



**CORI/SORI REQUEST FORM
PLEASE PRINT CLEARLY**

**BOSPS
FEE CODE**

Pursuant to Massachusetts General Laws, Chapter 71, Section 38R, I hereby authorize the Boston Public Schools to obtain and review my Criminal Offender Record Information (CORI) as provided by the Criminal History System Board. Boston Public Schools has been certified by the Criminal History Systems Board for access to BOSPS (conviction, non-conviction, and pending criminal case data). Additionally, I authorize Boston Public Schools to use local and national sexual offender registry information to determine if I pose an unreasonable risk to the children within Boston Public Schools. **ALL FIELDS ARE MANDATORY**

| | | | |
|--|--------------------|---|--|
| School/Dept/Name of Requestor: Your Email or Phone: | | | |
| <input type="checkbox"/> Employee <input type="checkbox"/> Non-Employee Position Title: | | | |
| Last Name: | | First Name: | |
| Current Address: | | | |
| Former Address: | | | |
| Maiden/Alias Name (if applicable): | | | |
| Birth date: | | City in which you were born: | |
| Social Security Number: | ____ - ____ - ____ | Mother's Maiden Name: | |
| Driver's License State and Number: | | Demographics: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Height: ____ Feet ____ Inches Eye Color: <input type="checkbox"/> Brown <input type="checkbox"/> Blue <input type="checkbox"/> Green |
| <i>Prospective Employee Signature:</i> | | | |
| <i>Date:</i> | | | |
| For Internal BPS USE ONLY | | | |
| <i>Which Form of Gov't Issued Photo ID used:</i> | | Driver's License Passport Other _____ | |

DIRECT DEPOSIT

WHAT IS DIRECT DEPOSIT?

Direct Deposit means the City of Boston can automatically deposit your paycheck into your checking, savings or NOW account at your financial institution on payday.

HOW LONG DOES IT TAKE TO SET-UP?

From the time your authorization form is received by the Office of the Treasurer, it takes approximately 2 pay periods for your Direct Deposit to be established.

WHO IS ELIGIBLE TO PARTICIPATE?

All City and Boston Public School employees are eligible to participate in this program.

CAN I HAVE MY CHECK DEPOSITED INTO MULTIPLE ACCOUNTS?

Your check can be split deposited into **two** accounts.

WILL I STILL RECEIVE A PAY STUB SHOWING ALL MY PAYROLL WITHHOLDINGS?

Yes. The City will continue to issue you a pay stub detailing your gross earnings, net earnings and other payroll related information

DO I HAVE TO BELONG TO A CERTAIN FINANCIAL INSTITUTION?

No. The majority of banks and credit unions participate in this program.

CAN I CANCEL MY ACCOUNT AT ANYTIME?

Yes. To **cancel**, submit a written cancellation notice to the Office of the Treasurer. Once your Direct Deposit is cancelled, it cannot be reinstated for **30 days**.

CAN I CHANGE MY ACCOUNT AT ANYTIME?

Yes. To **change** your Direct Deposit account, complete a new authorization form and submit it to the Office of the Treasurer.

Any questions pertaining to Direct Deposit should be directed to the Office of the Treasurer at 617-635-4151.

INSTRUCTIONS

- A) Fill out this section completely
- B) Primary account: All initial Direct Deposit requests must have a primary account. The entire net pay amount will be deposited into the primary account. **YOUR NAME MUST BE LISTED ON THE ACCOUNT RECEIVING FUNDS**
- C) Secondary account: You must have a primary account before you can request a secondary account. The secondary account is a dollar specific account. **Be sure to notate the exact dollar amount to be deposited into the secondary account . YOUR NAME MUST BE LISTED ON THE ACCOUNT RECEIVING THE FUNDS.**
- D) **You must sign and date the authorization form. A voided check must be attached for all direct deposits into a checking account.**
- E) You may submit your Direct Deposit authorization form in person to: City Hall 3^d floor window M-38, via mail to: City of Boston, Office of the Treasurer. Room M-38, Boston City Hall, Boston MA 02201 or via fax to: 617-635-4142.

PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

(A)

Social Security # _____

Work Phone () _____

Last Name _____

First Name _____

Department _____

Empl ID# _____

(B) PRIMARY ACCOUNT

(C) SECONDARY ACCOUNT

Bank Name _____

Bank Name _____

Bank Transit Routing # _____

Bank Transit Routing # _____

Account # _____

Account # _____

Account Type: _____ Checking/NOW Account

Account Type: _____ Checking/NOW Account

 _____ Savings Account

 _____ Savings Account

Deposit Amount \$ _____

(for secondary account only)

I hereby authorize the City of Boston's Treasurer to deposit my net pay into my account at the financial institution indicated on the front of this form. The City of Boston Treasurer is authorized to debit my account or to adjust any over deposit made to my account. I will not hold my bank liable for any erroneous deposits or adjustments made by the City of Boston Treasurer. This authorization may be cancelled by the City Treasurer at any time or by me, the employee

(D)

Employee Signature _____ **Date** _____



STATE-BOSTON RETIREMENT SYSTEM

Boston City Hall, Room 816
 Boston, Massachusetts 02201
 617-635-4305
 617-635-4318 – Fax
<http://www.cityofboston.gov/retirement>

NEW MEMBER ENROLLMENT FORM

Section A: To be filled out by employee.

1. (Please print or type, except for signature.)

| | | | | | |
|---|--|--------------------|-----------------------------|----------------|---------------------------|
| Name: _____ | | Former Name: _____ | | SSN: _____ | |
| Street Address: _____ | | | D.O.B.: _____ | | Gender: _____ |
| City: _____ | | State: _____ | Zip: _____ | Phone #: _____ | |
| Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced | | | Spouse D.O.B.: _____ | | Number of Children: _____ |
| Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Position: _____ | | |
| | | | Start Date: _____ | | |
| Dates of Military Service: _____ | | | Agency or Department: _____ | | |
| A COPY OF A MILITARY DISCHARGE MAY BE REQUESTED | | | Agency Phone #: _____ | | |

The retirement law establishes specific periods of active service, which may qualify you for certain Veteran benefits.

2. Past membership history with any other contributory retirement system in Massachusetts.

| RETIREMENT SYSTEM | FROM | TO | WAS 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 |
| _____ | _____ | _____ | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

You may be eligible to purchase your Prior Service if a Refund was taken.

3.

| |
|--|
| Are you currently or have you ever received a retirement allowance from another public retirement system? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|

4. Statement and Signature By Member

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

Date: _____ Signature _____

Return this signed form with an original birth certificate to the Boston Retirement Board.

Section B: BENEFICIARY INFORMATION (To be filled out by employee.)

Beneficiary or beneficiaries nominated will receive in the proportion designated any sum due at your death. The right to change any nominated beneficiary is reserved by the member.

NOTE: A BENEFICIARY BLANK WITH CORRECTIONS OR ERASURES IS NOT ACCEPTABLE

| GIVE COMPLETE NAME AND ADDRESS OF EACH BENEFICIARY | BENEFICIARY D.O.B. & SS# | RELATIONSHIP to MEMBER | PROPORTION of BENEFIT* |
|--|--------------------------|------------------------|------------------------|
| Name: _____ Address: _____ | _____ | _____ | PRIMARY |
| Name: _____ Address: _____ | _____ | _____ | PRIMARY |
| Name: _____ Address: _____ | _____ | _____ | PRIMARY |
| Name: _____ Address: _____ | _____ | _____ | PRIMARY |
| Name: _____ Address: _____ | _____ | _____ | PRIMARY |

*** Must Total 100% -- If Contingent Please Specify**

(A CHANGE OF BENEFICIARY FORM must be used if you wish to change your designated beneficiary/beneficiaries. You may obtain this form from your personnel/payroll department or from this office.)

