

**HUDSON**  
**PUBLIC SCHOOLS**

Delivering world-class education today  
for the global leaders of tomorrow



**New Employee  
Orientation**

**General Information**

**Hudson High School**

*Monday, August 16<sup>th</sup>, 2021*

## Included in this packet:

- Pay Schedules
- Employee Deductions
- What to look for on your pay check
- Contact HR for name change, address change, leave accrual questions, or to request a leave of absence
  - DESE Name Change form
  - MCRS Name Change form
  - MCRS Address Change form
- Contact Town of Hudson Treasurer's Office for questions or changes to insurance benefits (health, dental, life, FSA) or enrollment in a voluntary retirement savings plan such as a 403b.
  - FY22 Benefit Deduction Rates
  - TSA Plan Summary Information
  - Authorized Investment Providers
- Town of Hudson Reimbursement Policies
- Reminder – Use the correct form
  - **TUITION** Reimbursement Steps 1 & 2
  - Application for Change of Professional Category (aka “Degree Reclass” or “Lane Change”)
  - Reimbursement of Expenses
  - Reimbursement for Travel/Conferences
  - Request for Special Pay Form
  - Request for Leave without Pay
- MIAA Employee Assistance Program (EAP) and Frequently Asked Questions
- FY22 Pay Dates
- FY22 School Year Calendar
- School Address & Contact information
- Hours of Operation/Arrival & Departure times
- Administrative Office Phone Directory
- Frequently Asked Personnel/Payroll Questions
- HEA ONLY – Short & Long Term Disability information
- Information from Kathy Provost, Assistant Superintendent for Curriculum, Instruction, & Professional Learning



## HUDSON SCHOOL COMMITTEE MEETING SCHEDULE 2021-2022

### 2021

- ❖ July 20, 2021
- ❖ August 17, 2021
- ❖ September 7, 2021
- ❖ September 21, 2021
- ❖ October 12, 2021
- ❖ October 26, 2021
- ❖ November 9, 2021
- ❖ November 23, 2021
- ❖ December 7, 2021
- ❖ December 21, 2021

### 2022

- ❖ January 11, 2022
- ❖ January 25, 2022
- ❖ February 8, 2022
- ❖ March 8, 2022
- ❖ March 22, 2022
- ❖ April 5, 2022
- ❖ April 26, 2022
- ❖ May 10, 2022
- ❖ May 24, 2022
- ❖ June 14, 2022

MEETINGS WILL BEGIN AT 7:00 P.M.

Approved by School Committee:

# Administrative Office Phone Directory

<b>ADMINISTRATION</b>	<b>Phone #</b>	<b>Extension</b>	
Rodrigues, Marco	978-567-6100	41129	Superintendent
Murta, Paulo	978-567-6100	41129	Executive Assistant
Coughlan, Tammy	978-567-6100	110	Receptionist
Somers, Kristine	978-567-6100	42137	Research & Accountability Specialist

<b>CURRICULUM</b>			
Provost, Kathy	978-567-6100	41111	Assistant Superintendent- Curriculum, Instruction
Davis, Sarah	978-567-6100	41148	Director of Science, Technology & Engineering
Anderson, Wendy	978-567-6100	41113	Director of English Learner Education
Knittle, Robert	978-567-6100	41133	Director of Mathematics
Pimentel, Ana	978-567-6100	16210	World Language Curriculum Coordinator/ELL
Wallingford, Tod	978-567-6100	41151	Director of Secondary Humanities
Tallent, Delia	978-567-6100	41144	Curriculum Secretary

<b>FACILITIES</b>			
Kurposka, Scott	978-567-6100	42125	Director of Facilities
Sheridan, Tim	978-567-6100	42155	Carpenter/Building Repairs
Parker, Brad	978-567-6100	42131	Custodial Supervisor/Custodial Issues
Goulding, Tim	978-567-6100	42127	Building Technician/HVAC Refrigeration
White, Paul	978-567-6100	42142	Electrician
Brouwer, Susan	978-567-6100	42123	Facilities Specialist

<b>FINANCE</b>			
Gale, Dan	978-567-6100	41128	Executive Director of Finance & Operations
Morrison, Cristy	978-567-6100	42116	Sr. Accountant
Cook, Karissa	978-567-6100	42149	Payroll Specialist
Breen, Yvonne	978-567-6100	42132	Purchasing AP Specialist
Reid, Denise	978-567-6100	42145	Grants Accounting Specialist
Mansfield, Denise	978-567-6100	42112	Administrative Assistant & Transportation

<b>HUMAN RESOURCES</b>			
Allard, Jennifer	978-567-6100	41124	Director of Human Resources
Osborne, Emily	978-567-6100	41115	Human Resources Assistant

<b>STUDENT SERVICES</b>			
Kilcoyne, Catherine	978-567-6100	42121	Director of Student Services
O'Connell, Tanya	978-567-6100	42136	Assistant Director of Student Services
Nims, Lisa	978-567-6100	42134	6-12 Secondary Coordinator of Special ED
Wells, Alise	978-567-6100	42135	Elem Coordinator of Special Ed & Evaluation
Bianchi, June	978-567-6100	42117	Support Secretary for Coordinators
Graca, Renee	978-567-6100	42118	Student Services Financial Administrator
Gowen, Sarah	978-567-6100	42119	Student Services Secretary
Sanchez, Maritza	978-567-6100	42120	Student Services Secretary

<b>FOOD SERVICES</b>			
Riordan, Shane	978-567-6100	42147	Food Service Director

Hudson High School 978-567-6250  
 Quinn Middle School 978-567-6210  
 Farley Elementary School 978-567-6153  
 Forest Ave Elementary School 978-567-6190  
 Mulready Elementary School 978-567-6170



Hudson Public Schools  
 155 Aspley Street  
 Hudson, MA 01749  
 978-567-6100  
[www.hudson.k12.ma.us](http://www.hudson.k12.ma.us)

## 2021-2022 SCHOOL YEAR

August/ September 21 days						
Su	Mo	Tu	We	Th	Fr	Sa
	30	31	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

October 19/40 days						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

November 18/58 days						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

December 17/75 days						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

January 20/95 days						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Aug. 30 Teachers Report to School  
 Aug. 30 QMS Grade 5 Orientation  
 Aug. 30 HHS Grade 8 Orientation  
 Aug. 31 Students Report to School  
 Sep. 3 No School  
 Sep. 6 No School - Labor Day  
 Sep. 15 Open House - Elementary  
 Sep. 16 Open House - Quinn Middle School  
 Sep. 22 Half Day - Professional Develop.  
 Sep. 23 Open House - Hudson High School

Oct. 8 No School - Professional Develop.  
 Oct. 11 No School - Columbus Day

Nov. 5 End of 1st Quarter - Secondary  
 Nov. 11 No School - Veterans Day  
 Nov. 18 HHS Parent/Teacher Conference  
 Nov. 24 No School  
 Nov. 25-26 No School - Thanksgiving

Dec. 3 End of 1st Trimester - Elementary  
 Dec. 7 QMS Parent/Teacher Conference  
 Dec. 8 Half Day - Professional Develop.  
 Dec. 9 QMS Parent/Teacher Conference  
 Dec. 14 Elementary Parent/Teacher Confer.  
 Dec. 15 Elementary Parent/Teacher Confer.  
 Dec. 24-31 No School - December Break

Jan. 12 Half Day - Professional Develop.  
 Jan. 17 No School - Martin Luther King Jr.  
 Jan. 21 End of 2nd Quarter - Secondary

February 15/110 days						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28					

March 22/132 days						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

April 15/147 days						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

May 21/168 days						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

June 12/180 days						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

Feb. 16 Half Day - Professional Develop.  
 Feb. 21-25 No School - February Break

Mar. 8 QMS Parent/Teacher Conference  
 Mar. 10 QMS Parent/Teacher Conference  
 Mar. 11 End of 2nd Trimester - Elementary  
 Mar. 14 No School - Professional Develop.  
 Mar. 24 HHS Parent/Teacher Conference  
 Mar. 29 Elementary Parent/Teacher Confer.  
 Mar. 30 Elementary Parent/Teacher Confer.

Apr. 1 End of 3rd Quarter - Secondary  
 Apr. 6 Half Day - Professional Develop.  
 Apr. 15 No School  
 Apr. 18-22 No School - April Break

May 11 Half Day - Professional Develop.  
 May 30 No School - Memorial Day

Jun. 5 Hudson High School Graduation  
 Jun. 7 Last Day of Kinder with 0 snow days  
 Jun. 16 Last Day of School with 0 snow days  
 Jun. 30 Last Possible Day of School

denotes half day professional development  
 denotes no school

<b>12 Month Employee Payroll</b>			
<b>Dates FY 2022</b>			
1	7/1/2021		
2	7/15/2021		
3	7/29/2021		
4	8/12/2021	<b>10 Month Employee Payroll Dates FY 2022</b>	
5	8/26/2021		
6	9/9/2021	1	9/9/2021
7	9/23/2021	2	9/23/2021
8	10/7/2021	3	10/7/2021
9	10/21/2021	4	10/21/2021
10	11/4/2021	5	11/4/2021
11	11/18/2021	6	11/18/2021
12	12/2/2021	7	12/2/2021
13	12/16/2021	8	12/16/2021
14	12/30/2021	9	12/30/2021
15	1/13/2022	10	1/13/2022
16	1/27/2022	11	1/27/2022
17	2/10/2022	12	2/10/2022
18	2/24/2022	13	2/24/2022
19	3/10/2022	14	3/10/2022
20	3/24/2022	15	3/24/2022
21	4/7/2022	16	4/7/2022
22	4/21/2022	17	4/21/2022
23	5/5/2022	18	5/5/2022
24	5/19/2022	19	5/19/2022
25	6/2/2022	20	6/2/2022
26	6/16/2022	21	6/16/2022
27	6/30/2022	22	6/30/2022
		23	7/14/2022
		24	7/28/2022
		25	8/11/2022
		26	8/25/2022

## HUDSON PUBLIC SCHOOLS

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### HOURS OF OPERATION

School Level	Pupil Hours
Elementary	8:35 am – 2:55 pm
Middle	7:47 am – 2:25 pm
High	7:30 am – 2:03 pm

### TEACHERS AND SUPPORT PERSONNEL

School Level	Teacher Arrival	Pupil Hours	Teacher Departure	Contractual Hours Beyond Pupil Hours	Teachers Total Daily Hours	Pupil Total Daily Hours
Elementary	8:20 am	8:35 am – 2:55 pm	3:10 pm	15 min prior 15 min after	6:50 hours	6:20 hours
Middle	7:32 am	7:47 am – 2:25 pm	2:35 pm	15 min prior 10 min after	7:03 hours	6:32 hours
High	7:25 am	7:30 am – 2:03 pm	2:18 pm	5 min prior 15 min after	6:53 hours	6:33 hours

### PARAEDUCATORS

School Level	Paras Arrival	Pupil Hours	Paras Departure	Paras Total Daily Hours	Pupil Total Daily Hours
Elementary	8:24 am	8:35 am – 2:55 pm	3:00 pm	6:36 hours	6:20 hours
Middle	7:43 am	7:47 am – 2:25 pm	2:25 pm	6:36 hours	6:32 hours
High	7:27 am	7:30 am – 2:03 pm	2:03 pm	6:36 hours	6:33 hours

## Hudson Public Schools

**155 Apsley St, Hudson MA 01749**

HR: 978-567-6100 x 41115

Fax: 978-567-6103

<b>School</b>	<b>Principal</b>	<b>Secretary</b>	<b>Phone/Fax</b>	<b>Nurse</b>	<b>Hours</b>
<b>Hudson High School</b> 69 Brigham St	Jason Medeiros X 13185 <i>Assistants:</i> Adam Goldberg Dan McAnepsie	Denise Carter x 13174 Briana Miele x 13175 Michelle Shekleton x 13163	978-567-6250	Pat Emmons x 13144 Sue Bowen x 13145	7:30 – 2:03 <i>Half Day:</i> 7:30 – 10:30
<b>Quinn Middle School</b> 201 Manning St	Jeff Gaglione <i>Assistant:</i> Matt Gaffny	Jen Dufromont (0 for main office) Michelle Byrne	978-567-6210	Ann Thomas Jennifer Contois	7:47 – 2:25 <i>Half Day:</i> 7:47 – 10:45
<b>Farley</b> 119 Cottage St	Melissa Provost X 31002 <i>Assistant:</i> Rachel Scanlon	Maura Silva x 31000 Heather Paquette x 31001	978-567-6153	Tina Hill x 31190	8:30 – 2:50 <i>Half Day:</i> 8:30- 11:40
<b>Forest Avenue</b> 139 Forest Ave	Dave Champigny <i>Assistant:</i> Judith Merra	Melissa Harmon x 23001	978-567-6190 <i>Fax:</i> 978-567-6202	Christie Vaillancourt X23004	8:30 – 2:50 <i>Half Day:</i> 8:30- 11:40
<b>Mulready School</b> 306 Cox St	Kelly Sardella	Michelle Monteiro x 100 (3 for main office)	978-567-6170	Maria Rossini x 128	8:30 – 2:50 <i>Half Day:</i> 8:30- 11:40
<b>Hubert School</b> 119 Broad St			978-568-8884		
<b>HMALC</b>	Karl Baldrate		978-567-6250 x 15113 or 15102		





## FY22 HEALTH INSURANCE

<b>WEEKLY</b>	<b>Individual</b>	<b>Family</b>
Blue Care Elect(PPO)	\$139.49	\$358.78
Blue Choice	\$130.02	\$332.92
Network Blue (HMO)	\$120.64	\$310.27

<b>Bi-WEEKLY</b>		
Blue Care Elect(PPO)	\$278.97	\$717.55
Blue Choice	\$260.03	\$665.83
Network Blue(HMO)	\$241.27	\$620.53

## FY22 DENTAL INSURANCE

<b>WEEKLY</b>	<b>Individual</b>	<b>Family</b>
High Option	\$11.02	\$28.49
Low option	\$6.00	\$15.36

<b>Bi-WEEKLY</b>	<b>Individual</b>	<b>Family</b>
High Option	\$22.04	\$56.98
Low option	\$12.00	\$30.72



Commonwealth of Massachusetts  
**MIDDLESEX COUNTY RETIREMENT SYSTEM**  
25 LINNELL CIRCLE • P.O. BOX 160 • BILLERICA, MA 01865  
WWW.MIDDLESEXRETIREMENT.ORG

*Over 100 Years of Public Service*

CHAIRMAN  
THOMAS F. GIBSON, ESQ.

BRIAN P. CURTIN

ROBERT W. HEALY

JOHN BROWN

DIRECTOR

LISA MALONEY

CHANGE OF NAME FORM

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

NEW NAME TO BE CHANGED TO:

PREVIOUS NAME BEFORE CHANGE:

LAST FOUR DIGITS OF SOCIAL SECURITY #: \_\_\_\_\_

STATUS: ACTIVE \_\_\_ RETIRED \_\_\_ INACTIVE \_\_\_

UNIT MEMBER EMPLOYED BY: (TOWN OR DISTRICT)

CURRENT ADDRESS:

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

SUPPORTING DOCUMENTATION TO BE INCLUDED WITH FORM: MARRIAGE  
CERTIFICATE, DIVORCE AGREEMENT, COURT APPROVAL, ETC.

TEL: 800-258-3805 • 978-439-3000 • FAX: 978-439-3050  
EMAIL: MRS@MIDDLESEXRETIREMENT.ORG





# Massachusetts Department of Elementary and Secondary Education

Office of Educator Licensure  
75 Pleasant Street, Malden, Massachusetts 02148-4906

Telephone: (781) 338-6600  
TTY: N.E.T. Relay (800) 439-2370

## Request for a Name Change

Please complete all areas of this form (type or print). Submit this form together with a copy of an official name change document as evidence (see options noted below), so that we may process your request in a timely manner. There is no fee for a name change.

- Please enclose/include valid evidence of name change (e.g. copy of Marriage License and/or Divorce Decree, Social Security Card, or Driver's License).
  - Requests to change a name to a hyphenated name, for example: Connolly-Jones, must include valid evidence of this change (e.g. Social Security Card with hyphenated name as your valid evidence)
  - Requests to change middle and last name, for example using your maiden name as your middle name, must include valid evidence of this change (e.g. middle name on Social Security Card is your maiden/prior last name).

Current Full Name (First, Middle, Last)

Previous Full Name (First, Middle, Last)

Street Address and Apartment Number (if any)

City

State

Zip Code

Email Address

Date of Birth (Month/Day/Year)

Social Security #

MEPID# or MA Educator License #

### Please print out this form and sign below

Signature (Current Name)

Date

- The signed and dated *Request for a Name Change* form and supporting documentation can be:
  - **Uploaded directly into your ELAR account (fastest method).**
    - Login to ELAR at [www.doe.mass.edu/licensure/](http://www.doe.mass.edu/licensure/)
    - On the **Welcome to ELAR** screen, click on the **Check license status and history, make a payment** link
    - On the **Inquiry – Activity Summary** page, scroll towards the bottom and click on the **Upload Documents** button and follow prompts – click on **Upload Help** for any needed additional guidance.
  - **Please note:** When choosing the Document Type, please select: **Request for ELAR Change**
  - **Or, mailed to:**
    - Massachusetts Department of Elementary and Secondary Education
    - Office of Educator Licensure
    - 75 Pleasant Street
    - Malden, MA 02148-4906



*Commonwealth of Massachusetts*  
**MIDDLESEX COUNTY RETIREMENT SYSTEM**  
25 LINNELL CIRCLE • P.O. BOX 160 • BILLERICA, MA 01865  
WWW.MIDDLESEXRETIREMENT.ORG

## CHANGE OF ADDRESS FORM

NAME:

SOCIAL SECURITY #:

STATUS: Active  Retired  Inactive

UNIT MEMBER EMPLOYED BY:

FORMER ADDRESS:

CURRENT ADDRESS:

TELEPHONE:

E-MAIL:

SIGNATURE: \_\_\_\_\_

DATE:

# MIIA Employee Assistance Program Frequently Asked Questions

## What is the MIIA EAP?

We are a confidential counseling and referral service providing professional help for problems large and small. All employees, their dependents, and members of their household are entitled to call for services 24 hours a day. Our caring staff consists of licensed professional counselors with a wide range of experience.

Call our national toll-free number: 800-451-1834. A counselor will be available to talk to you about your concerns, and together you will determine what your next steps will be.

## What if I want to see someone in person?

For face-to-face counseling, we refer you to a suitable counselor close to where you live or work. We have an extensive referral network of counselors throughout the U.S., who typically have a private practice or work in an agency or clinic.

## What kinds of problems do people call about?

The kind that affect your work and family life. Some examples include: couples/family issues, parent/child issues, elder care, financial or legal concerns, loss and grief, and physical or emotional illnesses.

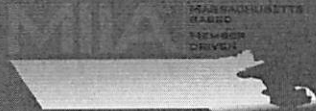
You can call about work-related issues: conflicts between co-workers, workplace safety or trauma related matters, or difficulties with a supervisory relationship. Our counselors can help you improve communication skills.

## Is it really confidential?

YES! The information you give to your counselor is confidential. The EAP will not release information to anyone, including your employer or family member, without your written consent. There are only a few exceptions: when individuals express intention to harm themselves or others, the counselor may be required to break confidentiality to assure the health and safety of all concerned. Counselors are mandated by law to report to the appropriate state authorities any information documenting child or elder abuse or neglect, or if there is an order by the court.

## What does it cost?

There is no charge to employees or household members for **3 sessions** of telephone or face-to-face counseling. If longer-term treatment is needed, we will look to continue care within your health insurance.



800.451.1834

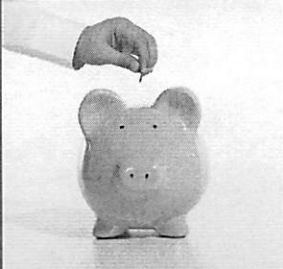
ALLONE<sup>SM</sup>  
HEALTH



## **MIIA Employee Assistance Program (EAP) A Confidential Counseling and Referral Service**

**You receive 3 confidential in-person or phone counseling sessions.**

- Manage Anxiety/Depression
- Adjust to Demands of Work
- Resolve Relationship Conflict
- Talk About a Loved One's Drinking
- Address Parenting and Family Issues
- Assess Your Level of Stress
- Become a Better Communicator



**You receive legal assistance.**

One free 30 minute office or telephone consultation per legal matter (does not include job-related legal issues).

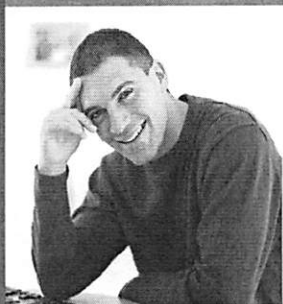
- Divorce
- Child Custody
- Car Accidents
- Real Estate / Landlord / Tenant Issues



**You receive financial counseling.**

One free 30 minute telephone consultation per financial issue.

- Financial Planning
- Credit Card Debt
- Tax Advice
- College Planning
- Retirement Consultation



**Available to employees and household members  
24 hours a day, 7 days a week**

**800-451-1834**



### How long will it take to get an appointment?

Upon your initial call, an EAP counselor will conduct an initial assessment. If counseling is the next step, we will locate a provider within 3 business days.

### What if I have an urgent issue?

In case of emergency, we can be reached by phone 24 hours a day, 7 days a week.

### How many times can I use the benefit?

The benefit may be utilized on a "per issue" basis. You are eligible for 3 sessions of telephone or face-to-face counseling for each issue. When new issues arise, we encourage you to call us again.

### What is the legal benefit?

Employees and household members receive one free 30-minute office or telephone consultation per legal matter, excluding job-related legal issues. Employees also receive a 25% discount for additional services provided by a network attorney. Typical matters include divorce and child custody; car accidents; contractual and consumer disputes; real estate and landlord/tenant issues; and insurance disputes.

### What is the financial benefit?

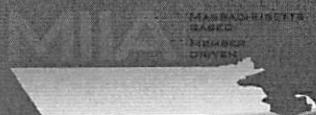
Employees and household members receive one free telephone consultation per financial issue. Typical financial issues include credit card debt; financial planning; retirement consultation; college planning; and tax advice.

### I am a manager of an employee who could use help. What can I do to help the employee access EAP services?

You can make a referral to the EAP. There are two types of referrals available:

The first is an **Informal EAP Referral** where you encourage the employee to access EAP services. You will **not** be notified by the EAP as to whether or not the employee has made contact with the EAP.

The second type is the **Formal EAP Referral**. In this referral, you inform the employee that you have called the EAP to formally refer them. You also let them know that you would like him/her to call the EAP and access services to address the behavioral issue(s) that you have discussed with him/her. When he/she calls the EAP, we will ask for their permission to inform you that they made contact with the EAP. Upon attending the initial EAP meeting, we will ask for their permission to inform you that they attended this meeting. No additional information would be disclosed.



800.451.1834

ALL ONE<sup>™</sup>  
HEALTH



## Town of Hudson

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### Authorized Investment Providers

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For specific investment provider information, please click on the investment provider name of your choice to visit the company's website.

#### 403(b)

AIG Retirement Services (VALIC)	(800) 448-2542
Ameriprise Financial	(800) 862-7919
Brighthouse Life Insurance Company	(800) 638-5433
Fidelity Investments - Plan Number: 61186	(800) 343-0860
Franklin Templeton Mutual Funds	(800) 527-2020
Horace Mann Insurance Company	(800) 999-1030
Invesco OppenheimerFunds	(800) 959-4246
Lincoln Investment Planning, LLC	(800) 242-1421
Metropolitan Life Insurance Company	(800) 560-5001
New York Life Insurance & Annuity Corp.	(800) 598-2019

#### Roth 403(b)

AIG Retirement Services (VALIC)	(800) 448-2542
Brighthouse Life Insurance Company	(800) 638-5433
Fidelity Investments - Plan Number: 61186	(800) 343-0860
Horace Mann Insurance Company	(800) 999-1030
Invesco OppenheimerFunds	(800) 959-4246
Lincoln Investment Planning, LLC	(800) 242-1421
Metropolitan Life Insurance Company	(800) 560-5001





## Short & Long Term Disability Income Protection Insurance Highlights

### Massachusetts Teachers Association - Policy # 570975

Please read carefully the following description of your **voluntary** Unum Short and Long Term Disability Income Protection insurance plan. For a copy of the Plan Certificate, visit [www.mtabenefits.com](http://www.mtabenefits.com).

#### **Eligibility**

You are eligible for coverage under these plans if you are: (a) a member of the Massachusetts Teachers Association; and (b) employed by a School Department in the Commonwealth of Massachusetts; (c) which allows your premium to be remitted, post-tax, on a salary reduction basis or via bank draft; (d) you are actively working 18.5 hours or more per week.

You may choose the following Income Protection Plans:

- **Short Term Disability (STD)** – 60% of your weekly covered salary and/or
- **Long Term Disability (LTD)** – 60% of your monthly covered salary.

Should you decide not to enroll, you will be unable to join the plan(s) until the next annual enrollment period as defined by MTA.

All currently insured members and new enrollees may choose to purchase either of the income protection plans offered during this open enrollment. However, any increase to current coverage amounts are subject to a pre-existing condition provision.

#### **Elimination Period**

The Elimination Period (EP) is the length of time of continuous disability which must be satisfied before you are eligible to receive benefits.

- **STD** – You have two **STD EP options; 14 days or 30 days**. STD benefits would begin after your selected elimination period if your disability is the result of an injury or sickness that occurs while you are covered under the plan.
- **LTD** – **LTD benefits would begin after 180 days** if your disability is the result of an injury or sickness that occurs while you are covered under the plan.

**NOTE:** Under this plan, you can satisfy the elimination period, as long as you have a 20% or more loss in your pre-disability earnings and you are limited from performing the material and substantial duties of your regular occupation.

#### **Benefit Amount**

If you meet the definition of disability, you would be eligible to receive a benefit of:

- **STD:** 60% of your basic weekly earnings, to a weekly maximum of \$1,750 per week
- **LTD:** 60% of your basic monthly earnings to a maximum of \$7,500 per month

#### **Benefit Duration**

**STD:** If you meet the definition of disability you may receive a benefit for 22 or 24 weeks (from benefit commencement date). Your employer will continue to deduct premiums up to 22 or 24 weeks, provided you continue to meet the definition of disability and you are receiving weekly benefits.

**LTD:** Your duration of benefits is based on your age when the disability occurs. Your LTD benefits are payable for the period during which you continue to meet the definition of disability up to age 65, but not less than 5 years. If your disability occurs at or after age 61, benefits would be paid for a reduced period of time.

#### **Definition of Disability**

You are disabled when Unum determines that:

##### **STD & LTD:**

- You are limited from performing the material and substantial duties of your regular occupation due to your sickness or injury; and
- You have a 20% or more loss in weekly and/or monthly earnings due to the same sickness or injury.



Underwritten by:  
Unum Life Insurance Company of America

# SHORT TERM & LONG TERM DISABILITY INCOME PROTECTION INSURANCE ENROLLMENT FORM

for  
**MTA Members**  
Policy#: 570975



BENEFIT  
COUNSELOR: \_\_\_\_\_

Eff Date: \_\_\_\_\_

Monthly Cost: LTD \_\_\_\_\_ STD \_\_\_\_\_

For internal use

Member Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

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

Date of MTA Membership: \_\_\_/\_\_\_/\_\_\_\_\_

MTA Membership Number: \_\_\_\_\_

School District/Name: \_\_\_\_\_

Payroll Frequency \_\_\_\_\_ (10, 12, 24, 26, 52)

Date of Hire: \_\_\_/\_\_\_/\_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

E-mail Address: \_\_\_\_\_

Annual Earnings: \$\_\_\_\_\_

Hours Worked per Week: \_\_\_\_\_

### Short Term Disability and Long Term Disability.

Please check the option(s) you wish to choose:

STD: 60% of your weekly salary to a maximum weekly benefit of \$1,750     Enroll     Waive

14-Day Elimination Period

30-Day Elimination Period

Cost per pay period \$\_\_\_\_\_ (see reverse for rates and calculation instructions)

LTD:  60% of your monthly salary to a maximum monthly benefit of \$7,500     Enroll     Waive

Cost per pay period \$\_\_\_\_\_ (see reverse for rates and calculation instructions)

Yes, I would like to participate in the plan(s) I checked above. I authorize my employer to deduct from my salary or wages the necessary premium for this coverage. My signature verifies the accuracy of information contained on this form. I understand that my premium is based on my current salary and will increase as my salary increases. I understand a confirmation of coverage statement will be provided to me prior to the policy effective date and that I may obtain the Plan Certificate at any time on [www.mtabenefits.com](http://www.mtabenefits.com) under Disability Insurance. I understand the effective date of my coverage will be delayed if I am not in active employment because of an injury, sickness, temporary lay-off or leave of absence on the date this insurance would otherwise become effective. I have also read and understand the information in the Enrollment Kit, including all statements regarding exclusions.

#### Other plans available:

Accident Insurance (AI)

Critical Illness Insurance (CI)

I'm interested in AI and/or CI, please have an MTA Benefits representative call me at \_\_\_\_\_ (Ph #).

Member Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

Return this form using the enclosed envelope or mail to:  
MTA Disability, c/o Vista Financial Group, P.O. Box 447, Grafton, MA 01519  
Or, fax to 1.850.521.0111  
Questions? Call 1.877.401.4083 or email [mta@vistafa.com](mailto:mta@vistafa.com)

**AND ...**

- After LTD benefits have been paid for 24 months, you are disabled when Unum determines that due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience.

**Gainful Occupation  
LTD ONLY**

Gainful occupation means an occupation that is or can be expected to provide you with an income within 12 months of your return to work that exceeds:

- 80% of your indexed monthly earnings, if you are working
- 60% of your indexed monthly earnings, if you are not working

**Maternity Coverage  
STD**

The standard benefit for both a normal vaginal delivery and cesarean section is 6 weeks. Should you work to the date of the delivery, the elimination period and maternity benefit are satisfied at the same time. Therefore, you may only collect a 4-week benefit with the Enhanced plan or a 2-week benefit with the standard plan. Complications of maternity could extend benefits. Benefits are payable upon a medical and a pre-existing condition review.

**Waiver of Premium  
LTD ONLY**

You will not be required to pay LTD premiums as long as you are receiving LTD benefits.

**Pre-existing Condition  
Exclusion for  
STD & LTD**

These plans do not cover a disability that is caused by or is a result of a pre-existing condition. You have a pre-existing condition if:

- The disability begins in the first 12 months after your effective date of coverage; an
- You received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the 12 months just prior to your effective date of coverage; or
- You had symptoms for which an ordinarily prudent person would have consulted a health care provider in the 12 months just prior to your effective date of coverage.

**Mental and Nervous  
and Self-Reported  
Disabilities – LTD ONLY**

Long Term Disabilities due to a sickness or injury which are primarily based on self-reported symptoms have a limited payment period of 12 months. Long Term Disabilities due to mental illness have a limited payment period of 24 months per lifetime. Mental and nervous benefits would continue beyond 24 months only if you are institutionalized or hospitalized as a result of the disability.

**Benefit Offsets**

**Your disability benefit may be reduced by deductible sources of income and any earnings you have while disabled.** Deductible sources of income may include disability income or other amounts you receive or are entitled to receive under: workers compensation; automobile liability insurance; legal judgments and settlements; certain retirement plans; other group insurance; and amounts you or your family receive or are entitled to receive from Social Security or similar governmental programs.

**How to Apply**

To apply for coverage, complete and return your enrollment form to the address on the form.

**Effective Date of  
Coverage**

Please check your confirmation letter for your effective date of coverage.

**Delayed Effective Date  
of Coverage**

Insurance will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

This plan highlight is a summary provided to help you understand your insurance coverage from Unum. Please refer to your certificate booklet for your complete plan description. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern.

Underwritten by: Unum Life Insurance Company of America, 2211 Congress Street, Portland, Maine 04122, [www.unum.com](http://www.unum.com)

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Age Band*	Enhanced STD Rate 14-Day Elimination	Standard STD Rate 30-Day Elimination	LTD Rate
< 25	\$0.88	\$0.58	\$0.33
25 – 29	\$0.91	\$0.60	\$0.36
30 – 34	\$0.94	\$0.62	\$0.40
35 – 39	\$1.06	\$0.70	\$0.51
40 – 44	\$1.36	\$0.90	\$0.66
45 – 49	\$1.62	\$1.07	\$0.88
50 – 54	\$1.86	\$1.23	\$1.27
55 – 59	\$2.55	\$1.68	\$1.51
60 – 64	\$3.23	\$2.14	\$1.65
65 – 69	\$3.70	\$2.45	\$1.85
70+	\$3.70	\$2.45	\$2.61

*\*Your age as of the next July 1<sup>st</sup>*

To calculate your per-paycheck cost for the STD coverage, first choose your elimination period to determine your rate. Then complete the calculation below:

Annual Salary \_\_\_\_\_ ÷ 52 = Weekly Salary \$ \_\_\_\_\_ x 60 % = \$ \_\_\_\_\_ Weekly Benefit  
 Weekly Benefit \$ \_\_\_\_\_ ÷ 10 = \$ \_\_\_\_\_ x Rate \_\_\_\_\_ = \$ \_\_\_\_\_ Monthly Cost  
 Monthly Cost \$ \_\_\_\_\_ x 12 = Annual Cost \$ \_\_\_\_\_ ÷ # of Pay cycles = \_\_\_\_\_ Cost Per Pay Period\*\*

To calculate your per-paycheck cost for the LTD coverage, complete the calculation below:

Annual Salary \_\_\_\_\_ ÷ 100 = \_\_\_\_\_ x \_\_\_\_\_ (Rate) = Your Annual Cost (\$) \_\_\_\_\_  
 Your Annual Cost (\$) \_\_\_\_\_ ÷ \_\_\_\_\_ (# of Pay cycles per Year) = (\$) \_\_\_\_\_ Cost Per Pay Period \*\*

For example, if you are age 35, earn \$65,000 annually, and are paid in 26 pay cycles per year, your calculation would be as follows:

**STD:** \$65,000 (Annual Salary) ÷ 52 = \$1,250 x 60% = \$750 Your Weekly Benefit  
 \$750 (Your Weekly Benefit) ÷ 10 = \$75 x .70 (Rate) = \$52.50 Monthly Cost  
 \$52.50 (Monthly Cost) x 12 = \$630 (Annual Cost) ÷ 26 (# of Pay cycles) = \$24.23 Per Pay Period\*\*

**LTD:** \$65,000 (Annual Salary) ÷ 100 = 650 x .51 (Rate) = \$331.50 (Your Annual Cost)  
 \$331.50 ÷ 26 (# of Pay cycles Per Year) = \$12.75 Per Pay Period\*\*

*\*\* Final cost may vary slightly due to rounding differences. Your premium is based on your current salary and will increase as your salary increases.*

# **Town of Hudson**

## **Reimbursement Policies and Procedures**

The Town of Hudson will reimburse reasonable expenses incurred by an Employee for out-of-pocket purchases, mileage, travel, training and education that are incurred for legitimate Town business.

All such reimbursements must be made in conformance with Massachusetts General Law (see attached Municipal Expenditures: Proper Public Purposes), the Town of Hudson Personnel Regulations and/or General By-Laws, the Antifraud Policy of the Town of Hudson, and/or applicable Collective Bargaining Agreements.

Expenditures must be pre-approved, submitted in a timely manner and fully documented. The following are acceptable supporting documentation:

- An original, itemized receipt
- A copy of a cancelled check
- A copy of a credit card statement showing payment (please black out all account numbers)
- A confirmation letter/email showing receipt of payment
- Mileage reimbursements must document the To/From Destinations, the purpose of travel, and a printout of Google Maps (or a similar site) showing the mileage for the destination and return trip

Reimbursements require the approval/signature of the department head, board or person responsible for that department's budget. The Town Accountant may refuse to approve payment or reimbursement for any claim found to be fraudulent, unlawful, or excessive. In that instance, the Town Accountant will provide a reason for refusal to the originating department head or board.

## **Employee Expenses and Purchases**

When an employee purchases a product needed by the Town and/or incurs expenses for meetings, every effort should be made to have the expense paid directly by the Town to the vendor. When it is impractical or the vendor will not invoice the Town, the employee may submit a reimbursement request. The Town is tax exempt and will not make reimbursements for sales tax. A copy of the Town's exemption certificate can be obtained when making purchases on behalf of the Town.

The Town's exemption certificate cannot be used for personal expenses which would be in violation of the Massachusetts Conflict of Interest Laws.

## **Mileage, Meals and Travel\***

### **Mileage Reimbursement\***

The Town will reimburse employees for mileage, parking and tolls incurred when they travel in their personal vehicles while performing Town business. The reimbursement rate will be as included in the Town of Hudson Personnel Regulations or applicable Collective Bargaining Agreement.

- Mileage reimbursements must document the To/From Destinations, the purpose of travelling, and a printout of Google Maps (or a similar site) showing the mileage for the destination and return trip.
- Reimbursement for parking and tolls require receipts.

### **Meals\***

If an employee is required to travel for Town business/training/conferences, he or she will be reimbursed for reasonable charges for meal expenses. Meal costs, including taxes and tips, incurred during the course of approved travel will be reimbursed only upon presentation of itemized receipts. The Town will not reimburse for any alcoholic beverages or tobacco in accordance with Massachusetts General Laws.

### **Travel/Lodging\***

If an employee travels for Town business/training/conferences, the Town will reimburse for travel and lodging expenses that are reasonable and submitted with proper documentation. Lodging expenses should not exceed the group rate when attending a conference or training. Lodging expenses must be itemized; no reimbursements will be made for personal expenses, for example, in-room movies and gym fees.

\*Expenses associated with spouses, other family members, or significant others travelling with the employee will not be paid for by the Town.

\*No meal, travel or entertainment should be accepted by the employee that is not in accordance with the Massachusetts Conflict of Interest Laws.

\*Meals tax, hotel tax, car rental tax, fuel tax, and gratuities in accordance with local custom (that are necessary and incidental) are reimbursable.

\*Payment or reimbursement for fines and other expenses incurred as a result of traffic violations while on Town-approved travel are prohibited. The employee is personally responsible for such expenses.

\*Any motor vehicle accidents, which occur while using a rental car while on Town-approved travel, must be report as soon as practicable, in writing to the appropriate authorities, with copies of all such reports provided to the Town.

### **Tuition Reimbursement**

Tuition reimbursement will be based on the Town of Hudson Personnel Regulations and/or applicable Collective Bargaining Agreement.

## Course Approval - Step 1 Course Reimbursement - Step 2

### *Important Please Read Carefully*

Keep track of your Course Approval and Course Reimbursement forms at all times. Create your own personal folder for course approval/reimbursement paperwork.

#### Step 1 - Course Approval

1. Obtain a Step 1 form, fill it out and send Step 1 form to the Curriculum Secretary in the administration office. Please keep a copy for your records. You must submit STEP 1 prior to starting your course to be considered for reimbursement.
2. When we receive your step 1 paperwork, it needs to go through an approval process.
  - If approved – you will receive a PO
  - If not approved – you will receive an email
3. When you receive your PO, file it in your personal folder so you will have PO # needed when you complete step 2 paperwork.

#### Step 2 - Course Reimbursement

1. When you have paper transcript/grades and payment receipts, take your PO, fill out the step 2 form, and be sure to write the PO # on that form. **IMPORTANT, if the address on your PO does not match what you are writing on your Step 2 form, please note that in the appropriate box on the Step 2 form.** This will insure that your payment is sent to your most current address. Remember you **only have 60 calendar days** from the completion of your course to submit step 2.
2. Make a copy of your step 2 paperwork for your records, and send original Step 2 form, paper transcript/grades and receipt to Yvonne Breen in Accounts Payable located in the administration building. Small paper receipts should be **taped** to an 8 ½ by 11 piece of paper.
3. On your copy, you may want to write the date you sent it to administration building.

Please **do** refer to your specific Contract for details regarding course reimbursements.

Please **do not** submit step 2 paperwork if you do not have paper transcript/grades and receipt of payment attached. If you submit step 2 **without** proof of payment and the **PAPER** transcript (it does not need to be the official transcript for reimbursement), the incomplete paperwork will be sent back to you.

These steps should ensure timely reimbursements and less chance of paperwork getting lost or checks mailed to an incorrect address. **Please note from the time we get your step 2 paperwork, it could take between 2 and 4 weeks before a check is mailed.**

#### **Remember...**

We **do not** require the official transcript for course reimbursement.

We **do** require the **official transcript** for salary step increases and moving over columns. Please send official transcripts to Human Resources Department in the administration building.

**HUDSON PUBLIC SCHOOLS**

*Request for Course Approval*

**STEP 1**

***Please  the appropriate box - This request is in compliance with:***

- Article 25A of the HEA contract - Teacher/Nurse
- Article XI of the HSSA contract - Secretary
- Article VIII of the HTA contract – Paraprofessional
- Educational Incentives for Non Contractual/Administrators

***Please fill out completely - Incomplete forms will be returned:***

**NAME** \_\_\_\_\_ **SCHOOL** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**POSITION** \_\_\_\_\_

**NAME OF COURSE** \_\_\_\_\_

**COURSE TAKEN AT:** \_\_\_\_\_

**GRADUATE LEVEL** \_\_\_\_\_ **or** **UNDERGRADUATE LEVEL** \_\_\_\_\_

**ONLINE COURSE:**

**# OF CREDITS:** \_\_\_\_\_ **BEGINS:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **and ENDS:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**COST OF COURSE:** \$ \_\_\_\_\_ **50% REIMBURSEMENT AMOUNT:** \$ \_\_\_\_\_

\_\_\_\_\_  
*Signature of Employee*

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

***For Office Use Only:***

**FY#** \_\_\_\_\_ **COURSE #** \_\_\_\_\_

***For Office Use Only:***

- SPED**
- REGULAR ED**
- OTHER**

\_\_\_\_\_  
**APPROVED** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Human Resources Director*

\_\_\_\_\_  
**APPROVED** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Assistant Superintendent of Schools*

***\*Forward this form to the Curriculum secretary at the Administrative Building\****



# HUDSON PUBLIC SCHOOLS

## *Request for Tuition Reimbursement*

### *STEP 2*

#### **INSTRUCTIONS TO ENSURE YOUR PROMPT REIMBURSEMENT:**

1. **Completed** Step 2 form (be sure to fill in **all spaces** and **check off** appropriate boxes).
2. **Must have** paper copy of transcript or grade report (copy is acceptable)
3. **Must have** proof of payment (i.e. front & backside of a canceled check, bank or credit statement or school receipt).
4. Please be sure you are submitting a complete package. **Do not** send it piece mail.
5. Forward this form, with attachments to Yvonne Breen in the Accounts Payable department.

#### **INCOMPLETE SUBMISSIONS WILL BE RETURNED**

*Make check payable to:*

NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_

DOES THIS ADDRESS MATCH YOUR ADDRESS ON THE P.O.

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TITLE OF COURSE \_\_\_\_\_ CREDITS \_\_\_\_\_

DATE COURSE COMPLETED \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME OF COLLEGE/UNIVERSITY \_\_\_\_\_

COST OF TUITION \_\_\_\_\_

REIMBURSEMENT AMOUNT \_\_\_\_\_ PO# \_\_\_\_\_

\_\_\_\_\_  
*Signature of Employee*

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

*For Office Use Only:*

COMPLETE     INCOMPLETE - DATE RETURNED TO EMPLOYEE \_\_\_\_/\_\_\_\_/\_\_\_\_

**REASON FOR RETURN:**

Step 2 Form Incomplete

Proof of Payment Not Included

Copy of Transcript or Grade Report Not Included

# Change of Professional Category (HEA Members only)

**HUDSON PUBLIC SCHOOLS  
APPLICATION FOR CHANGE OF PROFESSIONAL CATEGORY**

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**Important Information:** If an HEA member expects to qualify to move to a new preparation scale in the Salary Schedule the following September, preliminary written notification must be given to the Superintendent of Schools on or before November 1<sup>st</sup> of the school year preceding the expected movement.

**INCOMPLETE FORMS WILL BE RETURNED TO YOU**

<b>Name:</b>	<b>Date:</b>
<b>Location:</b>	<i>Present Scale/Step:</i>
<b>Scale/Step Requested for September 20 ____:</b>	

**SUPPORTING DATA:**

	Courses/Title	Institution	Date Completed	Credits Earned
1.				
2.				
3.				
4.				
5.				
6.				

