



LANCASTER SELECT BOARD
Regular Meeting Agenda AMENDED*
Prescott Building – Nashaway Room
Monday, May 15, 2023
6:00 P.M.

In accordance with the Open Meeting Law, please be advised that this meeting is a Hybrid Model utilizing the Zoom platform. Accordingly, the meeting is being recorded and broadcast over Sterling-Lancaster Community TV

I. CALL TO ORDER

Chair Stephen J. Kerrigan will call the meeting to Order at 6:00 P.M. in the Nashaway Meeting Room located on the second floor in the Prescott Building, 701 Main Street, Lancaster, MA 01523

Town of Lancaster is inviting you to a scheduled Zoom meeting.

Topic: Select Board Meeting

Time: May 15, 2023 06:00 PM Eastern Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/81409756185>

Meeting ID: 814 0975 6185

One tap mobile

+13126266799,,81409756185# US (Chicago)

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Dial by your location

+1 312 626 6799 US (Chicago)

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+1 646 931 3860 US

+1 301 715 8592 US (Washington DC)

+1 305 224 1968 US

+1 309 205 3325 US

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

+1 360 209 5623 US

+1 386 347 5053 US

+1 507 473 4847 US

+1 564 217 2000 US

+1 669 444 9171 US

+1 669 900 9128 US (San Jose)

+1 689 278 1000 US

+1 719 359 4580 US

+1 253 205 0468 US

Meeting ID: 814 0975 6185

Find your local number: <https://us02web.zoom.us/j/kwOQkPoyN>

Additional materials for Select Board meetings are available at:

<https://www.ci.lancaster.ma.us/administration-select-board/pages/meeting-materials>

Residents Have the Ability to Ask Questions via ZOOM.



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II. APPROVAL OF MEETING MINUTES

Review and take action on the Select Board's Meeting Minutes of May 3, 2023.

III. SCHEDULED APPEARANCES & PUBLIC HEARINGS - NONE

IV. BOARDS, COMMITTEES AND DEPARTMENT REPORTS - NONE

V. PUBLIC COMMENT

Opportunity for the public to address their concerns, make comments and offer suggestions on operations or programs, except personnel matters. Complaints or criticism directed at staff, volunteers, or other officials shall not be tolerated.

VI. TOWN ADMINISTOR REPORT

- Recruitment Updates
 - Building Commissioner
- Other Department or Town-Wide Updates
 - Community Center Grant, Environmental Resilience
 - Human Services, Digital Literacy Grant
 - Planning Department, OneStop for community Development Master Planning Grant

VII. ADMINISTRATION, BUDGET, AND POLICY (Vote may be taken)

1. Town Meeting & Annual Town Election
2. Reorganization of the Board (as needed)
3. Tax Fairness Committee
 - a. Review/Approve Charge
 - b. Review/Approve Appointments
 - c. Determine Process for Letters of Interest & Appointment
4. Personal Bylaw, Next Steps – Review/Accept Policies and Procedures (V1 provided in Feb)
5. Review High School Building Project Timeline
6. Review Approved Capital Projects
7. 40B Application, MassHousing, 13 Neck Road



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VIII. APPOINTMENTS AND RESIGNATIONS (Vote may be taken)

Resignation*

Conservation Commission – Thomas Christopher, effective May 31, 2023

Annual Appointments – Term to expire June 30, 2024:

- ADA Coordinator – Kelly Dolan
- Chief Procurement Officer – Kate Hodges
- Animal Control Officer – Phyllis Tower
- Animal Inspector (Barn Brook) – Phyllis Tower
- Keeper of the Lock Up – Police Chief Everett Moody
- MART Advisory Board Designee – Kelly Dolan
- Measurer of Wood & Bark – Ronald W. Valinski
- Sealer of Weights & Measures – Ronald W. Valinski
- Town Counsel & Labor Counsel – Miyares and Harrington, LLP
- Memorial Day Committee *
 - Barbara Foster
 - Amanda (Mandy) Cannon
 - Karen Shaw
 - Ann Fuller
 - Bob (Reino) Tervo
 - Trish (Patricia) O'Toole
 - Stacey LeBlanc
 - Jayne Nowokunski

Re-Appointments: - Terms to Expire June 30, 2026

- **Agricultural Commission**
Peter Jakubowicz
- **Affordable Housing**
Victoria Petracca
Carolyn Read
Jason Allison, term to expire May 11, 2026*
- **Animal Control Commission**
Adrienne Gadoua
Christine Burke
- **Board of Assessors**
Deb Sanders
- **Board of Appeals**
Matthew Mayo
David Stadtherr



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- **Board of Registrars**
Elizabeth Cahill
- **Collector Treasurer**
Mary Frost
- **Commission on Disability**
Michael McCue
Eugene Brazeau
- **Conservation Commission**
Thomas Seidenberg
- **Council on Aging**
Nichole Jimino Kanis
Jay M. Moody
- **Historical Commission**
Heather Lennon
Amy Brown
- **Memorial School Re-use Committee**
Sherry Cutler
Carolyn Read
- **Recreation Committee**
Kimberly Shah
Thomas Wood

IX. LICENSES AND PERMITS (*Vote may be taken*)

Rental Application for Lancaster Town Green
Applicant: Thayer Memorial Library – Rachel Rosengard
Date(s): August 12, 19 and 26, 2023 Time: 10:30 – 11:30 am
Program: “Animal August on the Town Green”

Special (One Day) Liquor License for Wine & Malt
Applicant: Sterling Street Brewery
Event: FC Stars Event
Location: FC Stars Complex 70 McGovern Boulevard
Dated & Time: Friday, May 26, 2023, from 4pm-8pm

Application for License for Theatrical Exhibitions, Public Shows, Public Amusements and Exhibitions of Every Descriptions held on Weekdays.

Profound Market at Lancaster Fairgrounds, 318 Seven Bridge Road to be held on Saturday, June 10, 2023, from 8:30am- 5:00pm.



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Application for License for Town Licenses Dancing, Sports, Games, Fairs, Expositions, Plays or Entertainment of Public Diversion on Sunday

Profound Market at Lancaster Fairgrounds, 318 Seven Bridge Road to be held on Sunday, June 11, 2023, from 10:00am-5:00pm.

Special (One Day) Liquor License

Application for the Bolton Fair, Inc., 318 Seven Bridge Road, for the Event Profound Market from June 10, 2023 (8:30am-5:00pm)– June 11, 2023 (10:00am- 5:00pm) (Delivery Date June 9, 2023) for All Alcohol – Non-Profit

Application for License for Theatrical Exhibitions, Public Shows, Public Amusements and Exhibitions of Every Descriptions held on Weekdays.

For Nashoba Rock & Brew (Carr Foundation Fundraiser) at the Lancaster Fairgrounds, 318 Seven Bridge Road on June 17, 2023, from 2pm-6pm

Special (One Day) Liquor License for All Alcohol

For Nashoba Rock & Brew (Carr Foundation Fundraiser) to be held at the Lancaster Fairgrounds, 318 Seven Bridge Road on June 17, 2023, from 2pm – 6pm

X. NEW BUSINESS

XI. COMMUNICATIONS

- Town Offices will be closed on Monday, May 29, 2023 in observance of Memorial Day
- Select Board's next Regular Meeting will be held on Monday, June 5, 2023
- Miscellaneous Correspondence & Memorandums

XII. ON GOING PROJECTS & OLD BUSINESS

XIII. ADJOURNMENT

II. APPROVAL OF MEETING MINUTES



LANCASTER SELECT BOARD
Special Meeting Minutes
of Wednesday, May 3, 2023, 6:00 P.M.
Mary Rowlandson Elementary Auditorium

I. CALL TO ORDER

Chairman Stephen J. Kerrigan called the meeting to order at 6:00PM and advised that the meeting was being broadcast by Sterling Lancaster Community Television. *Additional materials for Select Board meetings are available at <https://www.ci.lancaster.ma.us/administration-select-board> > Meeting Materials.*

Roll call vote taken, Jason A. Allison, present, Alexandra W. Turner, present, Stephen J. Kerrigan, present. Also present, Kate Hodges, Town Administrator.

II. APPROVAL OF MEETING MINUTES

Review and take action on the Select Board's Meeting Minutes of April 18, 2023.

Mr. Allison moved to approve the minutes of April 18, 2023. Ms. Turner seconded. *Vote taken, Alexandra W. Turner, Aye; Jason A. Allison, Aye; Stephen J. Kerrigan, Aye. Motion passed. [3-0-0]*

III. PUBLIC COMMENT

Opportunity for the public to address their concerns, make comments and offer suggestions on operations or programs, except personnel matters. Complaints or criticism directed at staff, volunteers, or other officials shall not be tolerated.

No public comment heard.

IV. ADMINISTRATION, BUDGET, AND POLICY

1. Memorandum of Understanding: Town of Lancaster and MassDevelopment, DCAMM Property Acceptance of Grant, Phase I and Assessment, DCAMM Property

Ms. Hodges reported that a final draft has been readied for a Memorandum of Understanding with MassDevelopment for work analyzing the DCAMM Property, and that a grant has been received in the amount of \$35,000 for professional assistance to put

together data for an environmental review. Ms. Turner asked if assessments should be done ahead of time or if assessments could be done by a potential buyer. Ms. Hodges explained that this will allow the Town to better assess whether they should take ownership of the property.

Mr. Allison moved to allow Town Administrator Hodges to enter into an agreement with MassDevelopment for purposes of establishing a Memorandum of Understanding. *Vote taken, Alexandra W. Turner, Aye; Jason A. Allison, Aye; Stephen J. Kerrigan, Aye. Motion passed. [3-0-0]*

2. Open.gov platform, update/finances

Ms. Hodges explained that this has been discussed at the Finance Committee level for some time. This software was purchased several years ago, and some work was done to train staff. Shortly after Ms. Hodges started, she worked with Finance Director Cheryl Gariepy, and discovered that some of the procurement processes required were not followed, and therefore it becomes a legal matter. Open.gov has been notified that the contract was improperly executed and includes a number of issues that conflict with State Law, making the contract null and void. She will continue to inform the Board of developments. Ms. Turner would like information on whether Clear.gov or another software package would be more helpful and more economical. Ms. Hodges noted that Open.gov had been purchased using CARES funds.

3. Town Meeting, FY24 Budget or 2023 Election Matters (as needed).

Ms. Turner stated that her understanding is that the Town could use ARPA funding to defray the deficit should they choose to, although the Board has voted to use ARPA funding to fund capital projects. Ms. Hodges stated that the “linchpin” was that this could be true if the Board had chosen the designation; Mr. Kerrigan stated that the Board had not chosen the designation, that someone else did. Ms. Turner said that it was more complicated and there had been a lot of confusion about it. Ms. Hodges said, “It bottles down to if the Board were asked, back when you had to choose a designation, and this is sort of rhetorical, would the Board have chosen to make that designation, and would the Board have authorized whoever was the Town Administrator at that time to do so. Neither of those things happened.” Mr. Allison stated that he was never asked to choose that designation; Ms. Turner shares this recollection.

Mr. Kerrigan brought the discussion back, stating that he believes that one-time dollars should be used for one-time things. He stated that if ARPA funds were used to balance this year’s budget, then next year the Town would be in much worse shape financially.

Ms. Hodges noted that if the Board wishes to change their opinion on this use, they should revisit the votes taken in early 2022. The Town is no longer using the previous ARPA funds consultant; Ms. Hodges explained that another contractor could be contracted.

