and Adopted by the Board of Selectmen on:


Date

  
Steve Ranlett, Chairman

  
John Sherman, Vice Chairman

  
Joyce Ingerson

\_\_\_\_\_  
Tammy Bergeron

  
Julian Kiszka

By signing below, I agree to abide by this Town policy.

Employee Name

\_\_\_\_\_  
(please print)

Title:

Signature:

Date: