

New, Benefited Employee Hiring Checklist

The following forms are required for payroll purposes:

- ☐ Personal Data Sheet
- ☐ Voluntary Self-Identification of Veterans
- ☐ State and Federal Tax forms

Please note: international employees will receive an e-mail regarding the University's international tax information program, Sprinttax. Please use that program to help ensure taxes are withheld appropriately.

- ☐ Statement of Conditional Employment
- ☐ Direct Deposit Form
- ☐ Voluntary Self-Identification of Disability
- ☐ I-9 Employment Eligibility Verification Form

You will receive the I-9 Form via email from i9complete@trackercorp.com

For HR use:

Citizenship or Immigration Status:

- ☐ 1 US citizen
- ☐ 2 Noncitizen national
- ☐ Permanent resident
- ☐ Non-resident authorized to work

Tracker Form I-9 ID: _____

I have received, read, understood & acknowledge my responsibility to conduct myself consistent with University and Commonwealth requirements (https://bit.ly/UMA_Policies). Policies received include, but are not limited to:

- Principles of Employee Conduct; Policy Against Intolerance; UMass Statement on Bullying
- Policy Against Discrimination, Harassment and Related Interpersonal Violence
- Drug Free Workplace Policy; Tobacco Free Campus Policy; Firearms and Weapons Policy
- Policy on Fraudulent Financial Activities
- Overview of Health Insurance Marketplaces (ACA)
- Public Records: Your Responsibilities as a Public Employee
- Equal Employment Opportunity notices
- Policy on Consensual Relationships
- Summary of the Conflict of Interest Law for State Employees
- Affirmative Action and Equal Opportunity Statement
- Family Medical Leave Act, MA Pregnant Workers Fairness Act, Small Necessities Leave Act & Employment Leave to Address an Abusive Situation notices
- MA Right to Know Workplace Notice
- Export Control Policy & corresponding employee obligations
- MA Earned Sick Time & MA Paid Family and Medical Leave notices
- Massachusetts Paid Family Medical Leave Act Notice.

I understand that I am required to complete, and pass, all mandatory training related to my University employment, including, but not limited to, the Massachusetts Conflict of Interest / Ethics training within 30 calendar days of starting employment. I acknowledge that notifications regarding required training will be sent to my University e-mail address. Further details, including information about trainings for which I must proactively enroll, is shared online: <https://www.umass.edu/hr/training/required-trainings>.

Signature

Date

Printed Name

Employing Department

Personal Data Sheet

General Employee Information

Legal name: _____ Date of Birth: _____ / _____ / _____
First Middle Initial Last Suffix Month Day Year

Voluntary chosen first name*: _____ Gender: ☐ Female ☐ X ☐ Male

* Chosen and preferred names must be updated separately in SPIRE and the UMass Payroll system

Highest Level of Education Completed:

- ☐ Less than High School Graduate ☐ Some College (Undergraduate) ☐ Some Graduate School
☐ High School Grad/Equivalent ☐ Associate's Degree (2 year college) ☐ Master's Degree
☐ Technical School ☐ Bachelor's Degree ☐ Ph.D.
☐ Professional Degree (e.g. MD, JD, DDS)

List the schools you have attended beyond high school. Include business, technical, military, professional, college, & university.
Please begin by listing your *highest* level of education.

School Name	Major	Degree or Certificate	Year Awarded

Personal Information

Marital Status: ☐ Married ☐ Single

Social Security Number _____ - _____ - _____
Leave this field blank if you do not yet have an SSN

Home Address:

Number Street Apt #
City State Postal Code Country (if not U.S.A.)

Mailing Address:
(if different)

Number Street Apt #
City State Postal Code Country (if not U.S.A.)

Home Telephone:

Voluntary disclosure/self identification of race/ethnicity: Please answer *both* questions:

- 1) Do you consider yourself Hispanic or Latino? ☐ Yes ☐ No
2) Please select one or more of the following racial categories to describe yourself:
☐ American Indian or Alaskan Native ☐ Asian ☐ White
☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander

Please also complete second page of this form and sign & date at the bottom >>>

Voluntary selection of pronouns: you can update chosen pronouns in HR Direct at any time when your employment record is active. Please feel free to choose one of the following:

- | | | |
|---|---|--|
| <input type="checkbox"/> she/her | <input type="checkbox"/> he/him | <input type="checkbox"/> they/them |
| <input type="checkbox"/> xe/xem | <input type="checkbox"/> ze/zir | <input type="checkbox"/> he/any (he/him or any pronoun) |
| <input type="checkbox"/> he/she (he/him & she/her) | <input type="checkbox"/> he/they (he/him & they/them) | <input type="checkbox"/> he/xe (he/him & xe/xem) |
| <input type="checkbox"/> he/ze (he/him & ze/zir) | <input type="checkbox"/> she/any (she/her or any pronoun) | <input type="checkbox"/> she/they (she/her & they/them) |
| <input type="checkbox"/> she/xe (she/her & xe/xem) | <input type="checkbox"/> she/ze (she/her & ze/zir) | <input type="checkbox"/> they/any (they/them or any pronoun) |
| <input type="checkbox"/> they/xe (they/them & xe/xem) | <input type="checkbox"/> they/ze (they/them & ze/zir) | <input type="checkbox"/> xe/any (xe/xem or any pronoun) |
| <input type="checkbox"/> xe/ze (xe/xem & ze/zir) | <input type="checkbox"/> ze/any (ze/zir or any pronoun) | <input type="checkbox"/> any pronoun |
| <input type="checkbox"/> name only | <input type="checkbox"/> choose not to disclose | |

Pronouns selected here will be reflected in HR Direct. For more information about these pronouns and where this data appears please refer to the HR Direct Employee Data webpage (www.umass.edu/hr/benefits-and-pay/hr-direct-employee-data).

Emergency Contact(s) – who should be notified in case of emergency?

Primary Emergency Contact

Secondary Emergency Contact (optional)

Name : _____
(first name, last name)

Name : _____
(first name, last name)

Relationship to you: _____

Relationship to you: _____

Address: ☐ Same address as employee

Address: ☐ Same address as employee

Telephone number: ☐ Same phone as employee

Telephone number: ☐ Same phone as employee

Privacy & Confidentiality of your personal information: Under the University's Fair Information Practices Regulations (Doc. T77-059), you may request that certain personal data, regarded as "Directory Information," *not* be disseminated to anyone other than University personnel or where required by statute, court order, or legitimate University purpose.

Do you want to **restrict** dissemination of your personal data?

- ☐ Yes ☐ No

If yes, please check each personal data item you would like to **restrict**:

- ☐ Home Address
☐ Home Phone Number
☐ Marital Status
☐ Date of Birth

Social security number, citizenship, and education are either: a) automatically restricted unless dissemination is required by statute/regulation/legitimate University purpose, or b) not maintained on the employee data base.

Signature _____

Date Signed _____

Voluntary Identification of Gender Identity

General Employee Information

Legal Name: _____ Date of Birth: _____ / _____ / _____
First Middle Last Suffix Month Day Year

Voluntary gender identity: you can update gender identity in HR Direct at any time after your employment record is activated.
Please feel free to choose one of the following:

- | | |
|--|--|
| <input type="checkbox"/> Agender | An individual who identifies as not having a gender. Agender people may identify as neutrois, genderless, or gender neutral, having an unknown or indefinable gender, or deciding not to label their gender. |
| <input type="checkbox"/> Cisgender (non-trans) man | An individual who identifies as a man and was assigned male at birth. |
| <input type="checkbox"/> Cisgender (non-trans) woman | An individual who identifies as a woman and was assigned female at birth. |
| <input type="checkbox"/> Demigender | An individual who feels a partial connection to a particular gender identity. Examples of demigender identities include demigirl, demiboy, and demiandrogyne. |
| <input type="checkbox"/> Genderfluid | An individual whose gender varies over time. A genderfluid person may at any time identify as male, female, genderless, or any nonbinary gender identity, or as some combination of gender identities. |
| <input type="checkbox"/> Genderqueer | An umbrella term and a specific identity for an individual who identifies as neither male nor female (but as another gender), as somewhere in between or beyond genders, or as a combination of genders. |
| <input type="checkbox"/> Nonbinary | An umbrella term and a specific identity for an individual who does not fit into traditional "male" and "female" gender categories. Nonbinary people include individuals who identify as bigender, genderfluid, genderqueer, pangender, and many additional genders. |
| <input type="checkbox"/> Questioning | An individual who is uncertain about how they identify their gender. |
| <input type="checkbox"/> Trans man | An individual who identifies as a man but was assigned female at birth. |
| <input type="checkbox"/> Trans woman | An individual who identifies as a woman but was assigned male at birth. |
| <input type="checkbox"/> I prefer not to respond | |

Signature

Date Signed

Voluntary Self-Identification of Protected Veteran Status

Why Are You Being Asked to Complete This Form?

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA). VEVRAA requires Government contractors to take affirmative action to employ and advance in employment protected veterans. To help us measure the effectiveness of our outreach and recruitment efforts of veterans, we are asking you to tell us if you are a veteran covered by VEVRAA. Completing this form is completely voluntary, but we hope you fill it out. Any answer you give will be kept private and will not be used against you in any way.

For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How Do You Know if You Are a Veteran Protected by VEVRAA?

Contrary to the name, VEVRAA does not just cover Vietnam Era veterans. It covers several categories of veterans from World War II, the Korean conflict, the Vietnam era, and the Persian Gulf War which is defined as occurring from August 2, 1990 to the present.

If you believe you belong to any of the categories of protected veterans please indicate by checking the appropriate box below. The categories are defined on the back side of this form and explained further in an "[Am I a Protected Veteran?](#)" infographic provided by OFCCP.

Please select one of the following:

- ☐ I identify as one or more of the classifications of protected veteran listed below.
- ☐ I am not a protected veteran.
- ☐ I do not wish to answer.

Your Name

Today's Date

What Categories of Veterans Are “Protected” by VEVRAA?

“Protected” veterans include the following categories: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These categories are defined below.

1. A “disabled veteran” is one of the following:
 - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - a person who was discharged or released from active duty because of a service-connected disability.
2. A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
3. An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
4. An “Armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Division of Human Resources
Whitmore Administration Building
181 President's Drive
Amherst, MA 01003-9313

Required Statement of Conditional Employment

I, _____, understand that this employment offer and my subsequent employment at the University on _____ (today's date) are conditioned upon my authorization and successful completion of a background check, including the following information:

- satisfactory professional reference checks, including verification of present and prior employment
- verification of academic credentials
- verification of any stated and/or required licenses or certifications
- criminal background check
- Any necessary additional checks requested by the Hiring Authority (e.g. credit, motor vehicle)

The University of Massachusetts Amherst has contracted with Truescreen to conduct its background checks. Truescreen will contact you directly for additional information and authorization.

By signing this conditional job offer, I attest that the information provided to the University during the selection process is true and accurate to the best of my knowledge and that I understand that falsification of any such information, whenever it is discovered, could result in termination. I understand if I do not satisfactorily complete my background check prior to starting employment this offer will be withdrawn. I also understand that if I commence employment it will be conditioned on successful completion of a background check and I will be terminated if the background check is not successfully completed.

Signature

Date

FORM
M-4

MASSACHUSETTS EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Rev. 11/19



Print full name

Social Security no. _____

Print home address.....

City..... State..... Zip

Employee:

File this form with your employer. Otherwise, Massachusetts Income Taxes will be withheld from your wages without exemptions.

Employer:

Keep this certificate with your records. If the employee is believed to have claimed excessive exemptions, the Massachusetts Department of Revenue should be so advised.

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. Your personal exemption. Write the figure "1." If you are age 65 or over or will be before next year, write "2"
2. If married and if exemption for spouse is allowed, write the figure "4." If your spouse is age 65 or over or will be before next year and if otherwise qualified, write "5." See Instruction C
3. Write the number of your qualified dependents. See Instruction D
4. Add the number of exemptions which you have claimed above and write the total
5. Additional withholding per pay period under agreement with employer \$
 - A. ☐ Check if you will file as head of household on your tax return.
 - B. ☐ Check if you are blind.
 - C. ☐ Check if spouse is blind and not subject to withholding.
 - D. ☐ Check if you are a full-time student engaged in seasonal, part-time or temporary employment whose estimated annual income will not exceed \$8,000.

EMPLOYER: DO NOT withhold if Box D is checked.

I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

Date..... Signed

THIS FORM MAY BE REPRODUCED

THE COMMONWEALTH OF MASSACHUSETTS, DEPARTMENT OF REVENUE

A. Number. The more exemptions you claim on this certificate, the less tax withheld from your employer. If you claim more exemptions than you are entitled to, civil and criminal penalties may be imposed. However, you may claim a smaller number of exemptions without penalty. If you do not file a certificate, your employer must withhold on the basis of no exemptions.

If you expect to owe more income tax than will be withheld, you may either claim a smaller number of exemptions or enter into an agreement with your employer to have additional amounts withheld.

You should claim the total number of exemptions to which you are entitled to prevent excessive overwithholding, unless you have a significant amount of other income. Underwithholding may result in owing additional taxes to the Commonwealth at the end of the year.

If you work for more than one employer at the same time, you must not claim any exemptions with employers other than your principal employer.

If you are married and if your spouse is subject to withholding, each may claim a personal exemption.

B. Changes. You may file a new certificate at any time if the number of exemptions increases. You must file a new certificate within 10 days if the number of exemptions previously claimed by you decreases. For example, if during the year your dependent son's income indicates that you will not

provide over half of his support for the year, you must file a new certificate.

C. Spouse. If your spouse is not working or if she or he is working but not claiming the personal exemption or the age 65 or over exemption, generally you may claim those exemptions in line 2. However, if you are planning to file separate annual tax returns, you should not claim withholding exemptions for your spouse or for any dependents that will not be claimed on your annual tax return.

If claiming a spouse, write "4" in line 2. Entering "4" makes a withholding system adjustment for the \$4,400 exemption for a spouse.

D. Dependent(s). You may claim an exemption in line 3 for each individual who qualifies as a dependent under the Federal Income Tax Law. In addition, if one or more of your dependents will be under age 12 at year end, add "1" to your dependents total for line 3.

You are not allowed to claim "federal withholding deductions and adjustments" under the Massachusetts withholding system.

If you have income not subject to withholding, you are urged to have additional amounts withheld to cover your tax liability on such income. See line 5.

Employee's Withholding Certificate

OMB No. 1545-0074

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.****2025****Step 1:**
Enter
Personal
Information

(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 www.ssa.gov .
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.)		

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

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.

Step 2:
Multiple Jobs
or Spouse
Works

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 **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for the 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 ☐

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.)

Step 3: Claim Dependent and Other Credits	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	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). 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) Deductions. 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) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

Step 5:
Sign
Here

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

Employers
Only

Employer's name and address

First date of
employment

Employer identification
number (EIN)

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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.

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 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 **and** you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 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 2025 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 17, 2026.

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 if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

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 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. Submit a separate Form W-4 for each job.

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 2025 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.

- 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 2025 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:

{	• \$30,000 if you're married filing jointly or a qualifying surviving spouse
	• \$22,500 if you're head of household
	• \$15,000 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	\$700	\$850	\$910	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	700	1,700	1,910	2,110	2,220	2,220	2,220	2,220	2,220	2,220	3,220
\$20,000 - 29,999	700	1,700	2,760	3,110	3,310	3,420	3,420	3,420	3,420	3,420	4,420	5,420
\$30,000 - 39,999	850	1,910	3,110	3,460	3,660	3,770	3,770	3,770	3,770	4,770	5,770	6,770
\$40,000 - 49,999	910	2,110	3,310	3,660	3,860	3,970	3,970	3,970	4,970	5,970	6,970	7,970
\$50,000 - 59,999	1,020	2,220	3,420	3,770	3,970	4,080	4,080	5,080	6,080	7,080	8,080	9,080
\$60,000 - 69,999	1,020	2,220	3,420	3,770	3,970	4,080	5,080	6,080	7,080	8,080	9,080	10,080
\$70,000 - 79,999	1,020	2,220	3,420	3,770	3,970	5,080	6,080	7,080	8,080	9,080	10,080	11,080
\$80,000 - 99,999	1,020	2,220	3,420	4,620	5,820	6,930	7,930	8,930	9,930	10,930	11,930	12,930
\$100,000 - 149,999	1,870	4,070	6,270	7,620	8,820	9,930	10,930	11,930	12,930	14,010	15,210	16,410
\$150,000 - 239,999	1,870	4,240	6,640	8,190	9,590	10,890	12,090	13,290	14,490	15,690	16,890	18,090
\$240,000 - 259,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$260,000 - 279,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$280,000 - 299,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$300,000 - 319,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,170	19,170
\$320,000 - 364,999	2,040	4,440	6,840	8,390	9,790	11,100	12,470	14,470	16,470	18,470	20,470	22,470
\$365,000 - 524,999	2,790	6,290	9,790	12,440	14,940	17,350	19,650	21,950	24,250	26,550	28,850	31,150
\$525,000 and over	3,140	6,840	10,540	13,390	16,090	18,700	21,200	23,700	26,200	28,700	31,200	33,700

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	\$200	\$850	\$1,020	\$1,020	\$1,020	\$1,370	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040
\$10,000 - 19,999	850	1,700	1,870	1,870	2,220	3,220	3,720	3,720	3,720	3,720	3,890	4,090
\$20,000 - 29,999	1,020	1,870	2,040	2,390	3,390	4,390	4,890	4,890	4,890	5,060	5,260	5,460
\$30,000 - 39,999	1,020	1,870	2,390	3,390	4,390	5,390	5,890	5,890	6,060	6,260	6,460	6,660
\$40,000 - 59,999	1,220	3,070	4,240	5,240	6,240	7,240	7,880	8,080	8,280	8,480	8,680	8,880
\$60,000 - 79,999	1,870	3,720	4,890	5,890	7,030	8,230	8,930	9,130	9,330	9,530	9,730	9,930
\$80,000 - 99,999	1,870	3,720	5,030	6,230	7,430	8,630	9,330	9,530	9,730	9,930	10,130	10,580
\$100,000 - 124,999	2,040	4,090	5,460	6,660	7,860	9,060	9,760	9,960	10,160	10,950	11,950	12,950
\$125,000 - 149,999	2,040	4,090	5,460	6,660	7,860	9,060	9,950	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,090	5,460	6,660	8,450	10,450	11,950	12,950	13,950	15,080	16,380	17,680
\$175,000 - 199,999	2,040	4,290	6,450	8,450	10,450	12,450	13,950	15,230	16,530	17,830	19,130	20,430
\$200,000 - 249,999	2,720	5,570	7,900	10,200	12,500	14,800	16,600	17,900	19,200	20,500	21,800	23,100
\$250,000 - 399,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$400,000 - 449,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$450,000 and over	3,140	6,490	9,160	11,660	14,160	16,660	18,660	20,160	21,660	23,160	24,660	26,160

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	\$450	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870	\$1,870	\$1,870	\$1,890
\$10,000 - 19,999	450	1,450	2,000	2,200	2,220	2,220	2,220	3,180	4,070	4,070	4,090	4,290
\$20,000 - 29,999	850	2,000	2,600	2,800	2,820	2,820	3,780	4,780	5,670	5,690	5,890	6,090
\$30,000 - 39,999	1,000	2,200	2,800	3,000	3,020	3,980	4,980	5,980	6,890	7,090	7,290	7,490
\$40,000 - 59,999	1,020	2,220	2,820	3,830	4,850	5,850	6,850	8,050	9,130	9,330	9,530	9,730
\$60,000 - 79,999	1,020	3,030	4,630	5,830	6,850	8,050	9,250	10,450	11,530	11,730	11,930	12,130
\$80,000 - 99,999	1,870	4,070	5,670	7,060	8,280	9,480	10,680	11,880	12,970	13,170	13,370	13,570
\$100,000 - 124,999	1,950	4,350	6,150	7,550	8,770	9,970	11,170	12,370	13,450	13,650	14,650	15,650
\$125,000 - 149,999	2,040	4,440	6,240	7,640	8,860	10,060	11,260	12,860	14,740	15,740	16,740	17,740
\$150,000 - 174,999	2,040	4,440	6,240	7,640	8,860	10,860	12,860	14,860	16,740	17,740	18,940	20,240
\$175,000 - 199,999	2,040	4,440	6,640	8,840	10,860	12,860	14,860	16,910	19,090	20,390	21,690	22,990
\$200,000 - 249,999	2,720	5,920	8,520	10,960	13,280	15,580	17,880	20,180	22,360	23,660	24,960	26,260
\$250,000 - 449,999	2,970	6,470	9,370	11,870	14,190	16,490	18,790	21,090	23,280	24,580	25,880	27,180
\$450,000 and over	3,140	6,840	9,940	12,640	15,160	17,660	20,160	22,660	25,050	26,550	28,050	29,550

Direct Deposit Authorization Form
**Bring completed form with Picture ID
to Room 168 Whitmore Admin. Bldg.**

If known:

Spire ID: _____

EmplID: _____

Your EmplID is the 8-digit number
appearing on your pay statement.

Legal Name (First Name, Last Name): _____

Phone: _____ E-mail: _____

Please write clearly. Note: the following direct deposit will overwrite all prior direct deposit information on record and you will receive an e-mail confirming when the information has been processed into HR Direct.

Action Requested (check one) <input type="checkbox"/> Start Direct Deposit <input type="checkbox"/> Change* (add/delete a bank, increase/decrease fixed amount or select new balance acct.)				
Bank Name _____	Routing #: _____ Acct#: _____	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings	<input type="checkbox"/> Full Deposit or <input type="checkbox"/> Fixed Amount: \$ _____	<input type="checkbox"/> Balance Account Deposit any balance of net pay to this acct.

If depositing into more than one (1) bank you must choose one Balance Account.

Bank Name _____	Routing #: _____ Acct#: _____	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings	<input type="checkbox"/> Full Deposit or <input type="checkbox"/> Fixed Amount: \$ _____	<input type="checkbox"/> Balance Account Deposit any balance of net pay to this acct.
Bank Name _____	Routing #: _____ Acct#: _____	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings	<input type="checkbox"/> Full Deposit or <input type="checkbox"/> Fixed Amount: \$ _____	<input type="checkbox"/> Balance Account Deposit any balance of net pay to this acct.
Bank Name _____	Routing #: _____ Acct#: _____	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings	<input type="checkbox"/> Full Deposit or <input type="checkbox"/> Fixed Amount: \$ _____	<input type="checkbox"/> Balance Account Deposit any balance of net pay to this acct.

I authorize the University of Massachusetts to deposit my net pay via direct deposit into the account(s) indicated above. If funds to which I am not entitled are deposited into my account(s), I authorize the University to direct the financial institution(s) to return said funds.

I understand it is my responsibility to verify that payments have been credited to my account(s) and that the University assumes no liability for overdrafts for any reason. I understand that in the event my financial institution(s) is/are not able to deposit any electronic transfer into my account due to any action I take, the University cannot reissue funds to me until the funds are returned to the University by my financial institution(s).

I understand this authorization will override any previous authorization and will remain in effect until replaced by an updated direct deposit authorization.

I understand I must immediately notify University Human Resources before I close any/all account(s) listed above while this authorization is in effect.

Employee Signature: _____ Date: _____

Bring the completed Direct Deposit Authorization form with a picture ID to:
Human Resources, 168 Whitmore Administration Building
Questions? Call the HR Operations Team at 413.545.3761 or 413.545.0391

Tips for Completing the Direct Deposit Form

Action Requested:

- **Start** To initiate your first direct deposit with the University.
- **Change** To add or delete a bank account, increase or decrease a fixed amount, and/or change the Balance Account. Allow at least one (1) payperiod for the change to take effect. A change replaces all direct deposit account information and authorizations on file. Please complete all rows of information.

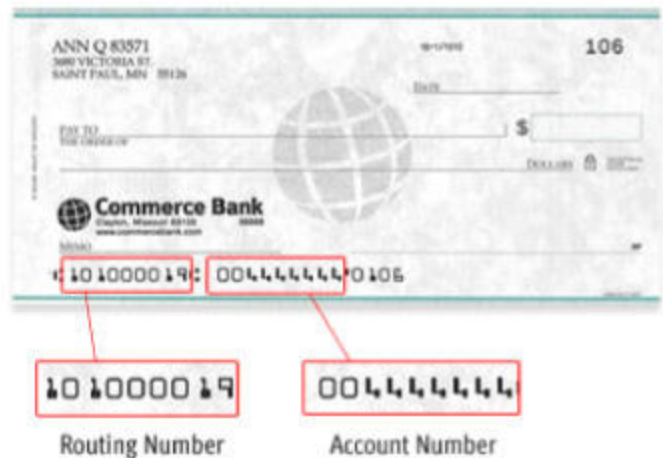
Deposit Options:

Your entire net pay must be direct deposited (full or partial payment via check & partial payment via Global Cash Card are not allowed). There are two deposit options available:

1. Deposit 100% of your net pay into one checking or savings account.
2. Assign a fixed dollar amount to go into as many as four (4) different banks with one bank as the Balance Account.

Account Information

- Please provide the name of each banking institution.
- Routing # - enter the nine digit Electronic/Paper ABA Routing number (NOT the Wire Transfer Routing number).
- Indicate if the account is a checking or savings account



Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 04/30/2026

Name:
Employee ID:

Date:

(if known)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past
No, I do not have a disability and have not had one in the past
I do not want to answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may use this section of the form as needed for recordkeeping purposes.

NEW EMPLOYEE BENEFITS CHECKLIST

EMPLOYEE NAME _____ DOB _____

Mandatory Retirement

- ☐ State Retirement System (SERS) **OR** ☐ Optional Retirement Program (ORP, if eligibility notice provided)
- ☐ Fidelity ☐ TIAA/CREF
- ☐ Social Security statement (Form SSA-1945)
- ☐ Notice of University GAP Plan Eligibility provided (if applicable) ☐ GAP Plan Not Applicable

For HR Use Only:	<input type="checkbox"/> 5%	<input type="checkbox"/> 7%	<input type="checkbox"/> 8%	<input type="checkbox"/> 9%	<input checked="" type="checkbox"/> 9% 64% salary cap	<input checked="" type="checkbox"/> 2%
Member:	Prior to 1/1/75	01/01/75- 12/31/83	01/01/84- 06/30/96	07/01/96- 01/01/11	After 01/01/11	After 01/01/79

Voluntary Sick Leave Enrollments

- IBPO or NEPBA Sick Leave Bank (Police Officers)** ☐ ENROLL ☐ WAIVE ☐ N/A
- MSP Sick Leave Bank Faculty & Librarians Only** ☐ ENROLL ☐ WAIVE ☐ N/A

MA Group Insurance Commission (GIC) Benefits

Newly benefited employees have **21 calendar days from date of hire** to enroll in health, life and/or long-term disability insurance on-line via the GIC on-line portal. After your University payroll record is initiated you will receive an e-mail from Noreply@salesforce.com; on behalf of; myGICLink <gic.mygiclinkcustomerservice@state.ma.us> inviting you to log into the GIC's system ("MyGICLink") to complete your enrollment for these benefits (or, if preferred, to decline coverage). If you do not receive the invitation within 10 calendar days of submitting your hiring forms to UMass Amherst Human Resources please notify MyGIC@umass.edu.

Likewise, if interested in participating in the Health Care Spending Account (HCSA) and/or Dependent Care Assistance Plan (DCAP) you must complete that enrollment within 21 calendar days of hire* on-line at <https://www.tasconline.com/clients/commonwealth-of-massachusetts/>

- ☐ Employee Acknowledgement Form

Dental Insurance

- ☐ MSP ☐ USA/MTA ☐ NON-UNIT ☐ Declining Coverage
- ☐ Individual plan ☐ Family Plan

Enrollment information for PSU/MTA, AFSCME, NEPBA and IBPO is mailed to an eligible employee's home address by the Plan Administrator.

I agree that this form accurately represents my benefits elections and I understand that the GIC may deny my request for health, life and/or disability insurance coverages, and participation in the HCSA and/or DCAP plans, if I do not submit a completed enrollment with supporting documentation within the first 21 calendar days of employment.

Signature

Date

* Your hire date is reflected in your orientation confirmation e-mail and in materials provided at orientation.

State Employee Acknowledgement Form For GIC Benefits

You are responsible for reviewing your benefit options and making your GIC benefit elections within 21 days of the date of hire on the MyGICLink Member Benefits Portal. The 21 day deadline includes the date of hire.

- Basic Life Insurance
- Basic Life & Health Insurance
- Summary of Benefits and Coverage
- Optional Life Insurance
- Long Term Disability (LTD)
- Dental/Vision (if eligible)
- Health Care Spending Account (HCSA)*
- Dependent Care Assistance Program (DCAP)*

** You must enroll in the Flexible Spending Account (FSA) benefit on the FSA administrator's website*

I understand that as a new hire I will receive a New Hire Welcome/Registration email from MyGICLinkcustomerservice@mass.gov and I must log in to the MyGICLink Member Benefits Portal to enroll in GIC benefits within 21 days of my date of hire. The 21 day deadline includes the date of hire. If I don't receive an email within 10 days of my hire date, I must notify the GIC Coordinator at my workplace so that enrollment forms can be provided to me via GIC Online Forms.

By enrolling in GIC basic life or basic life and health insurance, my premiums will be deducted on a pretax basis unless I elect post tax benefits and if I enroll in a GIC health plan, I can't change my health plan until the next Annual Enrollment period. I understand that if I do not elect GIC Basic Life and health within 21 days of hire, my next opportunity to apply for these benefits is during GIC's next Annual Enrollment or within 60 days of a qualifying event.

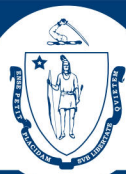
Name: _____
(Please print)

Signature: _____

Date: _____

Employee: Return this signed form to your GIC Coordinator.

GIC Coordinator: Give employee a copy of this form and retain original signed form in employee's personnel file. Do not send to the GIC.



THE COMMONWEALTH OF MASSACHUSETTS
State Board of Retirement
ONE WINTER STREET, 8TH FLOOR, BOSTON, MA 02108

**COMMONWEALTH AGENCY
NEW MEMBER
ENROLLMENT FORM**

SECTION A TO BE COMPLETED BY MEMBER - **SECTION B** TO BE COMPLETED BY AGENCY
PLEASE RETURN COMPLETED FORM TO THE MASSACHUSETTS STATE RETIREMENT BOARD

SECTION A - TO BE COMPLETED BY MEMBER

1. MEMBER INFORMATION

Name (Print)		Former Name		SSN	
Street Address		Date of Birth (mm/dd/yyyy)		Gender: M <input type="checkbox"/>	
City	State	Zip Code	Phone Number		F <input type="checkbox"/>
E-Mail					
Marital Status:					
<input type="checkbox"/> Married	<input type="checkbox"/> Single	If Divorced , are you subject to a Qualified Domestic Relations Order?			
<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced				
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Spouse Date of Birth	
				Spouse Name	
Are you a Veteran?		The retirement law establishes specific periods of active service, which may qualify you for certain Veteran benefits.		Employment	
<input type="checkbox"/> Yes	<input type="checkbox"/> No			Start Date	
Dates of Military Service				University of Massachusetts Amherst	
				Agency or Department	
				(413) 545-1478	
				Agency Phone Number	

A copy of your military discharge may be requested

2. PAST MEMBERSHIP HISTORY WITH ANY OTHER CONTRIBUTORY RETIREMENT SYSTEM IN MASSACHUSETTS

Retirement System	Start Date	End Date	Was a Refund Taken?	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you wish to reinstate / purchase past creditable service you must make a separate request to the State Retirement Board.

3. ARE YOU CURRENTLY OR HAVE YOU EVER RECEIVED A RETIREMENT ALLOWANCE FROM ANOTHER PUBLIC RETIREMENT SYSTEM?

☐ Yes ☐ No

4. STATEMENT AND SIGNATURE OF MEMBER

I certify the above information to be true and correct to the best of my knowledge and hereby accept membership in the Massachusetts State Employees' Retirement System. This statement is signed under penalties of perjury.

Member Signature

Date

Continued on reverse

NEW MEMBER ENROLLMENT FORM - PAGE 2

SECTION A (CONTINUED)

5. BENEFICIARY INFORMATION

Beneficiary or beneficiaries nominated will receive in the proportion designated any amount due at your death, if you pass away prior to retirement. The right to change any nominated beneficiary is reserved by the member.

A beneficiary blank with corrections or erasures is not acceptable

Give Complete Name and Address of Each Beneficiary

Name:	Designation (Must check 1 box)	Proportion* (Must check 1 box)	DOB:
Street:	<input type="checkbox"/> Primary, <u>OR</u>	<input type="checkbox"/> All, <u>OR</u>	Relationship:
City, State, Zip:	<input type="checkbox"/> Contingent	<input type="checkbox"/> _____% (Percent)	SSN:
Name:	Designation	Proportion*	DOB:
Street:	<input type="checkbox"/> Primary, <u>OR</u>	<input type="checkbox"/> All, <u>OR</u>	Relationship:
City, State, Zip:	<input type="checkbox"/> Contingent	<input type="checkbox"/> _____% (Percent)	SSN:
Name:	Designation	Proportion*	DOB:
Street:	<input type="checkbox"/> Primary, <u>OR</u>	<input type="checkbox"/> All, <u>OR</u>	Relationship:
City, State, Zip:	<input type="checkbox"/> Contingent	<input type="checkbox"/> _____% (Percent)	SSN:
Name:	Designation	Proportion*	DOB:
Street:	<input type="checkbox"/> Primary, <u>OR</u>	<input type="checkbox"/> All, <u>OR</u>	Relationship:
City, State, Zip:	<input type="checkbox"/> Contingent	<input type="checkbox"/> _____% (Percent)	SSN:

***The totals of all proportions for your primary and contingent beneficiary(ies) MUST equal 100% EACH.**

6. PLEASE SIGN BELOW

Member Signature

Date

Witness Signature

Witness may not be beneficiary

A Change of Beneficiary Form must be used if you wish to change your designated beneficiary(ies). You may obtain this form from the State Retirement Board or mass.gov/retirement.

SECTION B - TO BE COMPLETED BY THE AGENCY

Position: _____ Start Date: _____

State Police Start Date: _____ Date of First Deduction: _____ ☐ New ☐ Transfer

Rate to be deducted for retirement: ☐ 5% ☐ 7% ☐ 8% ☐ 9% ☐ 12%

Service Status: ☐ Full-Time ☐ Part-Time _____% ☐ Temp/Sub _____% ☐ Other _____

Authorized Signature

Date

University of Massachusetts Amherst

Agency and Payroll Number

Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name: _____

Date of Birth (month date year): _____

Employer Name: University of Massachusetts Amherst _____

Employer ID#: 046002284 _____

Your earnings from this job are not covered under Social Security (i.e., you will not pay Social Security taxes). This means that you will not earn credits for Social Security retirement or disability benefits in this job. If you retire or become disabled, and you are eligible for a Social Security benefit based on other work, your earnings from this job will not be used to compute your Social Security benefit. In addition, we will not consider these non-covered earnings for the future potential calculation of survivor benefits based on your earnings. Your earnings from this job are subject to Medicare taxes and will count for purposes of the Medicare program. For information on how you may qualify for Social Security benefits, visit www.ssa.gov.

For More Information

Social Security publications and additional information are available at www.ssa.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778 or contact your local Social Security office.

I certify that I have received Form SSA-1945 and understand that my earnings from this job are not covered under Social Security and will not be used to determine eligibility to or the amount of my potential future Social Security Benefits.

Signature of Employee: _____

Date: _____

Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

The Social Security Protection Act of 2004, Pub. L. No. 108-203, Section 419 requires State and local government employers to provide a statement to employees hired January 1, 2005, or later in a job not covered under Social Security. Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers must use to meet the requirements of the law.

While the earlier version of the SSA-1945 discussed the effect of the Windfall Elimination Provision and/or Government Pension Offset on an employee's potential future benefits, the Social Security Fairness Act (SSFA) of 2023 enacted on January 5, 2025, eliminated the reduction of Social Security benefits under the Windfall Elimination Provision and/or Government Pension Offset for individuals entitled to certain pensions from work not covered by Social Security, starting January 2024. However, this did not remove the requirement for State and local government employers to provide a statement to employees hired January 1, 2005, or later in jobs not covered under Social Security. This version of SSA-1945 explains to an employee that non-covered earnings will not be used to determine eligibility to or calculate the amount of potential future benefits.

Employers must:

- Get the employee's signature on the form
- Give the signed statement and information page to the employee prior to the start of employment
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

A fillable, downloadable version of the SSA-1945 is available online at the Social Security website, www.ssa.gov/online/ssa-1945.pdf.