Date: _____ Signature _____

Signature of Witness _____

Section C: DEPARTMENTAL INFORMATION (To be filled out by Department/Agency Representative and verified by Retirement Board.)

| POSITION | DEDUCTION | SERVICE STATUS |
|--------------------------------|--|---|
| _____ | <input type="checkbox"/> 5% | <input type="checkbox"/> Full-Time |
| Start Date: _____ | <input type="checkbox"/> 7% | <input type="checkbox"/> Part-Time Pct: _____ |
| _____ | <input type="checkbox"/> 7% + 2% | <input type="checkbox"/> Temp./Sub. |
| Start Date: _____ | <input type="checkbox"/> 8% + 2% | <input type="checkbox"/> Other _____ |
| _____ | <input type="checkbox"/> 9% + 2% | _____ |
| Start Date: _____ | <input type="checkbox"/> 11% (Tarp) | Tarp Start Date: _____ |
| Date of First Deduction: _____ | <input type="checkbox"/> New <input type="checkbox"/> Transfer | (TARP) Teachers' Alternative Retirement Program |

Department / Agency Name: _____ Payroll Number: _____

Authorized Signature: _____ Date: _____

Verified by Retirement Board: _____

Boston Public Schools
Acceptable Use Policy for Networks
BPS Staff

It is the policy of the Boston Public Schools that all students and staff will use all technology to access electronic (“computer”) networks including the Internet and email, in a responsible, legal and ethical manner. Failure to do so may result in the termination of network and e-mail privileges for the user or prosecution under federal or state law.

Since network communication is often public, staff are responsible for behaving appropriately on the BPS network and for using the BPS network only for educational and professional purposes. The network is provided for students and staff to conduct research and communicate with others professionally.

Individual users of the network are responsible for their use of the network. Use of the network for any illegal or commercial activities is prohibited.

The BPS uses a filtering system for all schools, and for central offices. This filtering system is designed to prevent access to educationally inappropriate sites. However, it is important to understand that no solution is perfect, and at times educational sites may be incorrectly blocked and conversely, inappropriate sites may not be blocked. Employees who are using the Internet as part of their teaching should be aware that they may call the BPS Technology Help Desk (635-9200) to request that a specific site be blocked or un-blocked. Such decisions will be made by those responsible for monitoring the filtering service within the BPS. Please also note that our filtering system **allows us to track and monitor all computer use on the network.**

A responsible network user will:

- Use language that is considered appropriate.
- Be polite.
- Send information that other users will not find offensive.
- Conform with copyright laws and always give credit to the author of the material used.
- Never reveal personal information about any user such as address, telephone number, credit card numbers, social security number, etc.
- Neither tamper with the system nor alter, delete or destroy any files or data that are not yours.

A responsible network user must be aware that:

- Use of the network and e-mail is a PRIVILEGE, not a RIGHT.
- **The BPS network is to be used only for educational purposes**
- E-mail is not guaranteed to be private.
- Identifying photos of students with their first and last names may not be used on a web site.
- It is important to log off the computer at the end of every session, so another user can not use your password.
- Violation of this policy will result in the possible loss of Internet privileges and/or disciplinary action pursuant to the Code of Discipline and/or prosecution under state and federal law.
- Persons issued an account are responsible for its use at all times.

I have read and accept the conditions stated above.

Name: _____

Date: _____

Signature: _____



HEALTH INSURANCE INFORMATION

GROUP INSURANCE COVERAGE

Employees of the City of Boston are eligible to participate in group insurance programs. New employees and rehires who wish to enroll in group insurance coverage must go to the Health Benefit and Insurance Division at Boston City Hall (Room 807) within **sixty (60)** days of hire in order to enroll.

Please note that if you do not wish to enroll within sixty (60) days of hire, you must then wait for the annual open enrollment period.

PLEASE SIGN EITHER #1 or #2 BELOW

#1

I have been informed of my right to enroll in the City's Employee Health Benefit Program and will go to the Health Benefit and Insurance Office at Boston City Hall to enroll.

Print Name

Signature

Date

#2

I have been informed of my right to enroll in the City's Employee Health Benefit Program and wish to waive my right to participate at this time. I understand that if I wish to participate in this program in the future, I can enroll during the annual open enrollment period.

Print Name

Signature

Date

11/01/04