V. COMMUNICATIONS

- Annual Town Election will be held on Monday, May 8, 2023, from 7:00am-8:00pm at the Town Hall Auditorium
- Select Board's next Regular Meeting will be held on Monday, May 15, 2023, at 6:00pm

VI. ADJOURNMENT

Mr. Turner moved to adjourn the meeting of the Select Board. Mr. Allison seconded the motion. *Vote taken; Alexandra W. Turner, Aye; Jason A. Allison, Aye; Stephen J. Kerrigan, Aye; Motion passed. [3-0-0]*

Respectfully submitted,

Kathleen Rocco
Executive Assistant

Alexandra W. Turner, Clerk

III. SCHEDULED APPEARANCES & PUBLIC HEARINGS

IV. BOARDS, COMMITTEES & DEPARTMENT REPORTS

V. PUBLIC COMMENTS

VI. TOWN ADMINISTRATOR REPORT

VII. ADMINISTRATION, BUDGET AND POLICY

#1

#2

#3



Town of Lancaster

Office of the Town Administrator

701 Main Street, Suite 1
Lancaster, MA 01523

TAX FAIRNESS COMMITTEE

May 2023

BACKGROUND & MISSION

Lancaster's Tax Fairness Committee was created via affirmative vote of Town Meeting, Article 16, held Wednesday, May 3, 2023. The mission of the Committee is to provide for the thoughtful and public examination of issues which surround Lancaster's taxation including the fair allocation of tax burdens and obligations to/residents. The Committee will work to explore potential alternatives to property taxation and how Lancaster, specifically, may reduce its reliance on residential property tax, particularly for Seniors and/or those with fixed income and/or assets.

RESPONSIBILITIES

The Committee shall investigate and provide input to the Select Board, through a comprehensive final report, regarding resident taxation and the adoption of a Senior Means-Tested Tax Exemption program. The Committee will connect and create partnerships with various Town Boards and Committees to make holistic and comprehensive recommendations to the Select Board relative to tax fairness for Residents. The Committee will also explore the parameters by which Lancaster may adopt a Senior-Means-Tested Exemption program. Discussions with Town staff, other local Boards and Committees, State Legislators, the MA Council on Aging, and other tax-fairness committee members from neighboring Towns is expected and encouraged. The Committee is expected to provide a final report to the Select Board, including recommendations for short and long-term tax relief. Until that time, the Committee shall provide the Select Board with updates on a quarterly basis relative to their progress, this can be done at a Select Board meeting or via memo.

MEMBERSHIP REQUIREMENTS & EXPECTATIONS:

The Committee consists of seven (7) members; a majority of appointed members shall constitute a quorum. Members will be appointed as *Ad-Hoc* and shall serve until the final report is submitted to the Select Board for action or the Senior Means-Tested Tax Exemption program is brought forward to Town Meeting for action, whichever is sooner. In any case, no persons' term shall be longer than three (3) years.

Specific membership parameters for the Committee include:

- ❖ One (1) member of the Finance Committee, duly recommended to the Select Board by the Finance, Committee.
- ❖ One (1) member of the Board of Assessor's, duly recommended by the Assessors, to the Select Board.
- ❖ One (1) member of the Council on Aging or the Friends of Lancaster Seniors, duly recommended by the Council on Aging, to the Select Board; and
- ❖ Four (4) members At-Large from the Community who submit letters of interest to the Select Board. At least one (1) At-Large member must be over age sixty-five (65) at the time of appointment. All At-Large members must be current Lancaster residents.

The Committee shall elect a Chair and a Clerk responsible for maintaining all records of committee discussions, votes, actions, and business. All meetings must be conducted in conformance with Open Meeting Law including proper notification and posting of meeting times, locations, agendas, and minutes. Committee records must be maintained in conformance with Public Records Law. Requests for staff assistance, or funding for committee-related expenses, should be directed to the Town's Director of Health & Human Services for approval and identification of funding.

MEMO

TO: SELECT BOARD
FROM: KATE HODGES, TOWN ADMINISTRATOR
DATE: MARCH 10, 2023
RE: SENIOR MEANS-TESTED TAX EXEMPTION PROGRAM

WHAT IS A SENIOR MEANS-TESTED EXEMPTION PROGRAM:

Many Communities in the Commonwealth have petitioned the State Legislature to allow the adoption of a Special Act entitled, "Senior Means-Tested Tax Exemption." The parameters of the program vary by community but share a common goal: to provide targeted property tax relief to older homeowners which, in turn, helps them to continue to afford to live in their homes and communities.

The maximum exemption amount for each Fiscal Year is generally recommended by the Assessors and Town Administration and subsequently ratified by the Select Board. For eligible individuals, the credit is applied to the December property tax bill. Generally speaking, applications are solicited immediately following the Annual Town Meeting, in Lancaster this is May, and the deadline for all exemption applications is in late August or early September. All inquiries, applications, and funding amounts are strictly confidential and determined by the Assessing staff and the Town Social Work/Human Services' personnel.

In terms of eligibility requirements, communities have the ability to set their own thresholds. However, each community in the Commonwealth that has adopted the exemption program has set the following general parameters:

Age	Applicants must be 65 or older. If an application is for a two-member/joint household, one person <i>may</i> be under the age of 65, but <i>must</i> be at least 60 years of age by December 31 st of the application year.
Residency	Applicants must have owned <u>and</u> occupied their residence in Lancaster for at least 10 consecutive years, and that home must be the applicants' primary residence.
Income	An applicants' annual income is specific to that tax year and may not exceed the median threshold amounts set by the State and published in the Massachusetts State Income Tax Schedule drafted and adopted annually.
Home Value	The applicant's principal residence may not exceed the median household assessment as set by the Assessing Division.
Assets	No applicant shall possess excessive assets as determined by the Assessor and Human Services Staff.
State Taxes	All applicant must have claimed the MA State Circuit Breaker Tax Credit for that year in order to be eligible for exemption locally; proof of claim must be attached to each application.

STEPS TO SEE THIS TO FRUITION:

This path to this type of program is not quick and requires a great deal of discussion and planning by and through the community. I have recommended that Lancaster take the first step in FY24 by inserting a warrant into this year's Annual Town Meeting which seeks to establish a Tax Fairness Committee to study the exemption program and, if warranted, propose subsequent Warrant Articles seeking to enact legislation and outline program parameters and funding strategies specific to Lancaster.

In terms of a timeline, the following steps are required for a community to adopt a Senior Means-Tested Tax Exemption Program:

1. A Tax Fairness Committee (TFC) is established as an Ad Hoc Committee for a term or not less than 1-year to study the program and assess Lancaster's capabilities to fulfill the program initiatives.
Deliverables from the TFC may include:
 - a. Drafting a report of the Committee outlining the program and its applicability in Lancaster.
 - b. Providing a draft warrant article for incorporation in subsequent Town Meetings.
 - c. Pending Town Meeting approval, championing action at the State level for Lancaster's approved Special Act.
2. Should the TFC recommend such an Act be brought to Town Meeting for approval, Town Meeting must have an affirmative vote of the majority approving the petition to the General Court for the Act.
3. The Town then forwards the affirmative certified vote, and the text of the Act, to the State for action.
4. Should the General Court approve Lancaster's Act, the matter is then referred back to Lancaster Town Meeting, once again, to be voted upon.
5. Should affirmative action take place at a second Town meeting, the Act is then placed on the ballot for the Town's Annual Election by the Select Board.
6. Should the majority of Lancaster ballot votes approve the question, the Act is then sent back to the State for final resolve and execution.

The process, in its entirety, takes about 2 to 2.5 years.

AUTHORITY TO SET PARAMETERS FOR/IN THE PROGRAM:

1. The income limits to qualify for exemption are tied to the State's Income Tax Circuit Breaker program and the household income schedules set by the Commonwealth.
2. The assessed value of a property contributes to a residents' eligibility; this value is set by the Town Assessors.
3. The total amount by which an applicants' property tax *may* be reduced in a single year is recommended by the TFC, in consultation with the Assessors and Human Services Staff, and must be ratified by the Select Board annually.

4. The percentage by which one's exemptions may not exceed in a single year is recommended by the TFC, in consultation with the Assessors and Human Services Staff, and must be ratified by the Select Board annually.
5. The exemption is funded by a shift in the residential tax rate and must be reviewed at least every 3 years by Town Meeting or sooner should any group/persons wish to have the matter revisited.
6. Separate Warrant Articles relative to funding may be included in the Town's Annual Budget presentation and Town Meeting Warrants. The Town, after adoption of the Act and ratification by the State, may opt to set up a Special Revenue Account through an Act of Town Meeting.

SAMPLE WARRANT ARTICLE LANGUAGE

ARTICLE X AUTHORIZE SPECIAL LEGISLATION – SENIOR MEANS-TESTED PROPERTY TAX EXEMPTION

To determine whether the Town will authorize the Select Board to petition the General Court for special legislation substantially in the [form below], and further to authorize the Select Board to approve amendments to the bill before enactment by the General Court that are within the scope of the general objectives of the petition.

Chapter xxx of the Acts of 20xx is hereby amended by ... The Town of Lancaster voted during Annual Town Meeting 20xx to approve Article XX which established a Senior Means-Tested Property Tax Exemption in connection with a Special Act passed by the General Court, Chapter XX of the Acts of 20xx. The article reads as follows:

LANCASTER SPECIAL ACT TO ESTABLISH A SENIOR MEANS-TESTED PROPERTY TAX EXEMPTION

To determine whether the Town will petition the General Court to accept a Special Act for the Town of Lancaster entitled '*Establishing a Senior Means-Tested Property Tax Exemption in the Town of Lancaster*' as described herein:

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same as follows:

SECTION 1. With respect to each qualifying parcel of real property classified as Class 1, residential, in the town of Concord, there shall be an exemption from the property tax equal to the total amount of tax that would otherwise be assessed without this exemption less the sum of:

- (i) Five (5) percent of the total annual qualifying income for purposes of the state circuit breaker income tax credit; and
- (ii) The amount of the state circuit breaker credits the applicant was eligible to receive in the year before the application being filed.
- (iii) The percentage of total annual qualifying income may be raised by section 3.
- (iv) Property taxes shall not be reduced by more than 50 per cent by this exemption.
- (v) The exemption shall be applied to the residence of the taxpayer only.

- (vi) For the purposes of this act, a 'parcel' shall be defined as a unit of real property as identified by the Board of Assessors under the deed for the property and shall include condominium units.

SECTION 2. The Board of Assessors may deny an application for the exemption as outline in Section 1 if the Board finds that the applicant has excessive assets which place the applicant outside of the intended recipients of the senior exemption created by this act. Real property shall qualify for the exemption under Section 1 if the following criteria are met:

- (i) The qualifying real property is owned and occupied by a person whose prior year's income would make the person eligible for the circuit breaker income tax credits under subsection (k) of Section 6 of Chapter 62 of the Massachusetts General Laws.
- (ii) The qualifying real property is owned by a single applicant who is 65 years of age or older at the close of the previous year, or jointly if one of the joint applicants is 65 years of age or older at the close of the previous year and the other joint applicant is at least 60 years of age or older.
- (iii) The qualifying real property is owned and occupied by the applicant, or joint applicants, as their primary residence.
- (iv) The applicant, or not less than 1 of the joint applicants, has been residing in the town of Lancaster for not less than ten (10) consecutive years before filing an application for the exemption
- (v) The maximum assessed value of the property and residence is not more than the Town's median single-family residential assessed value from the prior fiscal year.
- (vi) The Board of Assessors has approved the application for the exemption.

