

TOWN OF WALPOLE
SEASONAL or TEMPORARY NEW HIRE INFORMATION EMPLOYMENT PACKAGE

Employee Name	Date of Hire
W-4 - Federal Tax Withholding form	<input type="checkbox"/>
M-4 - Massachusetts State Tax Withholding form	<input type="checkbox"/>
Form I-9, Employment Eligibility Verification Form	<input type="checkbox"/>
Employee Information Form	<input type="checkbox"/>
Deferred Comp OBRA enrollment form	<input type="checkbox"/>
Direct Deposit	<input type="checkbox"/>
Seasonal Employee Signature	<input type="checkbox"/>
Work Permit (ages 14 - 17) If applicable	<input type="checkbox"/>
Policies & Procedure Acknowledgement of Receipt	<input type="checkbox"/>

Please submit copy of ID from List of Acceptable Documentation; one from list A OR one from list B & C

Submit a voided check and/or savings account deposit slip or a bank authorization letter.

ACKNOWLEDGED:

Signature of Employee

Date