

Farmland New Hire Checklist

Employee Name:	
New Hire Only	✓
- I-9 Form	
- W-4 Form	
New Hire/Rehire	✓
- Harassment & Sexual Harassment Policy	
- Alcohol and Drug Policy	
- Dress Code Policy	
- Consent, Release & Authorization to reproduce Physical Likeness and Name	
- Social Media Policy	
- Payroll Portal Information	
- Paid Sick Leave Notice	
- MPWFA Notice	
- Direct Deposit Authorization Form	
- Acknowledgment of Cash Policy	
- Use of Motor Vehicle Policy	

Nondiscrimination/Anti-Harassment Policy

Objective

Davis Farmland LLC is committed to a work environment in which all individuals are treated with respect and dignity. Davis Farmland LLC has developed this policy to ensure that all its employees can work in an environment free from unlawful harassment, discrimination and retaliation.

Equal employment opportunity

It is the policy of Davis Farmland LLC to ensure equal employment opportunity without discrimination or harassment on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, age, disability, marital status, citizenship, national origin, genetic information, or any other characteristic protected by law.

Sexual Harassment

Sexual harassment constitutes discrimination and is illegal under federal, state and local laws. In Massachusetts, the legal definition for sexual harassment is this: “sexual harassment” means sexual advances, requests for sexual favors, and verbal or physical conduct of sexual nature when: a) submission to or rejection of such advances, requests or conduct is made either explicitly or implicitly a term or condition of an individual’s employment or as a basis for employment decisions, or b) such advances, requests or conduct have the purpose or effect of unreasonably interfering with an individual’s work performance by creating intimidation, hostile, humiliating or sexually offensive work environment.

Harassment

Harassment on the basis of any other protected characteristic is also strictly prohibited. Under this policy, harassment is verbal, written or physical conduct that denigrates or shows hostility or aversion toward an individual because of his or her race, color, religion, sex, sexual orientation, gender identity or expression, national origin, age, disability, marital status, citizenship, genetic information, or any other characteristic protected by law, or that of his or her relatives, friends or associates, and that: a) has the purpose or effect of creating an intimidating, hostile or offensive work environment, b) has the purpose or effect of unreasonably interfering with an individual’s work performance, or c) otherwise adversely affects an individual’s employment opportunities.

Harassing conduct includes epithets, slurs or negative stereotyping; threatening, intimidating or hostile acts; denigrating jokes; and written or graphic material that denigrates or shows hostility or aversion toward an individual or group that is placed on walls or elsewhere on the employer’s premises or circulated in the workplace, on company time or using company equipment by e-mail, phone (including voice messages), text messages, social networking sites or other means.

Retaliation

Davis Farmland LLC encourages reporting of all perceived incidents of discrimination or harassment. Davis Farmland LLC prohibits retaliation against any individual who reports discrimination or harassment or participates in an investigation of such reports.

Reporting an Incident of Harassment, Discrimination or Retaliation

If any of our employees believes that he or she has been subject to harassment or discrimination, the employee has the right to file a complaint with our organization. This may be done in writing or orally.

Complaint Procedure

Individuals who believe they have been the victims of conduct prohibited by this policy or believe they have witnessed such conduct should discuss their concerns with their immediate supervisor and/or human resources.

Any reported allegations of harassment, discrimination or retaliation will be investigated promptly. Davis Farmland LLC will maintain confidentiality throughout the investigatory process to the extent consistent with adequate investigation and appropriate corrective action.

Misconduct constituting harassment, discrimination or retaliation will be dealt with appropriately. Responsive action may include, for example, training, referral to counseling or disciplinary action such as a warning, reprimand, temporary suspension without pay, or termination, as Davis Farmland LLC believes appropriate under the circumstances.

False and malicious complaints of harassment, discrimination or retaliation (as opposed to complaints that, even if erroneous, are made in good faith) may be the subject of appropriate disciplinary action.