SECTION 3. The exemptions outlined within Section 1 shall be in addition to any other exemptions allowable under the Massachusetts General Laws, except that there shall be a dollar cap on the total exemptions granted pursuant to this act equal to five percent (5%) of the fiscal year's total residential property tax levy for the town of Lancaster, including the levy for the Regional High School if not included in the Town's tax levy at some subsequent date, with the total exemption amount granted pursuant to this act allocated proportionally within the tax levy on all residential taxpayers.

After the first year of the exemption, the total cap on the exemptions granted pursuant to this act shall be set annually by the Select Board within a range of 0.1 percent to 0.5 per cent of the residential property tax levy for the Town. If benefits to the applicants are limited because the percentage established annually by the Select Board, benefits shall be allocated by raising the total annual qualifying income percentage as required in Section 1 as necessary to not exceed the cap. If the cap exceeds the need for the exemption, the total cap on the exemptions granted pursuant to this act shall be reduced to meet the need.

SECTION 4. A person who seeks to qualify for the exemption under Section 1 shall, before the deadline established by the Board of Assessors, file an application on a form to be adopted by the Board of Assessors, with the supporting documentation of the applicant's income and assets as described in the application. The application shall be filed each year for which the applicant seeks the exemption.

SECTION 5. Acceptance of this Act by the Town of Lancaster requires a first vote of approval by Annual Town Meeting, followed by an affirmative vote of a majority of the voters at any subsequent Regular or Special Election at which time the question of acceptance shall be placed on the ballot by the Select Board.

Sections 1 through 4 in their entirety and Sections 7 and 8 shall take effect 30 days after an affirmative vote by the town.

SECTION 6. This Act may be revoked by an affirmative vote of a majority of the voters at any Regular or Special Town Election at which the question of revocation is placed on the ballot by the Select Board.

Revocation of sections 1 through 4 and Sections 7 and 8 shall take effect 30 days after an affirmative vote of the town to revoke those sections.

SECTION 7. An exemption shall not be granted under this Act until the Department of Revenue certifies Lancaster's residential tax rate for the applicable tax year where the total exemption amount is raised by a burden shift within the residential tax levy.

SECTION 8. This Act shall expire after three (3) years of implementation of the exemption.

Or take any other action relative thereto.

#4

TOWN OF LANCASTER

PERSONNEL POLICIES & PROCEDURES



Adopted __/__/__

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DEFINITIONS

The following words and phrases shall have the meanings below unless an alternate interpretation is required by the Laws of the Commonwealth.

Board	The Select Board.
Classification	A group of positions whose duties and responsibilities are sufficiently similar that the same descriptive title, qualifications, and compensation can be applied with equity to all positions in the classification.
Classification Plan	A listing of all approved position classification titles and a summary job description for each classification.
Compensation Plan	A listing of the minimum, maximum and intermediate wage or salary rates for each title in the Classification Plan.
Continuous Empl.	Either full-time or part-time, year-round employment which is uninterrupted except for authorized leaves of absence.
Department Head	The appointed official assigned administrative jurisdiction over a functional Department of the Town.
Employee	An employee of the Town of Lancaster.
Employment Status	A category which defines the intended terms of an employment position, as to its length and number of hours worked.
Full-time Employee	An employee retained in a full-time position.
Full-time Position	A position which requires the services of an employee for 37.5 to 40 hours per week.
Hiring Manager	Employee tasked with overseeing the hiring of persons and making recommendation for hire to the appropriate appointing authority for their Department. Manages the process consistent with the Town-Wide Hiring Procedures Policy.
Limited Status	A position which requires the services of an employee for uninterrupted or occasional periods which equate to an annual average less than 20 hours per week and does not require reappointment annually.
Maximum Rate	The highest rate in a salary range.
Minimum Rate	The lowest rate in a salary range.
Part-time Employee	An employee retained in a part-time position.
Part-time Position	Any position which requires the services of an incumbent for less than the

	37.5 or 40 hours per week, whichever is defined as full-time for that classification.
Personal Rate	A salary above the maximum rate of the salary range, applicable only to a designated employee.
Position	A defined set of duties and responsibilities to which one employee is appointed to perform.
Promotion	The movement of an employee from one position into another position which is in a classification with a higher maximum salary.
Rate	A sum of money designated as compensation for personal services on an hourly, weekly, annual, or other basis.
Reclassification	The movement of a position from one classification to another classification.
Regular Employee	An employee retained in a regular position, either full-time or part-time.
Regular Position	A year-round, full-time, or part-time position of 20 hours or more per week which requires the services of an employee in continuous employment for an indefinite term.
Salary Range/Grade	An established range for salary or wages included in the Compensation Plan.
Structure Movement	Any increase or decrease in the salary range which is approved by Town Meeting.
Seasonal Position	A position which requires the services of an employee for a designated portion of each year, not longer than ten (10) weeks and not eligible for unemployment.
Step	A specific rate in a salary range or grade.
Temp Employee	An employee retained in a temporary or seasonal position or in a regular position on a temporary basis.
Temp Position	A full-time or part-time position which requires the services of an employee for a temporary period.
Town	The Town of Lancaster.

OVERVIEW & CONNECTION TO PERSONNEL CODE (REPEALED MAY 3, 2023)

PURPOSE AND GENERAL PROVISIONS

The purpose of Lancaster's Personnel Policies and Procedures is to establish an equitable and efficient system of personnel administration for Town employees who are not covered by a Collective Bargaining Agreement. Additionally, the provisions contained herein serve to outline expectations and guidelines for Lancaster employees who manage and/or supervise Town staff. The Town is committed to upholding and complying with all applicable employment laws. The policies, procedures, expectations, and instructions set forth in this document are intended to inform both employees and Board Members about the terms and conditions of employment in Lancaster ("the Town").

All Town Employees, regardless of full-time, part-time, seasonal, or any other type of employment status, are considered covered by the rules and regulations outlined herein unless expressly stated otherwise within an employment contract or Collective Bargaining Agreement. It is the duty of an employee to thoroughly review the provisions contained in this document and to ask questions of their supervisor or the Town Administrator when clarification is necessary. While certain provisions outlined within this manual are subject to change, any new, revised, or adopted policies shall be forwarded to staff upon their acceptance. Notice of these changes shall be provided through the Town's email service and posted on the various bulletin boards within the employee break rooms and common areas.

Should any provision contained herein conflict with the provisions of one of the Town's Collective Bargaining Agreements, or any individual Employment Contract, the provisions of the agreement or contract shall prevail unless agreed to, in writing, by the parties.

EQUAL OPPORTUNITY & COMMITMENT TO DIVERSITY

The Town of Lancaster is committed to providing equal employment opportunities to all persons regardless of race, color, religious creed, national origin, ancestry, sex (including pregnancy, childbirth, and/or any related medical conditions), gender identity, age, disability, mental illness, sexual orientation, military status, or any other characteristic protected by law. The term 'Equal Employment Opportunity' applies to all regulations and conditions of employment, including hiring practices, job placement, promotional opportunities, terminations, layoffs, recalls, inter-Department transfers, leaves of absence, compensation, and training opportunities. The Town of Lancaster expressly prohibits any form of unlawful employee harassment or discrimination based on any of the characteristics mentioned above. Improper interference with any employee's ability to perform the essential functions and duties of their job will not be tolerated.

Employees who have questions or concerns about Equal Employment Opportunities in Lancaster are encouraged to bring them to the attention of the Town Administrator. The Town expressly prohibits any form of retaliation against any individual(s) who raise questions or issues related to Equal Employment Opportunities. If an employee feels they have been subjected to retaliation, they should bring it to the attention of their supervisor or the Town Administrator immediately.

GENERAL PERSONNEL POLICIES

EMPLOYEE STANDARDS OF CONDUCT

All persons employed by the Town hold a position which requires the public's trust. As a result, employees must present themselves in professional and appropriate manners. Employees are held to the highest standards of conduct, ethics, civility, and professionalism. These standards apply to both on and off duty behaviors. Town employees should take care to avoid any actions which may create the impression that staff are using their public appointment for private gain, giving preferential treatment to persons, or losing any type of impartiality when conducting Town business. Employees are expected to adhere to Code of Ethics established by the Commonwealth and may be subject to disciplinary action for conducting themselves in a manner deemed inconsistent with these standards and provisions.

CONFLICT OF INTEREST

Town Employees must familiarize themselves with [Massachusetts General Law, Chapter 268A](#), otherwise known as the Conflict of Interest Law. Town employees must complete the State's online Conflict of Interest training at least once every two years and file their certificate of completion with the Town Clerk's Office. Annually, employees are also required to sign a written acknowledgment, after the Town provides them with the summary, citing receipt of the code and adherence to it. Employees who have questions regarding any potential or actual conflicts may visit the [State Ethics Commission](#) website or contact the Commission directly for advice. The service is free and confidential.

PUBLIC EMPLOYEES & CAMPAIGNS

[Massachusetts General Law, Chapter 55, Campaign Finance Law](#), regulates political activity by public employees and the use of public buildings and resources in campaigns. Public employees who take part in political campaigns should familiarize themselves with this law and ensure strict adherence. Public resources such as Town vehicles, office equipment and supplies, and the paid time of public employees may not be used for political campaign purposes, such as the election of candidates or advocating for certain votes or ballot questions.

PROFESSIONAL APPEARANCE

Employees are expected to report to work in appropriate attire which is conducive to their duties and functions in Town. Employees should present in a clean and professional manner. Questions relative to specific dress codes, or attire not allowed in the workplace, should be directed an individual's Division Manager, Department Head, or the Town Administrator.

TOBACCO, NICOTINE, ALCOHOL & DRUGS

The Town of Lancaster is committed to providing a drug, tobacco and alcohol-free workplace which promotes high standard of employee health. Consistent with the spirit and intent of this commitment, the Town of Lancaster does not allow drugs, alcohol, tobacco products or electronic nicotine delivery systems in or on Town property. Employees who report to work that are under the influence of, or possess, or

consume alcohol and drugs, including marijuana, during work hours, will be subject to disciplinary action, up to and including termination. Employees whose job require licensing in CDL, Hoisting or other OSHA and Federally regulated manners are expected to comply with the terms and conditions of those licenses including submitting to random drug and alcohol testing through the MA Department of Transportation or their designee. Smoking or vaping is not allowed in any Town vehicle at any time including when an individual may be off duty or on break.

WORKPLACE VIOLENCE

The Town is committed to working with its employees to maintain a work environment free from violence, threats of violence, harassment, intimidation, and other disruptive behavior. Violence, threats, harassment, intimidation, and other disruptive behavior in our workplace will not be tolerated. All reported incidents will be taken seriously and dealt with appropriately. Such behavior includes not *only* acts of physical violence, but also oral or written statements, gestures, or expressions that communicate a direct, or indirect, threat of physical harm.