**ACTION ITEMS:**

<b>APPLICATION RECEIVED IN SUPERINTENDENT'S OFFICE:</b>	DATE	
<b>APPLICATION TENTATIVELY APPROVED:</b> With the understanding that all recurrent study requirements must have been satisfactorily completed by August 31 <sup>st</sup> or increments will be withheld for that school year.	DATE	DIRECTOR OF HUMAN RESOURCES SIGNATURE:
<b>FINAL APPROVAL GRANTED:</b> Acknowledging receipt of official transcripts on or before October 31 <sup>st</sup> , retroactive to the first work day in the school year of such work year.	DATE	SUPERINTENDENT OR DESIGNEE SIGNATURE:
<b>FINAL APPROVAL GRANTED:</b> Acknowledging receipt of official transcripts on or after November 1 <sup>st</sup> , effective the first day of the following school year.	DATE	SUPERINTENDENT OR DESIGNEE SIGNATURE:
<b>SCALE PLACEMENT</b> _____ <b>STEP</b> _____ <b>SALARY</b> _____ <b>EFFECTIVE DATE</b> ____/____/____		
<input type="checkbox"/> <b>Payroll Notified (Date)</b> _____ <b>By Whom</b> _____		

## HUDSON PUBLIC SCHOOLS

### EMPLOYEE REIMBURSEMENT FOR EXPENSES INSTRUCTIONS

**This is the form to use when submitting your expenses to Accounts Payable for reimbursements. Please do not use this form for course reimbursements or mileage reimbursements.**

1. Fill in your name, home address and school
2. Fill in your purchase order number and dollar amount of reimbursement requested
3. Explanation of Expense – Indicate the program or purpose of expense. For example: “Supplies for Intensive Preschool Program”
4. Attach receipts with tape to an 8 ½ x 11 sheet of paper. If your receipt is double sided, please copy 1 side and tape the other side of receipt to that page so that both sides are now visible. Highlight or circle amount to be reimbursed. Note: We do not reimburse for sales tax
5. Sign and date the form
6. Submit to principal/director for approval
7. Sales tax is not reimbursable, as we are a non-profit organization. Please see your supervisor or secretary for a copy of our tax exemption certificate before you make your purchase
8. Forward Original paperwork to accounts payable department for payment

Reviewed By \_\_\_\_\_

Date \_\_\_\_\_

(For Business Office Use Only)

**HUDSON PUBLIC SCHOOLS  
EMPLOYEE REIMBURSEMENT  
FOR EXPENSES**

NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PURCHASE ORDER NO.

AMOUNT

EXPLANATION OF EXPENSE:

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Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal/Director \_\_\_\_\_ Date \_\_\_\_\_

Supt/Dir Finance \_\_\_\_\_ Date \_\_\_\_\_

*List Expenditures\* Attach Original Receipts to 8 1/2 x 11 sheet of paper\* Obtain Approvals  
Submit this form to Principal/Director with all attachments*

## HUDSON PUBLIC SCHOOLS

### EMPLOYEE REIMBURSEMENT FOR TRAVEL/CONFERENCES INSTRUCTIONS

**This is the form to use when submitting your travel and conference expenses to Accounts Payable for reimbursements.**

1. Fill in your purchase order number
2. Fill in the date of conference/travel
3. Destination/Purpose – Indicate the name and location of conference attended. If mileage reimbursement only, indicate purpose of trip and beginning and ending locations.
4. Indicate reimbursement amounts and totals in appropriate columns and attach receipts with **tape** to an 8 ½ x 11 sheet of paper. If your receipt is double sided, please copy 1 side and tape the other side of receipt to that page so that both sides are now visible. Highlight or circle amount to be reimbursed.
5. Fill in your name and address.
6. Sign and date the form
7. Submit to principal/director for approval
8. Forward original paperwork to accounts payable department for payment

#### ➤ **Travel and Meal Reimbursement**

**Employees whose duties require them to travel are allowed their actual reasonable out of pocket expenses incurred in the performance of such duties**

- **MapQuest directions showing beginning and ending locations must accompany all request for reimbursement. Mileage rate is set by the town currently set at .40 per mile.**
  - **Meal reimbursements with itemized receipts is allowed with following restrictions**
    - ✓ **Breakfast per person = \$10 plus tip**
    - ✓ **Lunch per person = \$15 plus tip**
    - ✓ **Dinner per person = \$20 plus tip**
- (General guideline not to exceed \$45 per day per person for meals)**
- **Requires approval/signature of the person responsible for that department's budget.**

Hudson Public Schools  
Employee Reimbursement for Travel/Conferences

Reviewed By:
Date:
(For Business Office Use Only)

Purchase Order No: \_\_\_\_\_

Date	Destination/Purpose	Miles	Reimbursement Amount			
			Mileage x.40	Lodging	Meals	Other
Sub Totals:						

<b>TOTAL</b>
--------------

**Mileage Rate = .40 per mile (Please indicate beginning and ending location)**  
**PLEASE INCLUDE A COPY OF MAPQUEST DIRECTIONS FOR ALL MILEAGE REQUESTS**  
**Breakfast = \$10/maximum**  
**Lunch = \$15/maximum**  
**Dinner = \$20/maximum**

Make check payable to: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Employee Signature: _____	Date _____
Principal/Director: _____	Date _____
Supt/Dir Finance: _____	Date _____

**HUDSON PUBLIC SCHOOLS  
REQUEST FOR SPECIAL PAYMENT FORM**

**Make check payable to:**

NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_  
(regular workplace)

Position/Title (regular position) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**FOR STIPEND/SPECIAL PAYMENT REQUEST**

EVENT/ACTIVITY \_\_\_\_\_ LOCATION OF EVENT/ACTIVITY\* \_\_\_\_\_

**\*Note: Tutors – enter name of school that student attends**

POSITION/TITLE FOR EVENT/ACTIVITY \_\_\_\_\_ AMOUNT REQUESTED \_\_\_\_\_

If applicable: TOTAL HOURS WORKED \_\_\_\_\_ RATE/HOUR \_\_\_\_\_  
(enter dates and hours worked below)

DATE WORKED	HOURS WORKED

DATE WORKED	HOURS WORKED

DATE WORKED	HOURS WORKED

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

**(THIS FORM MUST BE SIGNED BY EMPLOYEE)**

**FOR ADMINISTRATIVE USE ONLY:**

Fund Supt Budget Resp Ctr Loc Dept Grant or Town DOE Function DOE Obj DOE Area SUB Object  
ACCOUNT #   -     -   -   -    -     -    -

**YOU MUST FILL IN THE FULL BUDGET SENSE ACCOUNT NUMBER FOR ALL REQUESTS**

Supervisor/Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

Activity/Program Director Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

ID# \_\_\_\_\_  Pensionable  Non-pensionable

M  K  B

Notes: \_\_\_\_\_

**RECEIVED BY PAYROLL**



**HUDSON PUBLIC SCHOOLS**  
**Request for Leave without Pay**

**Please Print: (Fill out completely)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Position \_\_\_\_\_

**Building Location: (Please check the appropriate box)**

ADM     FAR     FOR     HUB     MUL     HHS     QMS

Dates(s) requested \_\_\_\_\_

Explanation of Request \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Forwarded to the Superintendent for review by:

Principal/Supervisor Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**For the Superintendent only:**

Your request has been:

Approved

Approved with the following modifications \_\_\_\_\_

Denied

Superintendent Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**For Human Resources only:**

*Date form returned to HR* \_\_\_\_/\_\_\_\_/\_\_\_\_

*Date Employee Notified* \_\_\_\_/\_\_\_\_/\_\_\_\_

## **FREQUENTLY ASKED PERSONNEL/PAYROLL QUESTIONS?**

### **PAYROLL**

#### **How often do I get paid?**

Employees at Hudson Public Schools are paid on a biweekly basis, on alternating Thursdays, over an annual period of 26 pay periods, in accordance with the terms of the collective bargaining agreement. Ten month employees receive a lump sum payment on the last payday in June, in accordance with the terms of the collective bargaining agreement. The lump sum payment is equivalent to 5 bi-weekly pay checks.