EMPLOYEE ACKNOWLEDGEMENT

I acknowledge that I have received, read, and understand the Harassment policy of Davis Farmland LLC, I understand that failure to comply with the policy could result in disciplinary action up to and including termination of employment.

Employee Signature

Date

Employee Name (please print) _____

**Davis Farmland LLC
Alcohol and Drug Policy**

Policy Statement

Davis Farmland LLC takes drug and alcohol abuse as a serious matter. Providing a safe and fun recreational facility for guests and employees is a major goal for Davis Farmland LLC. Insuring a safe work place and a safe haven for enjoyment of our guests is imperative. Therefore, we have adopted the following drug and alcohol policy.

Policy

Davis Farmland LLC absolutely prohibits the sales of, use of and/or possession of alcohol or non-prescribed drugs at the work place or while on company premises. It is required that employees arrive to work not under the influence of alcohol and/or drugs. Any violation will result in immediate discipline, including suspension and/or discharge.

Any employee who appears to be impaired while on the job may be asked by their manager or an owner to submit to a test to determine whether they are under the influence of alcohol or illegal drugs. Tests may include breathalyzer and blood tests, as well as urinalysis. Once requested to submit to such tests, failure to take a requested test may lead to disciplinary actions, including possible termination.

Employees who are taking prescription drugs that can cause side effects, such as drowsiness or impaired reflexes should inform their manager that they are taking such medication. They should share with their manager the possible side effects on their performance, as well as the length of time they will be on the prescribed drug. If the prescribed drug could cause a safety concern, the manager may assign the worker to another duty, if available, or may temporarily relieve the employee of his or her duties.

.....

I have read the Davis Farmland LLC. Alcohol and Drug Policy outlined above and agree to follow its guidelines while working at Davis Farmland and Davis Mega Farm Festival.

{ Signature of Employee }

Date: _____

{ Signature of Office, Controller or Manager }

Date: _____

FARMLAND DRESS CODE

The following guidelines have been developed to establish consistency and to maintain the quality and integrity of the Farmland Look. As you read this handbook, remember that you are the key to keeping our heritage alive and creating an unparalleled experience for our Guests each and every day. A big part of our show is you, with your quick smile, your eagerness to help, and your willingness to maintain the Farmland look that our Guests have come to associate with our very special brand.

The Farmland Look is a classic look that is clean, natural, polished and professional, and avoids “cutting edge” trends or extreme styles. Few of you are real farmers, but you are all farmer actors in the production of Farmland. Therefore, as in any Broadway or screen production, to fulfill your role as an actor you must dress accordingly. Attire is part of the show and greatly influences people’s behavior. We need to sell ourselves because we are the most important single component of Farmland. Our dress code presents you in a very simple yet distinctive image.

- Clothes must be worn as they are designed and listed below. For example, clothes should not be worn too loose, too tight, low on the hips, etc.
- Be sure clothing is clean, hands are washed, face is shaven, and your hair is neat.
- A messy, dirty, or shabby appearance is a turn-off to anyone.
- There is no chewing gum or tobacco.
- Smoking is only permitted in the smoking area of the staff break area.

Male and Female Clothing:

- Jeans, overalls, slacks, or shorts, but all must have pockets, belt loops and no rips or holes.
- Shorts need to be at least the length of the person’s fingertips with arms at rest by your sides.
- Dresses, skirts, sweatpants, wind pants, short shorts, slouch pants, and spandex **are NOT ALLOWED.**
- Part-time employees get 2 Farmland T-shirts, and full-time employees get 3.
- All T-shirts are the same color (GREEN) so you will be visible to our guests.
- Food Service farmers have a BLACK T-shirt as well as hat and apron provided.
- All T-shirts must be tucked in.
- You can wear layers as long as the green T-shirt or Farmland sweatshirt is your outer layer.
- T-shirts cannot be rolled up on the arms.
- Additional T-shirts can be purchased at a reduced price.
- You may also purchase a staff sweatshirt, which can be worn in the colder months.
- Both T-shirts and sweatshirts can be purchased in the General Store.

