

Dover/Sherborn Schools

Personnel/Payroll Transaction Form

1	(Please Print)		
NAME	(First) (Middle Initial) (Last)	SOC SEC #	
ADDRESS		EMAIL(FOR PAYROLL)	
CITY/STATE	(Town) (State) (Zip)	DATE OF BIRTH	(Mo) (Day) (Year)
		PHONE	
		EMERGENCY No:	
		RELATIONSHIP	

For Office Use Only

DATE BEGIN WORK	DEPARTMENT
POSITION	HOURS PER WEEK
RATE OF PAY	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal (6 months or less)
Hourly Salary <small>(Circle One)</small>	

CURRENT SALARY	LEVEL/STEP OR CATEGORY
NEW SALARY	NEW LEVEL/STEP OR CATEGORY
NOT TO EXCEED	PRO-RATED TO
	LONGEVITY

Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	Health Insurance	\$ _____ Per payroll deduction
<input type="checkbox"/>	<input type="checkbox"/>	Basic Life Insurance	\$ _____ Monthly payroll deduction
<input type="checkbox"/>	<input type="checkbox"/>	Vol. Life Insurance	\$ _____ Monthly payroll deduction
<input type="checkbox"/>	<input type="checkbox"/>	Dental Insurance	\$ _____ Monthly payroll deduction
<input type="checkbox"/>	<input type="checkbox"/>	Deferred Comp	\$ _____ Monthly payroll deduction
<input type="checkbox"/>	<input type="checkbox"/>	Union dues	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Credit union	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	TSA	\$ _____ Deduction Amount Fund _____
		Federal Exemptions	\$ _____ Additional Withholdings \$ _____
		State Exemptions	\$ _____ Additional Withholdings \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Wage Garnishments	\$ _____ % _____ Type _____
<input type="checkbox"/>	<input type="checkbox"/>	Direct Deposit	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	OBRA/ING	Percentage Amount 7.5
<input type="checkbox"/>	<input type="checkbox"/>	MTRS	5% 7% 8% 9% 11% additional 2%
<input type="checkbox"/>	<input type="checkbox"/>	Norfolk County	5% 7% 8% 9% additional 2%

<input type="checkbox"/>	I-9 Form	<input type="checkbox"/>	Birth Certificate	<input type="checkbox"/>	Federal Withholding	<input type="checkbox"/>	Mass Teaching Cert
<input type="checkbox"/>	CORI	<input type="checkbox"/>	Retirement Application	<input type="checkbox"/>	State Withholding	<input type="checkbox"/>	Pre-Tax Dollar Agreement
<input type="checkbox"/>	Health	<input type="checkbox"/>	Dental	<input type="checkbox"/>	Life	<input type="checkbox"/>	NBC (NATIONAL BACKGROUND CHECK)
<input type="checkbox"/>	NHR	<input type="checkbox"/>	EPIMS	<input type="checkbox"/>	DIRECT DEPOSIT	<input type="checkbox"/>	STATE ETHICS ONLINE
<input type="checkbox"/>	SS Offset	<input type="checkbox"/>	Cobra Info	<input type="checkbox"/>	Harassment Policy	<input type="checkbox"/>	CONFLICT OF INTEREST
<input type="checkbox"/>	TECH POLICY	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

Payroll Dept Signature _____