#### **What should I do if I notice there is an error when I receive my paycheck?**

Every effort is made to avoid errors in your paycheck. If an error has been made, the payroll office will take the necessary steps to research the problem and make any corrections necessary. Please notify Karissa Cook in the Payroll Office at 978.567.6100 extension 149, or by email at [klcook@hudson.k12.ma.us](mailto:klcook@hudson.k12.ma.us)

#### **Who should I notify if I wish to change my tax withholding or direct deposit information?**

Please contact Karissa Cook [klcook@hudson.k12.ma.us](mailto:klcook@hudson.k12.ma.us) for these forms.

#### **Who should I notify if I lose my paycheck?**

If you require a duplicate payroll check, please notify Karissa Cook in the Payroll Office at 978.567.6100 extension 149, or by email at [klcook@hudson.k12.ma.us](mailto:klcook@hudson.k12.ma.us)

#### **Why is Medicare tax deducted from my paycheck and is it a mandatory deduction?**

Employees hired after April 1, 1986 are required to pay the Medicare portion of Social Security, (1.45% of gross wages). The Town of Hudson matches these contributions.

### **RETIREMENT DEDUCTIONS**

#### **What retirement deductions are taken from my payroll check?**

1. Massachusetts Teachers' Retirement System - <http://www.mass.gov/mtrs>

You are eligible to join the MTRS if you are employed as a teacher or administrator in a Massachusetts public school outside the City of Boston or in any charter school in Massachusetts and:

- you are covered by a contractual agreement regarding your employment;
- you are employed on at least a half-time basis;
- you are certified by the Department of Elementary and Secondary Education; and,
- your contractual agreement requires that you be certified by the Department of Elementary and Secondary Education as a condition of your employment.

Contribution rate is determined by the date when the member first enrolls in the public retirement system. Other rules may apply for Long Term Substitutes and less than full time employees.

2. Middlesex Retirement System - <http://middlesexretirement.org>

Membership in the Middlesex Retirement System is required by law for all employees who are employed in a permanent position, and who work 20 hours or more in a week in an eligible position. The amount each employee is required to contribute to the Middlesex Retirement System each year is set by statute.

3. OBRA - <https://mass-smart.gwrs.com>

As a part-time, seasonal or temporary employee of the Commonwealth of Massachusetts, or a Massachusetts local government employer, you are required to participate in the Commonwealth of Massachusetts Deferred Compensation Plan. The Plan is an alternative to Social Security coverage as permitted by the federal Omnibus Budget Reconciliation Act of 1990. As an OBRA employee, you must contribute at least 7.5% of your gross compensation per pay period to the Plan.

## **BENEFITS**

### **Is there a mandatory time perimeter as to when I can enroll for health and dental insurance benefits?**

As a new employee you have the opportunity to enroll within the first thirty (30) days of your hire date. Otherwise, you must wait until the next open enrollment period, which historically occurs in May. You may also elect to enroll if you have a qualifying event such as marriage, divorce, birth/adoption of a child, or other involuntary loss of coverage.

### **When does my coverage begin for health insurance?**

Your effective date of coverage is your date of hire.

### **When does my coverage begin for dental insurance?**

Your effective date of coverage is the first of the month following your date of hire.

### **Can I cancel my insurance benefits at any time during my employment with Hudson Public Schools?**

No, as an active employee you cannot cancel your health or dental benefits unless there is a qualifying event or during the designated open enrollment period.

### **Are my health, dental or life insurance deductions taken on a pre-tax basis?**

Health and dental are taken on a pretax basis. Life Insurance deductions are not.

### **How do I enroll in a 403B plan?**

Presently the Town of Hudson has set up deduction options for Tax Sheltered Annuity Plans (403b). If you are interested in enrolling in a Tax Sheltered Annuity, it is the responsibility of the employee to contact the agent of the company you are interested in directly. These plans are 100% employee funded and the annuity agreement is between you and the authorized investment firm approved by the town. The agent will take care of the enrollment process.

For additional information please go to: <http://www.tsacg.com/individual/plan-sponsor/massachusetts/town-of-hudson>

### **Is there an open enrollment period for Tax Sheltered Annuities?**

No, you can enroll at any time.

## **EMPLOYEE ASSISTANCE PROGRAM**

### **Does the Town of Hudson offer an employee assistance program?**

Yes, the town offers an employee assistance program that provides confidential assistance to employees and family members. The EAP entitles you and your household members to confidential counseling and assistance on personal or work-related issues such as family & marital problems, drug & alcohol abuse, stress management, financial difficulties, health problems and emotional stress. This service is available 24 hours a day, 7 days a week. They can be reached 1-800-451-1834.

### **Who will I speak to if I call?**

You will speak to licensed professional counselors who are experienced working with a wide range of personal problems.

## **FLEXIBLE SPENDING ACCOUNTS**

### **Does the Town of Hudson offer a Flexible Spending Account program?**

Yes. Flexible Spending Accounts allow you to set aside a portion of “pretax” dollars to cover certain health and dependent care expenses. These contributions are deducted from your paycheck prior to federal and state taxes. The administrative fee is not a “pretax” deduction.

## **TUITION REIMBURSEMENT**

### **Do I have a tuition reimbursement benefit?**

Hudson Public Schools encourages all employees to participate in professional development activities and to pursue higher educational programs leading to advanced degrees or certificates. To this end, tuition reimbursement benefits have been negotiated for certain employee groups and information is outlined in your respective union contract and employee agreement.

## **COLLECTIVE BARGAINING AGREEMENTS**

### **How do I know if I am a member of a collective bargaining unit?**

Assignment to a collective bargaining unit is based on your job classification. If your job classification is assigned to a collective bargaining unit, a representative of the union will contact you and supply you with a copy of the contract.

## **SIGNIFICANT DATES**

Please refer to your negotiated contract.

## **LEAVE TIME**

The amount of leave time is based on your collective bargaining agreement or school committee policy. You will receive a leave plan summary as soon as practicable with your available leave. Please use this document to track your usage of leave time for your own records.

## **PERSONNEL RECORDS**

### **Where is my personnel record kept and can I review the contents?**

A personnel folder is accurately maintained in the Human Resources Office. Each employee will have the right, upon written request, to review the contents of his/her own personnel file. Records cannot be removed from the department, however, employees who wish to obtain copies of documents contained in their personnel file must first submit a written request with Human Resources.

### **Who do I contact if I change my name, address or phone number?**

Please contact Emily Osborne by email at [enosborne@hudson.k12.ma.us](mailto:enosborne@hudson.k12.ma.us). It is recommended that you notify your retirement service provider (MTRS, MCRS) and the state licensing authority (DESE). In addition, you should notify the town hall if you have benefits such as health, dental, and life insurance(s).

Required documentation for a legal name change is as follows:

1. Marriage License
2. Divorce Decree
3. Social Security Card
4. Driver's License

## **TECHNOLOGY**

### **Where do I go to get my issued district technology equipment?**

The technology office is located at Hudson High School in room T105. The high school is located at 69 Brigham Street. Please email Ellen Schuck at [eschuck@hudson.k12.ma.us](mailto:eschuck@hudson.k12.ma.us) for additional information.

**When will I receive my I.D. badge?**

You will receive your I.D. badge anywhere from one week to one month based on vendor demand. You are required to wear your I.D. badge and lanyard at all times during school hours.

**FACILITIES**

**How do I get into my building?**

Please check with the building secretary to obtain a key fob.