University Pay Calendar 2026

* = 3rd Pay period of the month – No GIC or Non Unit Dental Deductions

P = New Yearly Personal Time available for use on or after Pay Begin Date

(Shaded) = areas are determined by the Commonwealth of Massachusetts

Pay Period Begin Date	Pay Period End Date	Paydate	No Ins. Deduction
12/14/25	12/27/25	01/02/26	P
12/28/25	01/10/26	01/16/26	
01/11/26	01/24/26	01/30/26	
01/25/26	02/07/26	02/13/26	
02/08/26	02/21/26	02/27/26	
02/22/26	03/07/26	03/13/26	
03/08/26	03/21/26	03/27/26	
03/22/26	04/04/26	04/10/26	
04/05/26	04/18/26	04/24/26	
04/19/26	05/02/26	05/08/26	
05/03/26	05/16/26	05/22/26	*
05/17/26	05/30/26	06/05/26	
05/31/26	06/13/26	06/19/26	
06/14/26	06/27/26	07/03/26	
06/28/26	07/11/26	07/17/26	
07/12/26	07/25/26	07/31/26	
07/26/26	08/08/26	08/14/26	
08/09/26	08/22/26	08/28/26	
08/23/26	09/05/26	09/11/26	
09/06/26	09/19/26	09/25/26	
09/20/26	10/03/26	10/09/26	*
10/04/26	10/17/26	10/23/26	
10/18/26	10/31/26	11/06/26	
11/01/26	11/14/26	11/20/26	
11/15/26	11/28/26	12/04/26	
11/29/26	12/12/26	12/18/26	

University of Massachusetts Amherst HR Direct Access Your Pay Statement Online

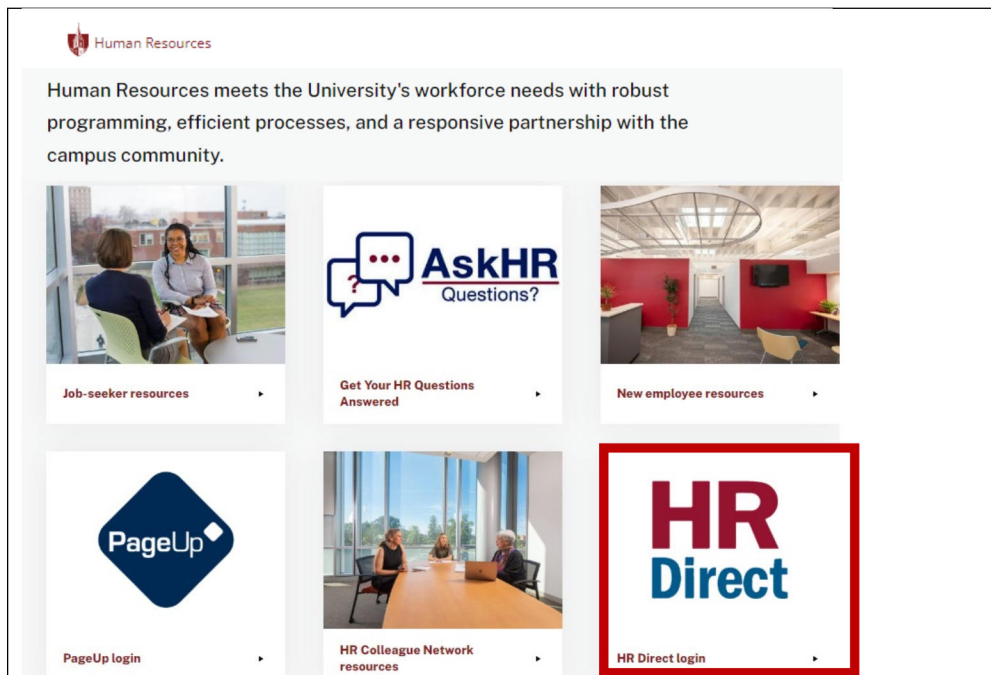
To access your UMass pay statement online you must:


1. Know your UMass NetID and password
2. Enroll in two-step multi-factor authentication (www.umass.edu/it/authentication) to access the University's payroll system, HR Direct
3. Disable your pop-up blockers for the HR Direct website in your internet browser to access your UMass pay statement as a PDF.

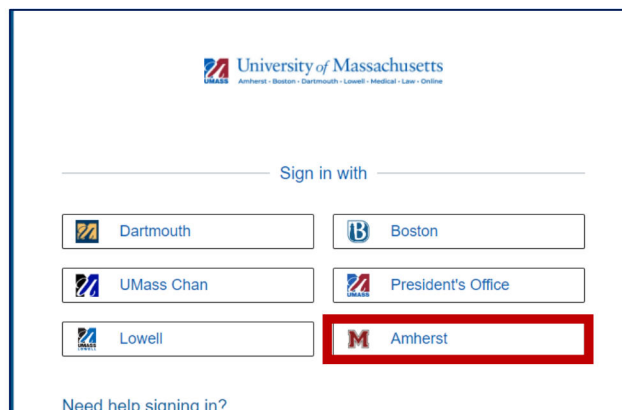
Please consult the University's Information Technology helpdesk (A109 Lederle Graduate Research Center/ telephone: 413-545-9400) if you require assistance with your NetID, authentication or pop-up blockers.

To access your UMass pay statement online:

Navigate to www.umass.edu/hr in an internet browser and click on "HR Direct Login"




Click on "Sign in with"  Amherst



University of Massachusetts Amherst HR Direct Access Your Pay Statement Online

Sign in using your University NetID & password (your SPIRE ID & password).



UMassAmherst

Sign in

type your umass e-mail address here

[Can't access your account?](#)

[Back](#) [Next](#)

Sign-in using your UMass NetID in the format NetID@umass.edu [Change my password](#)

UMassAmherst

(your UMass e-mail address appears here)

Enter password

Password

[Forgot my password](#)

[Sign in](#)


Sign-in using your UMass NetID in the format NetID@umass.edu [Change my password](#)

You will be prompted to **authenticate** your identity. Open your Authenticator app and enter the number that appears on the screen (sample below):

UMassAmherst

(your UMass e-mail address appears here)

Approve sign in request

 Open your Authenticator app, and enter the number shown to sign in.

##

No numbers in your app? Make sure to upgrade to the latest version.