Footwear: Sneakers or lightweight boots are recommended.

- Remember, you will step in animal manure and ground conditions can become very wet.
- Your footwear needs to be very comfortable. You may be walking many miles a day.
- Platform heels, open back shoes, or sandals are **NOT allowed**. (Sandals may be worn only while covering the play and spray area).

Hats: We strongly recommend a straw western style hat. (Felt hats will get ruined in the rain).

- These hats are inexpensive and provide maximum sun protection.
- Baseball caps are permitted, but may not contain offensive pictures or words. Food service must wear hat that is provided.
- Baseball caps must be worn properly with the bill facing front.
- Farmland baseball caps can be purchased in the gift shop at a 30% discount.

Sunscreen: You will need good sun protection for your face and neck. Farmland supplies sunscreen for all employees.

Sunglasses: Sunglasses are not allowed unless for medical reasons.

- Sunglasses make it uncomfortable for guests to approach you because they can't see your eyes.
- This is another good reason for wearing a wide brimmed hat.
- Sunglasses may be worn only while operating the play and spray area.
- If colored or tinted contact lenses are worn, the resulting eye color must be natural looking.

Gloves: All outside farmers should have a pair of work gloves.

Jewelry: Watches, engagement and wedding rings can be worn.

- We recommend that all farmers wear a wristwatch.
- No necklaces, bracelets, or anklets due to safety hazards.
 - Medical bracelets are allowed, but must not be dangling.
- Girls are allowed to wear two stud earrings, one in each earlobe.
- All other piercings must be REMOVED before the start of your shift.
 - Piercing cannot be covered up with band-aids.
- The managers must approve any variance from these rules.

Make-up: We prefer that you wear no make-up. If you feel you need to, follow these guidelines:

- Remember that our goal is to create a wholesome “down on the farm” look.
- Foundation, rouge, and lipstick should be of natural colors and worn in moderation.
- Eye shadow is not allowed.

Fingernails: Your fingernails should be kept trimmed and clean.

- Nails can have a coat of clear or a light natural color of polish on them.
- No black, dark, red, gold, silver, multicolored or neon polish or dark polish is allowed.
- Charms or decals on fingernails are not permitted.
- Artificial nails are not allowed. They can fall off and become a safety problem.

Personal Hygiene: Due to close contact with guests and fellow farmers, the use of a deodorant is required. For the same reasons, the use of perfumes and colognes are not allowed.

Hair: Men and women with long hair should braid or keep it up and away from face.

- Fancy barrettes and hairpins are considered jewelry and are not allowed.
- Natural hair color with no unnatural streaking or frosting. The Farmland look does not permit extremes in dyeing, bleaching or coloring. If the hair color is changed, it must be natural-looking and well maintained
- Conservative braided hairstyles without beads or ornamentation are permitted.
- Artificial hair is permitted if it looks natural and meets all of the above requirements.

Facial Hair: Men may have a trimmed moustache, sideburns, beard, or goatee.

- All facial hair must be short, trimmed, and approved by a manager.
- Food service staff must follow guidelines for food preparation, which will be covered by the food service manager.

Extra Clothes: Because of changing weather and the possibility of needing extra clothes, we recommend that you keep an extra set of clothing in your car, or locker.

Lockers: Lockers are Farmland's property but farmers are allowed to use them.

- Farmers choosing to use lockers must supply their own lock and not alter the appearance of the lockers.
- Locks and locker contents must be removed daily, so that other farmers can use the lockers when scheduled to work.
- Davis' Farmland is not responsible for lost, stolen, or damaged property.

Body Alteration Or Modification:

- Body alterations or modifications that achieve a visible, physical effect that detracts from a professional image are prohibited.
- Examples include, but are not limited to: visible tattoos, brands, body piercing (other than traditional ear piercing for women.)
- Clothing must cover tattoos.
- Ask your manager if you have any questions.