PROPER PUBLIC SPENDING & REIMBURSEMENT PROCEDURES

Town of Lancaster employees are expected to spend Town money judiciously. All expenditures should have a distinct benefit to the Town and its ability to execute its duties and responsibilities. The following guidelines must be followed when incurring business-related expenses and seeking reimbursement:

- Employees are expected to seek, and obtain, approval from their Department Head *prior to* incurring any business-related expenses.
- Employees are encouraged to identify and provide adequate time and details to allow *the Town to prepay* for expenses whenever possible. If this is not feasible, employees may pay for expenses and seek reimbursement.
- To be reimbursed for expenses, an employee must complete an expense voucher accurately and completely, attaching all itemized receipts and records of payments made by the employee to the form. Reimbursements should be submitted to the employee's Department Head for approval within one month of the expense. The Department Head, upon approval, must then forward the voucher to the Town Finance Director for final approval.
- Employees shall not knowingly or purposefully falsify any employee expense reimbursement forms, or fail to pay a bill, after Town reimbursement.
- Employees cannot be reimbursed for sales tax, alcohol, tobacco, or personal care items.

FRAUD

The Town of Lancaster is committed to complying with all applicable State and Federal Laws, regulations, and internal accounting controls. Employees are expected to report perceived or actual instances of fraud to their immediate supervisor or to the Town Administrator. Retaliation by the Town, or by any of its employees, against any person who in good faith, reports fraudulent behavior shall not be tolerated.

WHISTLEBLOWER PROTECTIONS

In accordance with [Massachusetts General Laws Chapter 149, Section 185](#), otherwise known as the Massachusetts Whistleblower Statute, the Town commits to protect any and all employees who report improper government actions in good faith.

TOWN COMPUTER/PHONE USE & EXPECTATION OF PRIVACY

The Town provides and maintains numerous forms of electronic communication and access, including but not limited to, computers, cellular phones, iPads, Wi-Fi and Wired Internet accessories and VoIP telephones. The hardware and software systems contained in these devices, or areas, are considered the property of the Town of Lancaster. Therefore, all messages or files created, sent, received, or stored in these systems must be business related and are subject to inspection, recall and production. Written correspondence, including text messages and emails which are related to an employee's role in Town are the property of the Town of Lancaster and subject to all applicable public record laws.

The Town reserves the right to retrieve and review any message or file composed, sent, or received while on duty or when performing work for the Town. Please be aware that although a message or file is deleted or erased, it is possible to recreate the message or to recall a message on the Town's server. No employee should expect privacy and/or confidentiality of messages, emails, reports or other work product.

DATA SECURITY AND CONFIDENTIAL NATURE OF WORK

The Town of Lancaster is committed to safeguarding personal information in its possession and ensuring the confidentiality of such information. The Town will only collect personal information which is required to operate Town business or to comply with government reporting and disclosures. Personal information collected may include names, addresses, telephone numbers, e-mail addresses, emergency contact information, EEO data, social security numbers, dates of birth, banking information, employment eligibility data, benefits plan enrollment information, include dependent personal information, and education or certification credentials. All personnel files are maintained in locked, segregated areas and are not used by the Town during its business operations.

Personal information may be shared, as required, with those who have a need to have access to such information. All hard copy records will be maintained in locked, secure areas with access limited to those who have a need for such access. Personal employee information used in business system applications will be safeguarded by proprietary electronic transmissions and security systems. Participants in Town benefit plans should be aware that personal information will be shared with plan providers as required for their claims handling or record keeping needs.

If an employee becomes aware of a material breach in maintaining the confidentiality of their personal information, the employee is encouraged to report the incident to their supervisor.

Employee and applicant records shall be kept in locked and secured areas. Sensitive papers should not be left unattended on desks. Those with access to such records should be clearly identified, and those employees are responsible for maintaining the security of the records. Outdated hard copy records which contain confidential employee information should never be merely discarded but should be shredded in accordance with the State's Records Retention Policy.

PERSONNEL RECORDS

The Town is committed to safeguarding personal employee information and to ensuring the confidentiality of any information in its possession. Personnel files are confidential and are not subject to public record requests, except in some cases. Personnel files are maintained in locked files in the Town Administrator's Office. Individual Departments who may possess such records are required to forward all original documents to the Human Resources/Town Administrator's attention and shall not maintain secondary files. The Town only collects employee personal information required to conduct Town operations and/or comply with government reporting and disclosure requirements.

In accordance with [Massachusetts General Law, Chapter 149, Section 52C](#), the Town shall notify an employee within ten (10) days of placing information into the personnel file which has been used, or may be used, to affect the employee's qualification for employment, promotion, transfer, additional compensation or the possibility that the employee shall be subject to disciplinary action, either negatively or positively.

If an employee wishes to review their personnel file, they may submit a request to the Town Administrator and shall be provided the opportunity to review their file within five (5) business days of their request. The review shall take place in the Town Administrator's Office during business hours, or another mutually agreed upon time. Any employee may request a copy of their personnel record and should do so, in writing, to the Town Administrator. The Town shall, within thirty (30) days of submission of an employee's written request to the Town, reproduce the file for the employee's retrieval.

SOCIAL MEDIA

The Town of Lancaster utilizes various Town social media accounts to disseminate Town information to members of the community. Users posting content under any official Town of Lancaster social media page, or pages, must adhere to [AP#11: Social Media & Online Platform Usage Policy](#).

Employees who choose to use their personal social media accounts to discuss or comment on Town business must understand that anything posted to, or on, social media is public and can be seen by anyone at any time. Employees who use personal social media accounts for public business should consider the content in which they post and the subject of their posts carefully as they could have unintended consequences.

VEHICLE USAGE

Employees who are issued or who utilize Town-owned Vehicles, or their personal vehicles, while performing Town business must possess a valid MA Driver's License. While in motion, employees must also wear a safety belt, refrain from cell phone use, and stay within the posted speed limits. Adherence to all motor vehicle laws and regulations and refrain from transporting friends and/or family members unless specifically authorized to do so by the Town Administrator. The use of tobacco, alcohol, illegal drugs and/or electronic nicotine delivery systems (vaping) is expressly prohibited in any Town vehicle at any time, including during breaks of off-duty times.

CLOSURE OF TOWN BUILDINGS & FACILITIES

These guidelines do NOT apply to emergency personnel or essential workers such as public safety officials, custodial/maintenance staff, and members of the Department of Public Works.

Should the Town close any building or facility in which an employee is expected to work, that employee shall be compensated for the hours during the closure in which they were scheduled. If the employee was scheduled to be 'off' during the time of closure (personal, vacation, leave of absence), the employee shall not be compensated for the time and will remain on paid-time-off or leave status regardless of building status. Should an event result in the closure of a building or facility *before* or *during* their commuting hours, employees should take whatever reasonable steps necessary to return home safely. Should an employee decide not to report to work despite the building or facility being open, that employee must use their own accumulated leave for the day; excessive absenteeism of this kind may be subject to disciplinary action.

In the event that a decision is made by the Town Administrator to not open Town buildings, or to schedule a late opening, appropriate notification will be posted on the Town website. Employees may also receive a notification message via phone call, text message, and/or e-mail through an automated system as determined by the Department Head or Supervisor. Whenever possible, the Town Administrator will make the decision by 5:30 a.m. so that employees may plan; accordingly, employees should check the Town Website during inclement weather to ensure they are properly informed relative to Town operations.

EMPLOYEE RECRUITMENT & HIRING PROCESSES

The Town Administrator (TA) is appointed by the Select Board (SB) and, by an affirmative vote by the SB, designated as the Appointing Authority for all Town Department and Division staff for whom the Select Board serves as appointing authority¹. The TA is also tasked with authorizing appointments within the Library Department, pending favorable recommendations from the Library Director.

ROLE OF THE APPOINTING AUTHORITIES & TOWN ADMINISTRATION

Standard procedures for recruitment, interviewing, negotiating, and appointing individuals, or promoting employees to new positions, are required to ensure consistency of practice and compliance with local, state, and federal law. These standards also protect the Town and its Hiring Managers (HM) from claims of discrimination, inside dealing, and violations of the Equal Pay Act.

The Town Administrator/Human Resources Director and/or the Department's Appointing Authority must be consulted when seeking to recruit or offer a position to an applicant. The Town Administrator/Human Resources Director and/or the Appointing Authority may, as needed or required, participate in interviewing, negotiating, and appointing staff or promoting employees to new positions in Town. The process to follow relative to recruitment, interviewing, pre-placement examinations and, ultimately, offering a job within the Town, is detailed in the Town's Town-Wide Hiring Procedures Policy.

POSITION DESCRIPTIONS

Regular, Full-Time: Continuous, year-round employment for 37.5 or 40 hours per week, whichever is defined as full-time for that classification/position.

Regular, Part-time: Continuous, year-round employment for less than full-time, but at least 20 hours per week.

Limited Status: Employment for uninterrupted or occasional periods for an annual average of less than 20 hours per week that does not require reappointment for each period of work.

Temporary (Full-time or Part-time): Employment in a seasonal position or for a temporary period, either on a full-time or part-time basis. *All temporary or seasonal positions held by an employee are considered wholistically when determining employee status for a given year. Therefore, if an employee holds multiple, or a series of consecutive, temporary positions (such as lifeguard, childcare worker, and yoga instructor,) their status shall be determined by the number of total hours and consecutive periods of employment over a six-month period in all such positions.*

¹ Affirmative Vote of Select Board, Special Meeting August 16, 2022. (minutes adopted 9/12/22)

CLASSIFICATION & COMPENSATION

CLASSIFICATION PLAN

A classification plan, or plans, shall be maintained for all Town positions. Classification Plans shall consist of a listing of all approved position classification titles and a summary job description for each role. The Classification Plan shall provide a uniform system for grouping positions based on the nature and complexity of the duties assigned and the minimum qualifications required to perform those duties. All changes to the list of job titles included in the Classification Plan must be approved by Town Meeting. No person shall be appointed or promoted to any regular-status position under a title not included in the Classification Plan.

Job Descriptions: The Town Administrator, or their designee(s), shall prepare and maintain job descriptions for all positions within the Classification Plans. Such descriptions shall consist of a statement describing the essential functions of the position and level of effort, education, and experience required to perform the work for that function. Illustrative examples of typical tasks and duties assigned, and the required or desirable qualifications for the classification and any special skills, licenses, or educational requirements to hold the position are also outlined in the job descriptions. Classifications and descriptions are meant to be descriptive only and shall not be considered restrictive, as they shall be construed solely as a means of identifying and grouping positions. Job Descriptions are not meant to prescribe what all the duties and/or responsibilities of any one job shall be, but to provide an overview of the essential functions.

Allocation of Positions to Classifications: Positions shall be reviewed on a regular basis, but not less than one time every five (5) years, or as dictated by policy or instruction of the Select Board. The duties and qualifications of each position shall be rated according to a uniform scale so allocations to grades and compensation levels are uniform, equitable, and defensible. Whenever an existing position is assigned new duties such that a new level of work effort exists or conditions or qualifications change, the Town Administrator shall review the duties and qualifications of the position and determine if it should be reallocated (reclassified) to another grade. In the event that it is determined that a new or changed position requires the establishment of a position classification not included in the Classification Plan, the Select Board may temporarily authorize the Town Administrator to add the new title to the Classification Plan and include it for ratification at the next Town Meeting.

Periodic Review of the Classification Plan: It shall be a responsibility of the Town Administrator, or their designee, to ensure that position classifications and job descriptions are reviewed at reasonable intervals and that all necessary resources are available for employees to perform the essential functions of their jobs.