☐ Don't ask again for 30 days

[I can't use my Microsoft Authenticator app right now](#)

[More information](#)

Sign-in using your UMass NetID in the format NetID@umass.edu [Change my password](#)

From the **Employee Self Service Homepage** select Payroll to access your pay statements:

Employee Self Service ▼

Payroll

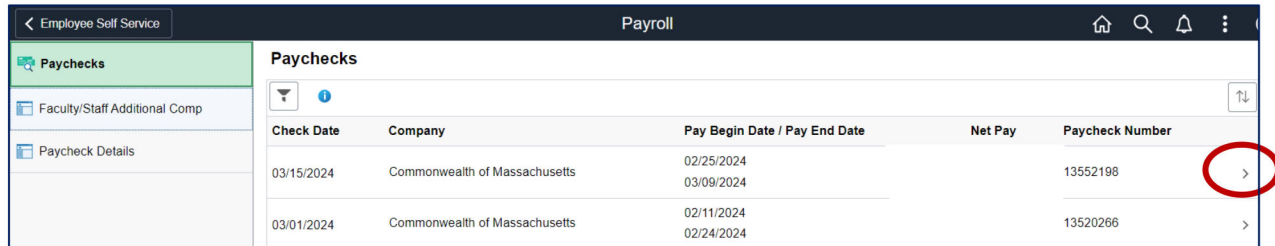


Last Pay Date **03/15/2024**

University of Massachusetts Amherst HR Direct Access Your Pay Statement Online

A list of pay statements will be displayed.

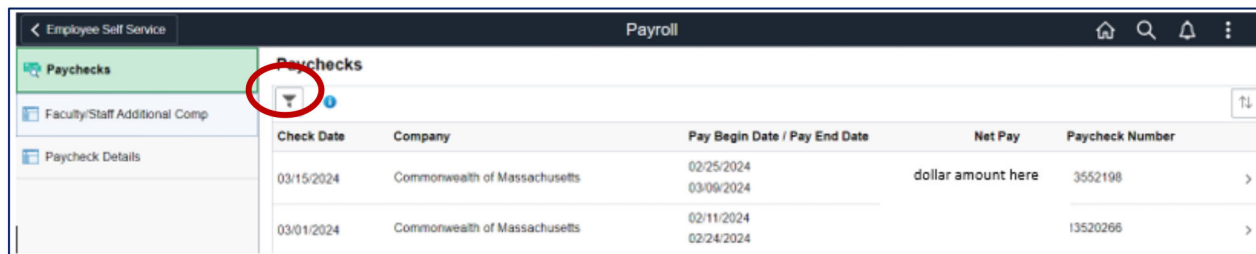
Click on the arrow to the right of the paycheck you wish to view:



Check Date	Company	Pay Begin Date / Pay End Date	Net Pay	Paycheck Number
03/15/2024	Commonwealth of Massachusetts	02/25/2024 03/09/2024		13552198
03/01/2024	Commonwealth of Massachusetts	02/11/2024 02/24/2024		13520266

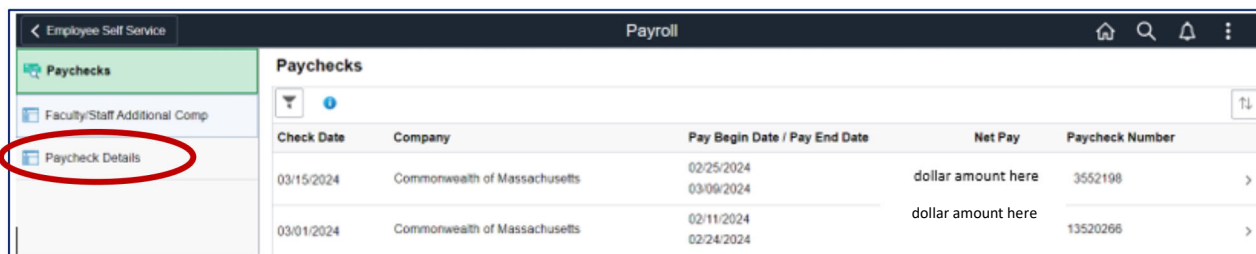
Your bi-weekly paystatement will open as a PDF in a new window. If it does not, make sure you have disabled pop-up blockers for this website in your internet browser.

From this same screen you can also use the filter icon to view a different date range of paystatements:

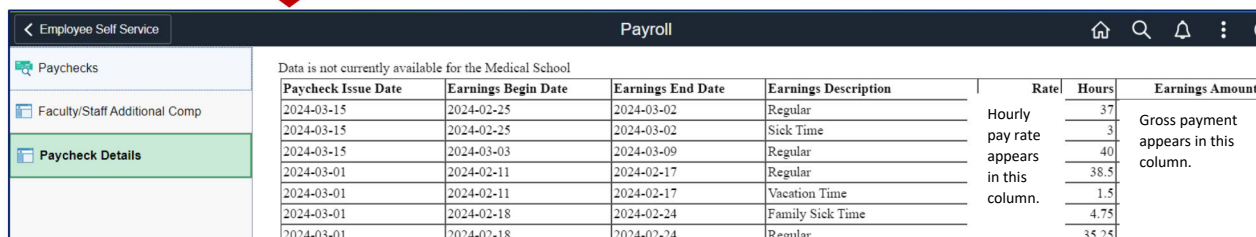


Check Date	Company	Pay Begin Date / Pay End Date	Net Pay	Paycheck Number
03/15/2024	Commonwealth of Massachusetts	02/25/2024 03/09/2024	dollar amount here	3552198
03/01/2024	Commonwealth of Massachusetts	02/11/2024 02/24/2024		13520266

Click on Paycheck Details to **view the details behind any pay statement** (rate of pay, hours paid, accrued time used, etc.)



Check Date	Company	Pay Begin Date / Pay End Date	Net Pay	Paycheck Number
03/15/2024	Commonwealth of Massachusetts	02/25/2024 03/09/2024	dollar amount here	3552198
03/01/2024	Commonwealth of Massachusetts	02/11/2024 02/24/2024	dollar amount here	13520266



Paycheck Issue Date	Earnings Begin Date	Earnings End Date	Earnings Description	Rate	Hours	Earnings Amount
2024-03-15	2024-02-25	2024-03-02	Regular	Hourly pay rate appears in this column.	37	Gross payment appears in this column.
2024-03-15	2024-02-25	2024-03-02	Sick Time		3	
2024-03-15	2024-03-03	2024-03-09	Regular		40	
2024-03-01	2024-02-11	2024-02-17	Regular		38.5	
2024-03-01	2024-02-11	2024-02-17	Vacation Time		1.5	
2024-03-01	2024-02-18	2024-02-24	Family Sick Time		4.75	
2024-03-01	2024-02-18	2024-02-24	Regular		35.25	