Cellular Phones:

- Cellular phone use and texting is prohibited except to check the time and must remain silent while you are working.
- Personal emergency situation phone use must be cleared with your manager prior to the start of your shift.
- Company permitted cell phones will be allowed if they are required for specific business needs.

IT IS YOUR RESPONSIBILITY ALONE TO UPHOLD THE DRESS CODE. DON'T FORCE YOUR MANAGER TO SPEAK TO YOU.

- As with all of your duties and responsibilities as a Cast Member, you are expected to demonstrate professionalism and good judgment at all times related to your appearance.

If the farmer deviates from the Farmland Dress Code, the following will occur:

First Violation:

- Farmer will receive a verbal warning of the non-compliance and must rectify the situation immediately.
- Farmer may be dismissed for the day until the situation is rectified.

Second Violation:

- This results in a written warning and is documented in the farmer's file.

Third Violation:

- Farmers who do not comply will be suspended and/or terminated.

Discretion is left to the Management Team regarding all dress code matters.

I have read the Davis Farmland LLC Dress Code Policy and agree to follow its guidelines while working at Davis Farmland and Davis Mega Farm Festival.

Employee Signature

Date

Manager Signature

Date

CONSENT, RELEASE AND AUTHORIZATION TO REPRODUCE PHYSICAL LIKENESS
AND NAME

I hereby agree and consent to your photographing, filming, taping and/or recording my likeness, voice, sound and quote and, with this Consent, Release and Authorization (this "Consent"), I hereby grant to you and your parent, related and affiliated companies, and their respective licensees and assigns, and the directors, officers, employees and agents of each (collectively "Davis Farmland and Davis Mega Farm Festival"), forever and throughout the world, the right to use and license the right to reuse such photographs, films, tapes and/or recordings of my likeness, voice, sound, quote, and my name, in all media, whether now know or hereafter devised, whether for advertising, publicity, or promotional purposes or for any other purposes whatsoever, without further compensation to me or any limitation whatsoever. In granting this license, I understand that Davis Farmland and Davis Mega Farm Festival is not under any obligation to exercise any of its rights, licenses and privileges herein granted.

I hereby release Davis Farmland LLC from all claims, demands, liabilities, damages, costs and expenses (including, but not limited to, attorneys' fees and fees of other professionals) that I may now or hereafter have against Davis Farmland and Davis Mega Farm Festival arising in connection with your use of my likeness, voice, sound and quote in such photographs, films, tapes and /or recordings and your exercise of the rights hereby granted, including, without limitation, claims for compensation, defamation or invasion of privacy or other claims for infringement or violation of personal or property rights of any sort whatsoever.

This Consent shall be binding upon me, and my heirs, personal representatives and assigns, and shall be governed by and construed under the laws of the Commonwealth of Massachusetts without regard to conflicts of laws principles. Venue for any legal action arising out of or in connection with this Consent shall be in Worcester County, Massachusetts, and I waive my right to a trial by jury. This Consent constitutes the entire agreement between the parties hereto with respect to the subject matter of this Consent and supersedes any and all previous agreements, communications or representations between the parties, whether written or oral, with respect to such subject matter.

Employee Signature

Parent/Legal Guardian Signature
(If employee is under 18 years of age)

Date

Social Media Policy

At Davis Farmland and Davis Mega Farm Festival (“The Farm”), we understand that social media can be a fun and rewarding way to share your life and opinions with family, friends and co-workers around the world. However, use of social media also presents certain risks and carries with it certain responsibilities. To assist you in making responsible decisions about your use of social media, as it relates to The Farm, we have established these guidelines for appropriate use of social media.

This policy applies to all associates who work for The Farm.

GUIDELINES

Your internet activity involving any information or photographs that relates to The Farm or to any third party that has disclosed information to The Farm is discouraged. In your postings or blog site(s) you must include a disclaimer that the views are your own and not those of The Farm.