COMPENSATION PLAN

A Compensation Plan shall be maintained for all Town positions. The Compensation Plan shall consist of minimum, maximum and intermediate wages, or salary rates, for each title in the Classification Plans. Each Department Head shall be responsible for ensuring their staff are paid consistent with appropriate plan and wage scale(s). Department Heads are expected to review the wages for those in their operations

against those of Lancaster's peer communities in preparation for Annual Town Meeting and when updated to the plan are undertaken or assigned.

Amendments to the Compensation Plan: All amendments to the Compensation Plan must be approved by Town Meeting. The Select Board, or their designee, shall be responsible for preparing and presenting recommended amendments to the Compensation Plan at Town Meeting. In the event the Select Board determines that the establishment of a new position, or the reclassification of an existing position, requires a change in the Compensation Plan (e.g., adding or changing a salary range or reallocating an existing classification to a different salary range), the Board may authorize the Town Administrator to temporarily make the change, subject to ratification at the next Town Meeting. Any increases in wages or salaries shall only be effective if funds are available and appropriated for that purpose.

Periodic Review of the Compensation Plan: It shall be a responsibility of the Town Administrator, or their designee, to review each Department Heads' research and recommendations, where applicable, regarding specific Department/Division position rates of pay. The Select Board shall take steps to review any updates to the Classification and Compensation Plans annually and, if warranted, take steps to bring the changes to Town Meeting for action.

The Board, when reviewing wages and classification plans shall give such weight as it deems appropriate to the following factors:

- Rates of pay for like positions in other Massachusetts Towns considered by the Administration and Select Board in communities comparable to Lancaster.
- Rates of pay for like jobs (as applicable) in commercial and business establishments in the area of Lancaster and the Town's vicinity.
- The current level of the Consumer Price Index for Urban Wage Earners and Clerical Workers in Worcester County.

SALARY SCHEDULES – TEMPORARY & LIMITED STATUS PERSONNEL

The Town Administrator shall be responsible for establishing and maintaining salary schedules for temporary and limited status positions and shall submit them to the Select Board for approval. No person shall be employed in a temporary or limited status position under a title or wage rate not included in the approved salary schedule(s) for such positions or in the Town's regular Classification and Compensation Plan(s).

PAY POLICIES

Appointment Rates: New employees or employees who receive promotions shall be appointed at a base rate of pay within the approved range for the position's classification no higher than the midpoint. In certain cases, the Town Administrator may propose a higher starting salary based on their consideration of the individual's qualifications, available funds, market influences, internal equity, and any other relevant factors.

Increases Within the Salary Ranges: The Town Administrator, or their designee, shall propose a plan to the Select Board for adoption which provides employees with salary increases within the ranges specified in the Compensation Plan. Increases within the salary ranges shall only be granted when an employee's performance is found to be satisfactory as determined in the employee's annual performance evaluation.

Incentives and Reward: The Select Board may task the Town Administrator to design certain compensation programs which provide monetary and/or non-monetary incentives and rewards to recognize unusual accomplishments and circumstances such as temporary additional duties, useful suggestions, high productivity, outstanding achievements, etc. Such incentives and rewards may provide an employee with pay which exceeds the maximum of the salary range, however, such pay may not become a permanent part of the employee's compensation. Any program adopted under this section shall be effective only by approval of the Select Board and as funds are available for its purpose.

Reclassifications:

Positions Reclassified to a Higher Salary Grade:

An employee whose position is reclassified to a higher salary grade shall receive a rate of pay in the new salary range. The Select Board or their designee may increase the employee's base rate of pay up to a percentage equivalent to the percent increment between the minimum pay of the former range and the minimum pay of the new range. When the position is in the same grade, the employee will normally be paid a step in the new range which is closest to this percent.

Positions Reclassified to a Lower Salary Grade:

If an employee's position is reclassified to a lower salary grade, the employee's current salary shall be redlined, and the employee shall not receive a wage increase until their current rate of pay aligns with the reclassified position's pay. If the employee's current salary is above the new range's maximum, the employee's current salary will become a personal rate and the employee shall receive no further increases in pay (including salary structure movement or cost of living adjustments) until such time as the personal rate is exceeded by the new salary range.

IN-TRAINING STATUS

Regular employees shall be considered to be 'in-training' during their first six months of service in a position. Employees may be released from their position at any time during their in-training period without right to appeal such action through the Town's established grievance procedures. Prior to the end of the six-month training period, each employee's job performance will be reviewed by the Department Head to determine if they should continue in the position.

If extenuating circumstances exist, the Department Head may ask the Town Administrator to extend the in-training period for up to an additional six (6) months. Both new, transferred and/or promoted regular status employees must complete an in-training period unless waived by the Town Administrator prior to the appointment.

Employees may not remain in 'in-training' status for more than twelve (12) months. If the employee has not satisfactorily completed their in-training or probationary period within the first twelve months' of employment, the employee will be discharged from service.

ATTENDANCE & TIME OFF PROVISIONS

HOURS OF WORK

Work Week

The full-time work week for each employee shall be outlined by the Department Head as 37.5 or 40 hours in accordance with the duties and responsibilities of the position held. The workweek begins at 12:00 AM Sunday and runs until 11:59 PM on Saturday.

A. Overtime.

Employees determined to be non-exempt under the Fair Labor Standards Act shall receive one and a half times their hourly rate (including other special pays as required by federal law) for time worked over 40.0 hours in the work week. In addition, Personnel Policies and Procedures may provide for pay at one and a half times the hourly rate for time worked outside of an employee's regular work schedule. Employees whose positions are exempt under the Fair Labor Standards Act shall not receive overtime pay.

Emergency Fire Personnel: Overtime for Regular-Status Full Time Fire Department employees, including firefighters, Emergency Medical Technicians and Paramedics shall be paid at the rate of one and one-half (1.5) times their regular rate of pay for all hours worked in excess of forty (40) hours within a work period. Members of the Call Fire Department Staff, including Emergency Medical Technicians and Paramedics, who are called into duty are guaranteed payment for two (2) hours upon arrival at the Station or on Scene.

B. Non-Contiguous Work

Employees determined to be non-exempt under the Fair Labor Standards Act who are assigned or recalled to work for periods that are non-contiguous with their regular workday will receive a minimum of four (4) hours pay for such work when the assignment or recall was made less than eight (8) hours prior to the scheduled start time. When eight (8) hours or more notice is given to the employee for such work, a minimum of two (2) hours pay will be given.

ATTENDANCE/PUNCTUALITY

Lancaster seeks to hire and retain qualified and committed staff who are both reliable and punctual. Employees are expected to report for work on time and as scheduled. Regular attendance during all scheduled hours of work and the ability to continue working until the end of a scheduled shift, is a required and essential functions of any Town job. If an employee cannot come to work, or will be late for any reason, the employee must notify their supervisor as soon as possible. Consistent patterns or excessive absenteeism or late arrivals to work may result in disciplinary action up to and including termination of employment.

OBSERVED HOLIDAYS

For all Town-Wide Observed Paid Holidays, normal compensation shall be paid. The Town of Lancaster's approved holidays include:

New Year's Day	Martin Luther King, Jr. Day	President's Day
Patriots Day	Memorial Day	Juneteenth
Independence Day	Labor Day	Columbus Day
Veterans Day	Thanksgiving Day	Day After Thanksgiving
Christmas Day		

VACATION LEAVE

Vacation Pay: Vacation time is accrued monthly based upon the total hours worked. The vacation year begins the first day of the Town's fiscal year and employees accrue time based on the total number of hours scheduled. Employees new to the Town's will automatically receive 5 days after their probationary period has ended; the ability for a new employee to use vacation time before it is earned (after the 6-month milestone) is subject to approval by the Town Administrator or their designee. Employees' accrual rates shall automatically increase on their anniversary date and shall not be used until after the aforesaid anniversary date has passed.

Monthly Vacation Accruals: Are based upon a forty (40) hour workweek. For those employees, vacation is earned based on the length of service parameters seen below. Those employees who are regularly scheduled for less than 40-hours per week shall have their vacation accrual prorated based upon the number of hours the employee is *regularly* scheduled to work per month.

LENGTH OF SERVICE DAYS ALLOWED

6 months but less than 1 year	5 days
1 through 4 years	10 days
5 through 9 years	15 days
10 through 19 years	20 days
20 years or more	25 days

Employees may request to defer up to 7.5 days (1.5 weeks) of vacation should work demands create a situation where the employee cannot take time off. In these instances, the Employee must first seek approval for the Department Head. After the Department Head's approval, the deferral request must be forwarded to the Town Administrator for final approval. An employee may only request to defer up to seven 7.5 days of vacation; all deferred vacation time must be taken within one (1) year of deferral.

Eligibility for vacation pay is based on the following rules:

- a) an employee terminated before completing six (6) months of service will receive no pay.
- b) an employee on leave of absence without pay will not accrue vacation credits.
- c) an employee on leave of absence for sickness or injury will not accrue vacation benefits.

JURY DUTY

Any regular full-time or part-time employee who serves on jury duty shall be paid for loss of any earnings caused by their service. The Town shall be obligated to compensate the employee for the first three (3) days of jury duty at the regular wage for the employee and based on the scheduled hours for the employee's workday. Thereafter, the difference between the regular wages of the employee, based upon the scheduled hours of the employee's workday, and the state jury duty compensation which takes effect

the fourth day of jury duty, and thereafter, provided that the Town's maximum period of obligation is no more than six (6) weeks or thirty (30) working days.

MILITARY LEAVE

Any full-time employee of the Armed Forces Reserve or National Guard, who is required to, and commits to, attend annual duty for training shall be paid the difference between the compensation received for such active duty and their regular compensation from the Town, provided that such payment by the Town shall be limited to a period not to exceed two (2) weeks in any twelve (12) month period, and shall not include payment to members of the National Guard who are mobilized during an emergency within the Commonwealth. In all cases, the military earnings statement must be presented to the supervisor in order to receive additional compensation for which the employee may be eligible.

BEREAVEMENT LEAVE

Benefitted employees shall be granted a leave of absence with pay upon the death of a family member as defined by the Federal FMLA Statute. Lancaster also permits bereavement leave for the death of a member of an employee's household which shall include anyone who resides with the same family unit as the employee and who is regarded, generally speaking, as a member of the family. Bereavement leave includes the day on which the death occurred and three (3) additional workdays. This leave may be used, at the option of the employee, within fourteen (14) calendar days from said death. In extraordinary circumstances, at the discretion of the Town Administrator, bereavement leave may be used after fourteen (14) calendar days from the date of death.

Absences for those persons not defined as 'immediate family' may be granted at the discretion of the Department Head; however, an employee is expected to use their accrued vacation, sick or personal time. Exceptions to all bereavement leave clauses must be approved by the Town Administrator prior to taking leave.

RELIGIOUS OBSERVANCE

The Town of Lancaster respects the right of each employee to worship as their faith dictates. Employees may use earned leave in the form of vacation or personal time for religious holidays they wish to observe. In addition, the Town will provide reasonable accommodations for employees' religious beliefs or practices unless doing so would impose an undue hardship on the Town. A reasonable religious accommodation is an adjustment to the work environment that allows an employee to practice their religion. Accommodation requests should be forwarded to the Department Head and/or the Town Administrator for discussion and, where applicable, approval.

FAMILY AND MEDICAL LEAVE ("FMLA")

The Family and Medical Leave Act of 1993 entitles eligible employees to take unpaid, job-protected leave for family and medical reasons. Eligible employees are entitled to:

- Twelve (12) workweeks of leave in a 52-week period for:
 - A serious health condition that makes the employee unable to perform the essential functions of their job.
 - To care for the employee's spouse, child, or parent who has a serious health condition.
 - The birth of a child and to care for the newborn child within one year of birth.