The same principles and guidelines found in The Farm policies apply to your activities online as they are connected with the company. Ultimately, you are solely responsible for what you post online. Before creating online content, consider some of the risks and rewards that are involved. Remember that you represent The Farm whenever you post or comment on social media. Keep in mind that any of your conduct that adversely affects your job performance, the performance of fellow associates or otherwise adversely affects The Farm, members, customers, suppliers, people who work on behalf of The Farm or legitimate business interests may result in disciplinary action up to and including termination.

By signing the Social Media Policy you hereby agree to abide by the social media terms and conditions put forth by The Farm.

Employee Name: _____
Print your name

Employee Signature: _____

Date: _____

Instructions How to Access **JLD MANAGEMENT** Payroll Online Portal

Below are the instructions to access the Payroll Online Portal.

Access the link below;

<https://completepay.evolutionpayroll.com/ess#/login>

1. The username is your employee number, the first letter of your first name (Upper Case), and your last name with the first letter capitalized.

Example: John Smith employee number 12
The username = 12JSmith

2. The temporary password is jld!1234
3. The system will not prompt you to create a new password. Please go to “Settings” on the top right and change your password.
4. You will need to enter an email address for general and benefits areas. Davis Farmland does not utilize the benefits portion of the payroll system; however the system requires an email address.
5. Select 3 security questions and provide the answers.
6. Save this information by clicking on the “floppy disk” at the top left of this screen.



7. The payroll portal should open and you will see your name, and blue dates, which are links to your paycheck stubs.

Form W-4 (2018)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note:

Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

Line F. Credit for other dependents.

When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2018	
▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.					
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶				Date ▶	
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment		10 Employer identification number (EIN)

your wages and other income, including income earned by a spouse, during the year.

Line G. Other credits. You might be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as the earned income tax credit and tax credits for education and child care expenses. If you do so, your paycheck will be larger but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more

than one job at a time or are married filing jointly and have a working spouse. If you don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("-0-") on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the "Married, but withhold at higher Single rate" box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the "Married, but withhold at higher Single rate" box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are

required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9, and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/programs/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 8. Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 9. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

Box 10. Enter the employer's employer identification number (EIN).

Personal Allowances Worksheet (Keep for your records.)

- A** Enter "1" for yourself **A** _____
- B** Enter "1" if you will file as married filing jointly **B** _____
- C** Enter "1" if you will file as head of household **C** _____
- D** Enter "1" if: {
 - You're single, or married filing separately, and have only one job; or
 - You're married filing jointly, have only one job, and your spouse doesn't work; or
 - Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.} **D** _____
- E** **Child tax credit.** See Pub. 972, Child Tax Credit, for more information.
 - If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "4" for each eligible child.
 - If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "2" for each eligible child.
 - If your total income will be from \$175,551 to \$200,000 (\$339,001 to \$400,000 if married filing jointly), enter "1" for each eligible child.
 - If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" **E** _____
- F** **Credit for other dependents.**
 - If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "1" for each eligible dependent.
 - If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).
 - If your total income will be higher than \$175,550 (\$339,000 if married filing jointly), enter "-0-" **F** _____
- G** **Other credits.** If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here . . . **G** _____
- H** Add lines A through G and enter the total here **H** _____

For accuracy, **complete all worksheets that apply.**

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$52,000 (\$24,000 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income.

- 1** Enter an estimate of your 2018 itemized deductions. These 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. See Pub. 505 for details **1** \$ _____
- 2** Enter: {
 - \$24,000 if you're married filing jointly or qualifying widow(er)
 - \$18,000 if you're head of household
 - \$12,000 if you're single or married filing separately} **2** \$ _____
- 3** **Subtract** line 2 from line 1. If zero or less, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your 2018 adjustments to income and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) **4** \$ _____
- 5** **Add** lines 3 and 4 and enter the total **5** \$ _____
- 6** Enter an estimate of your 2018 nonwage income (such as dividends or interest) **6** \$ _____
- 7** **Subtract** line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses **7** \$ _____
- 8** **Divide** the amount on line 7 by \$4,150 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction **8** _____
- 9** Enter the number from the **Personal Allowances Worksheet**, line H above **9** _____
- 10** **Add** lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1, page 4. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** _____

Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1** Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) **1** _____
 - 2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" **2** _____
 - 3** If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet **3** _____
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4** Enter the number from line 2 of this worksheet **4** _____
 - 5** Enter the number from line 1 of this worksheet **5** _____
 - 6** **Subtract** line 5 from line 4 **6** _____
 - 7** Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ _____
 - 8** **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____
 - 9** **Divide** line 8 by the number of pay periods remaining in 2018. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2018. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,375	\$420	\$0 - \$7,000	\$420
5,001 - 9,500	1	7,001 - 12,500	1	24,376 - 82,725	500	7,001 - 36,175	500
9,501 - 19,000	2	12,501 - 24,500	2	82,726 - 170,325	910	36,176 - 79,975	910
19,001 - 26,500	3	24,501 - 31,500	3	170,326 - 320,325	1,000	79,976 - 154,975	1,000
26,501 - 37,000	4	31,501 - 39,000	4	320,326 - 405,325	1,330	154,976 - 197,475	1,330
37,001 - 43,500	5	39,001 - 55,000	5	405,326 - 605,325	1,450	197,476 - 497,475	1,450
43,501 - 55,000	6	55,001 - 70,000	6	605,326 and over	1,540	497,476 and over	1,540
55,001 - 60,000	7	70,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 90,000	8				
70,001 - 75,000	9	90,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 105,000	10				
85,001 - 95,000	11	105,001 - 115,000	11				
95,001 - 130,000	12	115,001 - 120,000	12				
130,001 - 150,000	13	120,001 - 130,000	13				
150,001 - 160,000	14	130,001 - 145,000	14				
160,001 - 170,000	15	145,001 - 155,000	15				
170,001 - 180,000	16	155,001 - 185,000	16				
180,001 - 190,000	17	185,001 and over	17				
190,001 - 200,000	18						
200,001 and over	19						

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 who claims no withholding allowances; 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 possessions 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 aren't required to provide the information requested on a form that's 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.



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
----------------------------------------------------	---------------------------	-----------------------------------------------

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



Direct Deposit Authorization

Employer Section

Please fill in this portion and submit the completed form to your Client Relations Specialist for enrollment.

Company Number: _____

Company Name: _____

Employee Verification - Read and sign

I hereby authorize Complete Payroll Solutions (CPS) to deposit any funds due to me as instructed by my employer by initiating credit entries to my account(s) at the financial institution (bank) indicated on this form. I also authorize the bank to accept and credit my accounts as presented by CPS to my authorized accounts. In the event that CPS deposits erroneously into my account, I authorize CPS to debit my account for an amount not to exceed the original erroneous credit. This authorization is to remain in full force and effect until CPS and the bank have received written notice from me of its termination in such a time and manner as to afford CPS and the bank reasonable opportunity to act on it.

Employee Name _____

SS# _____ - _____ - _____

Employee Address _____

DOB ____ / ____ / ____

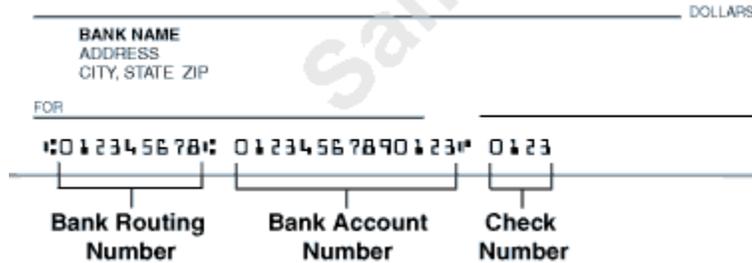
street

City State ZIP

Email _____

To enroll in the Direct Deposit service, please fill out this form completely and submit to your payroll manager. Attach a voided check (not a deposit slip) for all checking accounts. For deposits to a savings account, request the proper routing/transit number from your bank as it may be different than what is on your deposit slip.