- The placement with the employee of a child for adoption or foster care and to care for the newly placed child within one year of placement.
- Any qualifying emergency arising out of the fact that the employee's spouse, son, daughter, or parent is a covered military member on "covered active duty."
- **Military Caregiver Leave:** Twenty-six workweeks of leave during a single 52-week period to care for a covered service member with a serious injury or illness if the eligible employee is the servicemember's spouse, son, daughter, parent, or next of kin.

After the leave, employees will be entitled to be restored to the same position of employment as held when the absence began, or to be restored to an equivalent position with equivalent employment benefits, pay and other terms and conditions of employment. If medically necessary, time off may be taken on an intermittent or reduced leave schedule. The total FMLA protected time off may not exceed a total of 12 workweeks over a 52-week period. For purposes of calculating eligibility for FMLA leave, the Town has a "rolling" 12-month period which is measured backward from the date an employee begins the use of any FMLA leave. If intermittent leave is required, the Town may require the employee to transfer temporarily to an alternative position that better accommodates recurring periods of absence or a part-time schedule, provided the position has equivalent pay and benefits.

SMALL NECESSITIES LEAVE ACT ("SNLA")

Under Massachusetts Law, employees who are eligible for FMLA leave are also entitled to an additional 24 hours of unpaid leave under the Small Necessities Leave Act ("SNLA") leave. SNLA leave may be taken within a calendar year, for the following reasons:

- To participate in school activities directly related to the educational advancement of a child of the employee, such as parent-teacher conferences or interviewing for a new school.
- To accompany a child of the employee to routine medical or dental appointments, such as check-ups or vaccinations
- To accompany an elderly relative of the employee to routine medical or dental appointments and for other professional services related to the elder's care, such as interviewing at nursing or group homes. An elderly relative is defined as one who is 65 years of age, or older, and related by blood or marriage.

Employees are required to use any available paid time off (i.e., personal, sick, vacation, earned time) while out on SNLA leave. If the employee has no paid time off available, the SNLA leave time shall be unpaid. Employees requesting to take SNLA leave are required to submit their request in writing to the Department Head for approval not less than seven (7) days prior to the beginning of the leave. If leave is not foreseeable, employees must provide such notice as soon as practicable to allow continuity of services.

Requests for leave must be supported by documentation verifying the need to take the leave. Such documentation could include, but is not limited to, a doctor's note, an appointment card, a teacher's note, or a receipt for services rendered. Supporting documentation must be submitted to their Department Head, either prior to, or immediately following the leave. Failure to provide documentation may result in the absence being unexcused, unpaid and/or subject to disciplinary action.

EMPLOYMENT LEAVE TO ADDRESS AN ABUSIVE SITUATION

In accordance with [Massachusetts General Law Chapter 149, Section 52E](#), the Town of Lancaster provides leave to those employees who are victims of abusive behavior, including domestic violence, or

employees whose family member(s) are victims of abuse. In these instances, eligible employees may take up to fifteen (15) days of unpaid leave from work in any 12-month period. Such leave may be considered only after all other accrued leave balances have been used unless otherwise agreed to, in writing, between the employee and the Town Administrator. Leave may be taken if the employee, or family member of the employee, is the victim of abuse and the employee is using leave to:

- Obtain medical attention, counseling, victim, or legal services.
- Secure temporary, emergency, or alternative housing.
- Obtain a protective order from a court.
- Appear in court or before a grand jury.
- Meet with a district attorney or other law enforcement official.
- Attend child custody proceedings.
- Address other issues related to any abusive behavior against the employee, or family member of the employee.

In order to be eligible for leave under this policy, the employee must not be the perpetrator of the abusive behavior against such employee's family member.

For leave to be approved, the employee must provide documentation. This requirement will be satisfied by the production of any of the following:

- Protective order, order of equitable relief, or other documentation issued by a court.
- A document under the letterhead of a court, legal services provider, or other public agency which the employee sought for the purposes of acquiring assistance as it relates to abusive behavior against the employee or employee's family member.
- Documentation that the perpetrator of the abusive behavior has admitted to sufficient facts to be found guilty, or been convicted, or adjudicated a juvenile delinquent by reason of any offense constituting abusive behavior.
- Medical documentation of treatment because of the abusive behavior
- A sworn statement, signed under the pains and penalties of perjury, provided by a counselor, social worker, health care worker, member of the clergy, shelter worker, legal advocate, or other similar professional who has assisted the employee with addressing the effects of the abusive behavior.
- A sworn statement, signed under the pains and penalties of perjury, provided by the employee attesting that the employee has been a victim of or is a family member of a victim of abusive behavior.

Any information related to the employee's leave shall be kept confidential and shall not be disclosed except to the extent that the disclosure is:

- Requested or consented to, in writing, by the employee.
- Ordered to be released by a court of competent jurisdiction.
- Otherwise required by applicable Federal or State Law
- Required during an investigation as authorized by law enforcement or through the office of the Attorney General.
- Necessary to protect the safety of the employee or others employed by the Town.

Leave requested beyond the fifteen (15) day maximum may be granted by the Town Administrator.

EMPLOYEE PERFORMANCE, FEEDBACK & DISCIPLINE

PERFORMANCE EVALUATIONS

Employee performance evaluations provide staff with timely reports relative to their progress and achievement of any goals and objectives assigned to them. Evaluations allow for open dialogue between a manager and employee and, where applicable, provides staff the ability to correct deficiencies before they become problematic. In order to provide all employees with positive recognition regarding their individual strengths and special abilities and opportunities to improve deficiencies where needed, evaluations, once complete, are considered part of an employee's personnel record.

Employees who are within their in-training or probationary periods shall be evaluated at least two weeks prior to the end of the probationary period at which time the employee shall be advised of his/her status and next steps shall be discussed.

All regular status, full-time, part-time, and seasonal employees shall be evaluated at least once a year. Evaluations will take place during the month of an employees' anniversary date. Department Heads and supervisors may choose to evaluate employees more often. It shall be the responsibility of each Department Head to maintain a list of employee anniversary dates and to evaluate them within those time frames. Each employee is required to complete a self-evaluation and provide that to their manager two weeks prior to their evaluation due date. The manager will review the self-evaluation and use any information contained therein to complete their performance evaluation form and set goals and objectives for the upcoming period. The self-evaluation and any notes from the evaluation meeting shall be placed in the employee's personnel file once complete.

Evaluation forms are provided by the Town Administrator to ensure uniformity and fairness across all employment categories. When the employee has completed their self-evaluation form, they should provide it to the supervisor who shall use it to complete their assessment. Thereafter, the parties will arrange for an in-person conference to discuss the documents and the feedback within. During the conference, the employee and supervisor should discuss each portion of the form and the relationship between the employee's performance of the job and the description of the job itself. The employee and the supervisor shall strive to reach consensus regarding each section and are encouraged to jointly complete the goals and objectives section of the evaluation form together. If there is a disagreement, or consensus is not achieved, the supervisor's comments shall take priority and the employee may, if he/she wishes, use the "Employee's Remarks" section to respond. The supervisor signs the completed form and sends it to the appointing authority (if other than the supervisor completing the evaluation) for review, comment and signature. It is then returned to the supervisor who allows the employee to read the completed form and sign it. The signed employee performance evaluation is placed in the employee's personnel file where it shall remain for the length of time required by law or policy.

PERFORMANCE IMPROVEMENT

In instances where an individual performance or conduct requires corrective action, the following steps should be taken:

1. The Manager must properly define all problems in a manner which the employee can understand and appreciate.
2. Supervisors should take steps to eliminate misunderstandings by engaging in interactive conferences, coaching sessions, and assigning applicable trainings for employees to improve.
3. Managers are expected to provide employees with an adequate amount of time and opportunity to improve their conduct or performance.
4. The typical sequence of progressive disciplinary action *may* be altered depending on the severity of event or circumstances but shall be generally follow the progressive disciplinary format outlined below.

STEP 1: ORAL DISCUSSION - WARNING OR REDIRECTION

The Supervisor shall meet with the employee whose performance or conduct is unsatisfactory and outline the problem(s). The employee should be encouraged to contribute to the conversation by identifying the cause(s) of the problem(s). The objective of the discussion should be to help the employee bring his/her performance or conduct to a satisfactory level. During this meeting emphasis should be placed on collaboration, open-mindedness, and solutions. Only factual information should be discussed. Supervisors should ensure that an informal record of all points discussed and agreed upon is kept and take steps to follow up on any information or contrary evidence provided by the employee. If, by the end of the meeting, it is established that the employee is wholly or partly responsible for the defined problem(s), the employee should be informed that attainment of the agreed upon improvements within the specified time table will eliminate the need for any further action. If this cannot be achieved, the matter should move to the Department Head level for action/discussion.

STEP 2: WRITTEN WARNING

If the oral discussions outlined in Step 1 fail to correct the actions in the agreed upon timeframe, a more formal meeting shall be held between the Department Head, Employee and the Town Administrator or their designee. Prior to this meeting, the Department Head must prepare a written statement covering all problems and areas of dissatisfaction including, if known, dates and times where specific infractions took place. This document should outline what was discussed during the first meeting(s) and any additional areas which warrant improvement. The report should include dates or a timeframe by which performance or conduct improvements are expected. During any Step 2 meeting, the Department Head should indicate why the meeting is necessary and take time to review their written statement listing the areas of inadequate performance or poor conduct, point by point. Before the Step 2 meeting concludes, the disciplinary action which is to be imposed will be outlined. One copy of the report outlined above shall be provided to the employee and one will be forwarded to the Town Administrator or the appropriate elected board/commission/ committee member.

STEP 3: SUSPENSION OR TERMINATION

If, after Step 2, problems persist, the employee should be notified that their performance or conduct has been deemed unsatisfactory and they will have a meeting with the Town Administrator to determine next steps.

The meeting with the Town Administrator will be held at a time convenient to all parties and shall include the employee, manager, and Department Head. After discussion of the matter, the Town Administrator may excuse the parties to contemplate next steps. They may also choose to issue the disciplinary action at that time. The Administrator may choose to suspend the employee; the length of which shall be determined based upon the complexity of the issues, the duration of the problems and the steps taken previously to remedy the situation. Any employee who is suspended will be notified, in writing, that continuation of poor performance or conduct could result in termination of employment.

STEP 4: TERMINATION

An employee who, despite warnings, coaching and training, that does not show improvement in performance and/or conduct may have their employment terminated.

The Town seeks to outline procedures relative to employee separation that are designed to provide the least disruption and inconvenience to the residents and employees of the Town and to treat the effected individual(s) with the respect and professionalism they deserve. Should termination of employment be warranted, the employee shall be provided options relative to their exit. These include:

SERVICE RETIREMENT: Voluntary termination after having satisfied the age and length of employment requirements of the applicable Retirement System in order to apply for, and receive, retirement benefits.

EMPLOYEE-INITIATED RESIGNATION: Voluntary termination for any reason other than formal retirement. An employee wanting to leave the Town in good standing may choose to provide a written resignation to their immediate supervisor or the Town Administrator prior to the effective date of their termination.

SUPERVISOR-INITIATED RESIGNATION: Termination is requested by the supervisor which permits the employee to resign in lieu of being discharged. A termination of this type occurs only after the supervisor's consultation with the Town Administrator, or appropriate board/commission/committee. An evaluation of the circumstances is conducted, including reasons for the request, supporting documentation and alternatives, if any.