Below is an example check displaying where the necessary information to complete this form can be found



Bank Name _____ Routing/Transit # _____ Account Number _____ Deposit Net Deposit \$ _____ C one: Checking Savings Other _____	Bank Name _____ Routing/Transit # _____ Account Number _____ Deposit Net Deposit \$ _____ C one: Checking Savings Other _____
Bank Name _____ Routing/Transit # _____ Account Number _____ Deposit Net Deposit \$ _____ C one: Checking Savings Other _____	Bank Name _____ Routing/Transit # _____ Account Number _____ Deposit Net Deposit \$ _____ C one: Checking Savings Other _____

Amount Change
Add Account(s)
Replace Account(s)
Remove Account(s)

Employee Signature _____

Date ____ / ____ / ____

FOR OFFICE USE ONLY

Received ____ / ____ / ____ Entered ____ / ____ / ____ By _____

EARNED SICK TIME

Notice of Employee Rights

Beginning July 1, 2015, Massachusetts employees have the right to earn and take sick leave from work.

WHO QUALIFIES?

All employees in Massachusetts can earn sick time.

This includes full-time, part-time, temporary, and seasonal employees.

HOW IS IT EARNED?

- Employees earn 1 hour of sick time for every 30 hours they work.
- Employees can earn and use up to **40 hours per year** if they work enough hours.
- Employees with unused earned sick time at the end of the year can **rollover up to 40 hours**.
- Employees **begin earning** sick time on their first day of work and **may begin using** earned sick time 90 days after starting work.

WILL IT BE PAID?

- If an employer has 11 or more employees, sick time must be paid.
- For employers with 10 or fewer employees, sick time may be unpaid.
- Paid sick time must be paid on the same schedule and at the same rate as regular wages.

WHEN CAN IT BE USED?

- An employee can use sick time when the employee or the employee's child, spouse, parent, or parent of a spouse is sick, has a medical appointment, or has to address the effects of domestic violence.
- The smallest amount of sick time an employee can take is one hour.
- Sick time cannot be used as an excuse to be late for work without advance notice of a proper use.
- Use of sick time for other purposes is not allowed and may result in an employee being disciplined.

CAN AN EMPLOYER HAVE A DIFFERENT POLICY?

Yes. Employers may have their own sick leave or paid time off policy, so long as employees can use at least the same amount of time, for the same reasons, and with the same job-protections as under the Earned Sick Time Law.

RETALIATION

- Employees using earned sick time cannot be fired or otherwise retaliated against for exercising or attempting to exercise rights under the law.
- Examples of retaliation include: denying use or delaying payment of earned sick time, firing an employee, taking away work hours, or giving the employee undesirable assignments.

NOTICE & VERIFICATION

- Employees must **notify** their employer before they use sick time, except in an emergency.
- Employers may require employees to **use a reasonable notification system** the employer creates.
- If an employee is out of work for 3 consecutive days **OR** uses sick time within 2 weeks of leaving his or her job, an employer may require documentation from a medical provider.

DO YOU HAVE QUESTIONS?

Call the Fair Labor Division at 617-727-3465 ○ Visit www.mass.gov/ago/earnedsicktime



Commonwealth of Massachusetts
Office of the Attorney General
English - July 2016

The Attorney General enforces the Earned Sick Time Law and regulations.

It is unlawful to violate any provision of the Earned Sick Time Law.

Violations of any provision of the Earned Sick time law, M.G.L. c. 149, §148C, or these regulations, 940 CMR 33.00 shall be subject to paragraphs (1), (2), (4), (6) and (7) of subsection (b) of M.G.L. c. 149, §27C(b) and to §150.