PROBATIONARY TERMINATION: Discharge of an employee during the established probationary period usually due to the employee's inability to meet position or Department requirements or the inability to perform the essential functions of the position. A probationary termination occurs only

after the supervisor's consultation with the Town Administrator, or appropriate board/commission/committee.

LAYOFF: Termination of an employee by the Town due to the lack of work, funds, or when other changes that have taken place which warrant downsizing or rightsizing of the workforce. In layoff situations, the Town shall give equal consideration to an employee's abilities, performance of their duties, and length of service with the Town in applying these provisions, and where qualifications, experience and performances are equal, seniority shall govern. Every effort will be made for transfers of employees to other Departments when a position is open for which the employee qualifies.

DISCIPLINARY TERMINATION: The immediate removal of an employee from their job, which may be warranted in instances including but not limited to serious insubordination, theft, illegal or destructive actions, policy violations, and any other substantial reason deemed appropriate by the Town Administrator and/or Appointing Authority. An employee also may be discharged after repeated offenses of a less serious nature if the offenses have been documented by the supervisor and appropriate warnings and requests for behavioral changes have not resulted in positive and consistent changes in performance or conduct.

GRIEVANCE PROCEDURES

The Town will promptly consider and respond to employee grievances. While it is preferred that the manager and the employee speak about matters of discipline and performance before the need for a grievance arises, this may not always be feasible. Should the cause of an employee grievance not be resolved informally, the process below should be followed.

Department Head: The grievance should be submitted, in writing, to the Department Head within 15 calendar days of the occurrence. The Department Head will meet with the Employee and the Supervisor to understand the issue and attempt resolution.

Town Administrator: Should the issue remain unresolved; the aggrieved employee may present their grievance to the Town Administrator. This should be done within 15 calendar days of the Department Head's action on the grievance. The Town Administrator shall have 21 calendar days to process the grievance and, during that time, may request additional information, meetings and background documents from the supervisor and the employee.

Select Board: If the aggrieved employee is not satisfied with the actions of the Town Administrator, the aggrieved employee may present their grievance, in writing, to the Select Board with a copy of same to the Town Administrator. This must be done within 7 calendar days from the Town Administrator's action.

The written notice shall include the following:

- Statement of the grievance and relevant facts
- Remedy sought.

- Reasons for dissatisfaction with the Department Head and Town Administrator.

The Select Board shall review the grievance filed in Executive Session (unless requested to be in Open Session by the Employee) and the Board will issue a determination and/or recommend resolution within fifteen (15) days from the public meeting date.

WORKPLACE SAFETY & WORKING CONDITIONS

Massachusetts General Law Chapter 149, Sections 6 and 6-1/2 provide job safety and health protection for state, municipal and county workers through the promotion of safe and healthful work conditions.

The Town: The Town of Lancaster is required to provide procedures, equipment, and training to prevent work-related injuries and illnesses.

Employees: Employees are required to comply with the policies and procedures established in their workplace to reduce work-related injuries and illnesses.

Inspection: The Department of Labor Standards (“DLS”) may conduct an on-site inspection to evaluate workplace conditions and make recommendations for the prevention of work-related injuries and illnesses.

Enforcement: DLS may issue a Written Warning which contains an Order to Correct when an inspection reveals a condition which could cause a work-related injury or illness. DLS may issue a Civil Citation with Civil Penalty in circumstances when the employer repeatedly allows an unsafe condition to occur, the condition has already caused a serious work-related injury, or if an employer has ignored a previous Written Warning.

Voluntary Assistance: Public sector workplaces may request technical assistance by contacting the DLS at 508-616-0461 or safepublicworkplacemailbox@mass.gov. There are no written warnings or penalties issued for voluntary assistance.

Complaints: Public employees or their representatives may file a complaint about safety and health conditions at their workplace by contacting DLS at 508-616-0461 or safepublicworkplacemailbox@mass.gov.

Safety and Health Management: Sample safety programs and technical bulletins are available at [the Workplace Safety and Health Program \(WSHP\) website](#).

WORKERS' COMPENSATION

Despite the careful efforts of supervisors and employees to maintain safe working conditions and practices, accidents do happen. The Town of Lancaster provides protection against loss of income and medical expenses incurred for job-related injuries or illness through Workers' Compensation insurance.

The Town's Workers' Compensation Plan provides coverage of medical and related expenses, as well as salary protection for employees because of qualifying work-related injuries or illnesses. Police and fire personnel are provided similar protection pursuant to Massachusetts law. For Police Officers and Firefighters, please refer to [Injuries to Police Officers and Firefighters](#) below.

It is very important that all Workers' Compensation claims be filed immediately upon their occurrence, even if an employee does not seek medical attention immediately and does not miss work right away. All injuries and illnesses, regardless of how minor, should be immediately reported to

the direct supervisor, or in their absence, the department head. Failure to properly report an incident covered by Workers' Compensation may result in discipline and/or denial of coverage.

It is the supervisor's responsibility to ensure that all required medical forms are completed including the Supervisor's Report of Incident – Intake Form and Medical Authorization Form. Once complete, these should be forwarded to the Executive Assistant in the Town Administrator's Office.

If an employee is unable to work due to a work-related illness or injury, they must use accrued leave time to cover the first 5 calendar days of missed work. If an employee is out for 6 or more full or partial days (the days don't have to be consecutive), they may be eligible to be paid directly by the Workers' Compensation carrier, MIIA. Workers' Compensation benefits start on the 6th calendar day of disability. An employee will not be paid for the first 5 days unless they are unable to work for 21 calendar days or more. If an employee is out for 21 calendar days or more, Workers' Compensation will go back and compensate the employee for the first 5 days. If this payment is made, the employee shall work with the payroll department to forward this payment to the Town so that the employee is not paid twice. Workers' Compensation benefits are based on 60% of the employee's gross (pre-tax, pre-benefits) average weekly wage. The average weekly wage is based on total gross wages for the 52 weeks immediately preceding the injury or illness. If an employee chooses, they may use accrued leave balances for the remaining 40% of pay. If this is the case, the employee must send Human Resources something in writing (e-mail is acceptable) requesting to supplement the Workers' Compensation benefits.

Example: If an employee works 8 hours per day, 5 days per week, **IIIA** will essentially pay the employee for 3 days (24 hours) (i.e., 60% of weekly wage) of this time. The employee may then indicate to Human Resources in writing that they would like to use accrued leave to get paid for the remaining 2 days (16 hours).

Please note, once an employee starts being paid by **IIIA**, they will not be paid by the Town of Lancaster. Therefore, an employee may not be able to fund payroll deductions, such as health insurance and other benefits. The employee must work with Human Resources and the Collector-Treasurer's Office to set up direct billing if necessary.

INJURIES TO POLICE OFFICERS AND FIREFIGHTERS

Injuries incurred by Police Officers and Firefighters in the performance of their duties are governed by Massachusetts General Laws [Chapter 41, Section 100](#) and [Chapter 41, Section 111F](#) ("111F"), rather than the workers' compensation laws. Any time lost by the employee because of an injury on duty covered under 111F shall not be charged against the employee's sick leave. Eligible employees are entitled to 100% of their compensation on a tax-free basis. If a Police Officer or Firefighter is injured on duty, they must report this injury to a supervisor immediately and complete an injury report. The Police or Fire Chief will sign off on this report and attest that the injury was work related. This injury report must also be signed off by the Town Administrator.

The Gowrie Group handles all injured-on duty claims for the Town of Lancaster. If you are injured at work and require medical treatment, make sure you tell the treating physician that the injury was work

related. Please let them know that they should not bill your personal health insurance and instead should direct all inquiries to:

Gowrie Claims Services – Injured on Duty
P.O Box 578
Brant Rock, MA 02020
Phone: 781-536-6922
Fax: 781-536-6930

LIGHT DUTY

Employees who are able to perform light duty within reasonable medical restrictions, as certified by a health care provider, may be required to do so at the discretion of the Town Administrator in consultation with the Department Head. *(This policy may be superseded by any conflicting provisions within the applicable collective bargaining agreements.)*

PROHIBITION OF HARASSMENT

Harassment is prohibited by State and/or Federal Law and is not tolerated by the Town of Lancaster. All Town employees are responsible for ensuring that the workplace is free from all forms of harassment; this notion extends to all employees, elected or appointed officials, volunteers and users of the Town and Town Services. Supervisory and managerial employees must not condone acts of harassment by any employee, visitor, vendor, contractor or public official. Retaliation against any person who reports, complains about or provides testimony on behalf of another who is the victim of harassment is unlawful and shall be subject to disciplinary action up to and including termination of employment.

Harassment is defined as unwelcome verbal or physical conduct, or the creation of a hostile environment, directed at an individual, or individuals, because of their race, color, religion, national origin, ancestry, sex, gender identity, age, pregnancy and pregnancy-related conditions, handicap (disability), sexual orientation, genetics, active military or veteran status, participation in discrimination complaint-related activities (retaliation), which disrupts or interferes with another's work performance, or which creates an intimidating, offensive, or hostile environment.

In Massachusetts, the legal definition for sexual harassment is defined as, *"Advances, requests for sexual favors, and verbal or physical conduct of a 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 employment or as a basis for employment decisions; or (b) such advances, requests or conduct have the purpose or effect of unreasonably interfering with the individual's work performance by creating an intimidating, hostile, humiliating or sexually offensive work environment."*

Under these definitions, direct or implied requests by a supervisor for sexual favors in exchange for actual or promised job benefits such as favorable reviews, salary increases, promotions, increased benefits, or continued employment constitutes sexual harassment. The legal definition of sexual harassment is broad and in addition to the above examples, other sexually orientated conduct, whether it is intended or not, that is unwelcome and has the effect of creating a workplace environment that is hostile, offensive, intimidating or humiliating to male or female workers may also constitute sexual harassment.

Reporting Responsibilities: If an employee believes that they have been subjected to harassment the employee has the right to file a complaint with the Town Administrator. This may be done orally or in writing.

An employee who believes that they have been subjected to harassment is encouraged to report the matter as soon as possible to their supervisor, manager, or department head. Any supervisor, manager or other employee who becomes aware of harassment must report it immediately to the Town Administrator. If there are other compelling reasons which prevent bringing the problem to the attention of the Supervisor or Town Administrator, the employee may report the matter to the Chairperson of the Select Board.

Investigation: All complaints of harassment will be investigated promptly and impartially by the Town Administrator/Human Resources Director, or another qualified individual selected by the Town. The investigation may include private interviews with the individual(s) filing the complaint and witnesses. The individual conducting the investigation will also interview the person alleged to have committed the harassment.

Any individual charged with conducting an investigation into a complaint of harassment is required to keep the information obtained as confidential as possible. Others involved in the investigation, in any capacity, are expected to understand and respect the privacy of all involved by keeping information learned during the course of the investigation confidential.

As soon as practicable after the completion of the investigation, the official responsible for conducting the investigation will, to the extent appropriate, advise the employee who brought the complaint and the accused of the results of the investigation. If it is determined that inappropriate conduct occurred, the Town will act promptly to eliminate the offending conduct, and where appropriate, impose disciplinary action up to and including termination of employment.

Disciplinary Action: Anyone person found to have engaged in harassment or retaliation as defined herein, shall be subject to appropriate disciplinary action including suspension or discharge from employment.