This notice is intended to inform.

Full text of the law and regulations are available at www.mass.gov/ago/earnedsicktime.

MCAD Guidance
PREGNANT WORKERS FAIRNESS ACT
Issued 1/23/2018

The Pregnant Workers Fairness Act (“the Act”) amends the current statute prohibiting discrimination in employment, G.L. c. 151B, §4, enforced by the Massachusetts Commission Against Discrimination (MCAD). The Act, effective on April 1, 2018, expressly prohibits employment discrimination on the basis of pregnancy and pregnancy-related conditions, such as lactation or the need to express breast milk for a nursing child. It also describes employers’ obligations to employees that are pregnant or lactating and the protections these employees are entitled to receive. Generally, employers may not treat employees or job applicants less favorably than other employees based on pregnancy or pregnancy-related conditions and have an obligation to accommodate pregnant workers.

Under the Act:

- Upon request for an accommodation, the employer has an obligation to communicate with the employee in order to determine a reasonable accommodation for the pregnancy or pregnancy-related condition. This is called an “interactive process,” and it must be done in good faith. A reasonable accommodation is a modification or adjustment that allows the employee or job applicant to perform the essential functions of the job while pregnant or experiencing a pregnancy-related condition, without undue hardship to the employer.
- An employer must accommodate conditions related to pregnancy, including post-pregnancy conditions such as the need to express breast milk for a nursing child, unless doing so would pose an undue hardship on the employer. “Undue hardship” means that providing the accommodation would cause the employer significant difficulty or expense.
- An employer cannot require a pregnant employee to accept a particular accommodation, or to begin disability or parental leave if another reasonable accommodation would enable the employee to perform the essential functions of the job without undue hardship to the employer.
- An employer cannot refuse to hire a pregnant job applicant or applicant with a pregnancy-related condition, because of the pregnancy or the pregnancy-related condition, if an applicant is capable of performing the essential functions of the position with a reasonable accommodation.
- An employer cannot deny an employment opportunity or take adverse action against an employee because of the employee’s request for or use of a reasonable accommodation for a pregnancy or pregnancy-related condition.
- An employer cannot require medical documentation about the need for an accommodation if the accommodation requested is for: (i) more frequent restroom, food or water breaks; (ii) seating; (iii) limits on lifting no more than 20 pounds; and (iv) private, non-bathroom space for expressing breast milk. An employer, may, however, request medical documentation for other accommodations.
- Employers must provide written notice to employees of the right to be free from discrimination due to pregnancy or a condition related to pregnancy, including the right to reasonable accommodations for conditions related to pregnancy, in a handbook, pamphlet, or other means of notice no later than April 1, 2018.

- Employers must also provide written notice of employees' rights under the Act: (1) to new employees at or prior to the start of employment; and (2) to an employee who notifies the employer of a pregnancy or a pregnancy-related condition, no more than 10 days after such notification.

The foregoing is a synopsis of the requirements under the Act, and both employees and employers are encouraged to read the full text of the law available on the General Court's website here:

<https://malegislature.gov/Laws/SessionLaws/Acts/2017/Chapter54>.

If you believe you have been discriminated against on the basis of pregnancy or a pregnancy-related condition, you may file a formal complaint with the MCAD. You may also have the right to file a complaint with the Equal Employment Opportunity Commission if the conduct violates the Pregnancy Discrimination Act, which amended Title VII of the Civil Rights Act of 1964. Both agencies require the formal complaint to be filed within 300 days of the discriminatory act.

Boston Headquarters: One Ashburton Place, Room 601, Boston, MA 02108 | (617) 994-6000

Springfield: 436 Dwight Street, Room 220, Springfield, MA 01103 | (413) 739-2145

Worcester: 484 Main Street, Room 320, Worcester, MA 01608 | (508) 453-9630

New Bedford: 128 Union Street, Suite 206 New Bedford, MA 02740 | (774) 510-5801

www.mass.gov/mcad/