False Accusations: Willful and/or maliciously false accusations of misconduct (i.e. alleging incidents or behavior that are proven, through investigation, not to have occurred) may result in severe disciplinary action up to and including termination of employment.

Retaliation Prohibited: No person that brings harassment complaints in good faith will be subject to any adverse employment actions for doing so, regardless of whether the complaint is ultimately determined to have merit or not. Any employee, including supervisors and managers, who retaliate against an employee for making a complaint are may be subject to disciplinary action. Retaliation must be reported immediately.

REASONABLE ACCOMODATIONS

The Town adheres to the rules, regulations and guidelines outlined by the State and Federal Governments relative to the Americans with Disability Act. Information relative to adherence to ADA requirements and how one may avail themselves of reasonable accommodations by the Town may be found online at www.ada.gov.

CRIMINAL OFFENDER RECORD INFORMATION (CORI)

Criminal Offender Record Information (CORI) and/or other criminal history background checks are required for employment with the Town. They may also be required, in whole or in part, for some volunteer position and licensing requirements.

Conducting CORI and Other Background Screenings: Background check shall be conducted as authorized by the Department of Criminal Justice Information Services (“DCJIS”) and [Massachusetts General Law, Chapter 6, Section 172](#), and by and through the Lancaster Chief of Police or their designee. Checks shall commence only after the appropriate acknowledgement forms have been completed and signed by the applicant and the appropriate identification has been reviewed by Town officials. In accordance with [Massachusetts General Law, Chapter 71, Section 38R](#), the Town is required to conduct criminal background checks on any prospective employee or volunteer who may have direct and unmonitored access to those considered in vulnerable populations including, Senior Citizens, children and those with physical or mental delay or handicap.

Access to Records: Information obtained through background checks is confidential and limited to the appointing authority and the Chief of Police.

Adverse Decisions Based on Background Screenings: If an adverse decision based on the results of a criminal history background check is made, the applicant will be notified in accordance with DCJIS regulations. The subject shall be provided with a copy of the applicable policies and their criminal history background information received (unless a copy was provided previously). The individual may be provided an opportunity to dispute the accuracy of the records and will be provided with a copy of DCJIS’ Information Concerning the Process for Correcting a Criminal Record through the State is applicable.

EMPLOYEE ACKNOWLEDGEMENTS

EMPLOYEE ATTESTATION

The Town may, from time to time, require employees to review and attest that they have received a copy of these policies and procedures and have been afforded an opportunity to ask questions or seek clarification. Should the Town require this, each staff member effected should read and understand the contents herein and sign the attestation below. Upon completion, the form may be returned to the Town Administrator's Office for placement in the employee's personnel record.

Employee Attestation

I _____ (*employee name printed*) have received a copy of **Town of Lancaster's Personnel Policies and Procedures dated May 2023**. I have read the contents of the manual and agree to comply with all the provisions outlined therein. I further acknowledge that if any provision is unclear to me, it is my responsibility to request guidance or clarification on the provision from my Supervisor or Department Head. I understand that any violation of a provision(s) herein shall not be excused because I have not read it or because I did not request clarification of the matter.

While the provisions of this document are subject to change by the Town Administrator, through ratification of the Select Board, I understand that such changes will be provided to me by the Town and, should that happen, I may be required to attest to their receipt.

Sworn to this _____ (*date*) day of _____ (*month*), _____ (*year*).

Employee Signature: _____

Department/Division: _____

.....

Department Head Name: _____

Department Head Signature: _____

Date Received: _____ ● Date Received by HR: _____ HR Initial: _____

APPENDIX

The contents of this appendix are subject to change as new or updated procedures, policies, and/or initiatives are created and ratified. Department Heads should inform Town employees of additions to, or changes to, the appendixes contained herein.

Administrative Policy #11: *Use of Social Media*

Administrative Policy #12: *Use of Town Council*

Employee Assistance Program

Employee Evaluation: Administrative – Clerical

Employee Evaluation: Managerial – Professional

Family Medical Leave Act: Certification of Serious Health Condition

Family Medical Leave Act: Notice of Employee Eligibility

Town Wide Hiring Procedures Manual

Vacation Buyback Program – Employee Application for Buyback



TOWN OF LANCASTER, MASSACHUSETTS
Prescott Building • 701 Main Street
Lancaster, MA 01523
www.ci.lancaster.ma.us

Administrative Policy (AP) # ____
Adopted: /__/_

AP # 11: Social Media & Online Platform Usage Policy

I. Purpose.

This administrative policy is meant to provide guidance to Town employees, Board or Committee members, and any other Town representatives who seek to utilize social media and other online platforms to disseminate Town-related information. This policy is designed to promote and govern the professional and personal use of social media responsibly to avoid:

1. Breaches in confidentiality or inadvertent revelations of protected information regarding Town business, citizens, vendors, Boards, Committees, or official positions relative to certain areas of Town governance.
2. Exposing the Town to any legal liability relative to employer or employee behaviors that could be considered harassing, offensive, or malicious in nature.
3. Interfere with Town employees' productivity and their ability to perform the duties and responsibilities of their positions for the Town of Lancaster.

II. Effective Date.

This policy shall be effective as of the date of adoption indicated above and shall remain in effect until revised or rescinded.

III. User Groups.

1. *Town Board & Committees*

- a. Members are expressly reminded to proceed with the utmost caution when using social media in their personal and official capacities.
- b. Any account which claims to be an 'official' Town of Lancaster account or site must be approved by the Town Administrator, Select Board, or their collective designee.
- c. Board and Committee members are responsible for governing their own adherence to all laws and regulations regarding the Committee or Board business, including Open Meeting, Public Record and Ethics Laws.
- d. Board and Committee members should not make disparaging remarks about the Town, its agents, Committees, or Staff members. Members should take care not to engage in hate speech or behavior that may be considered threatening or aggressive to Staff or other Committee members.
- e. Board and Committee members should remain mindful that their use of social media, including for personal reasons, can impact fellow Board or Committee members or Town Staff.
- i. Members are encouraged to review the content of their individual postings to ensure they are not in conflict with any Board or Committee codes of conduct.



TOWN OF LANCASTER, MASSACHUSETTS

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Administrative Policy (AP) # ____
Adopted: ____/____/____

- ii. Members shall take care to ensure that confidential and proprietary Town business is not disseminated.
- iii. Targeting individual Town Staff, volunteers, groups, or Committee members is prohibited and may constitute the creation of a hostile work environment or a violation of the Town's Code of Conduct.

2. Town Staff in their Official Capacities

- a. Social media provides a potentially valuable means of assisting Town Departments and Staff in carrying out their duties and responsibilities for the Town.
- b. Where appropriate and beneficial, Staff are encouraged to actively contribute content for release on the Town's website and various social media platforms. This must be done in conjunction with the Town Administrator or their designee unless otherwise agreed to by the Administrator and the Department Head.
- c. While this policy identifies potential uses (i.e., Town supported Social Media platforms in existence to date) which may be explored or expanded upon as appropriate by Town Department Heads, changes and posts should be managed through the Town Administrator's Office or that office's designee unless otherwise agreed to by the Administrator and the Department Head.
- d. Employees representing Town Departments via social media sites, or pages, shall conduct themselves as professional representatives of Lancaster and shall adhere to the employee standard of conduct. Employees must identify themselves as a member of their respective Department, with their official title, when commenting as a Staff person. Employees may not disseminate confidential or proprietary information at any time.
- e. Staff members are not to make disparaging remarks about the Town, its agents, Committees, or members of its Staff; nor shall they engage in hate speech or threatening behaviors.
- f. Access to, and use of, social media must not interfere with an employees' productivity or ability to perform the essential functions of their job; employees are prohibited from using Town resources to access personal social media sites, or pages, during work hours.
- g. Employees are prohibited from using social media to engage in any activity that constitutes a conflict of interest for the Town or its agents.

3. Town Staff in their Personal Capacities

- a. The Town recognizes the role social media may play in the personal lives of its employees as well as an employee's right to maintain and use social networking sites while off-duty.
 - i. Staff should be mindful that any personal use of social media for, or about, Town



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business has the potential to impact them personally or impact a coworker or supervisor.

- ii. Staff are encouraged to remember their status as Town employees and be mindful of their individual postings on social media, or other web pages that could reflect poorly on the Town of Lancaster. Posts of any kind should not violate existing local codes, by-laws, policies, directives, confidentiality, or other state and federal laws or regulations.
- iii. Employees are reminded of their duty to exercise restraint when commenting on Town business, departments, employees, and Board and Committee members.
- b. Employees should use discretion and good judgment when using social media to ensure their actions and comments do not violate Town policy or contribute to a hostile work environment. Employees shall not portray themselves as speaking on behalf of the Town, unless expressly authorized by the Town or their appointed Board or Committee.
- c. While public sector employees have the right to post comments anonymously under the First Amendment, they may not do so in a manner that otherwise violates Town policy.
- d. Users are expressly prohibited from using social media to engage in any activity or conduct that violates federal, state, or local law (e.g., software or data piracy, child pornography, unlawful recording, etc.).

IV. No Expectation of Privacy.

1. Any users of social media or online platforms must understand that there is no guarantee of privacy relative to electronic communications.
2. The Town reserves the right to review and/or monitor all electronic records and communications, at any time, with or without notice, including individual user folders and other information stored on the Town's electronic communications systems and servers.
3. In accessing the internet, including social media sites, users should assume that all connections and sites visited are monitored and recorded; periodic examinations may be enacted to help to ensure the Town's compliance with any State or Local regulation, including compliance with Public Records and Open Meeting laws.
4. Should the need to access electronic activities or records arise because of an internal investigation, the Town reserves the right to review work products and publicly made postings orchestrated on Town time or with Town resources.
5. Electronic communication devices, for the purposes of this policy, include but are not limited to Town-issued email accounts, Town-provided internet services, Town intranet or voice-over IPs, cell phone and smart phone services including iPads, tablets, laptops, or other mobile devices and pagers.



TOWN OF LANCASTER, MASSACHUSETTS

Prescott Building • 701 Main Street

Lancaster, MA 01523

www.ci.lancaster.ma.us

Administrative Policy (AP) # ____
Adopted: ____/____/____

V. General Regulations & Definitions

1. *Supported Social Media.* The Town supports the use of specific social media sites by Town Departments with consent and as deemed necessary by the Town Administrator. The Town shall maintain a set of core accounts representing Lancaster to disseminate bipartisan, public, and factual Town- wide and Department-specific information.
2. Committees and affiliate groups of the Town are discouraged from having separate social media accounts, which can cause confusion and the potential to make records requests unduly burdensome
3. Any Town-sponsored social media site, or page, must clearly indicate they are maintained by the Town and subject to all public record laws. All sites must prominently display Department contact information related to any content.
4. The Town's official seal, or logo, shall be displayed on all Town-sponsored social media sites and will remain as the site profile picture unless otherwise approved by the Town Administrator or Select Board. Use of the Town Seal for non-Town business is prohibited.
5. Any content posted to a Town-sponsored web or social media site must adhere to all applicable laws, regulations, and policies, including the Town's information technology and records management procedures.
6. Content posted on Town-sponsored web and social media sites is also subject to Massachusetts' Public Records Law and shall be managed, stored, and retrieved to comply with that Law and any associated electronic discovery procedures and regulations.
7. All Federal, State, and Local record retention schedules shall also apply to social media content, postings, blogs, and comments, where applicable. Town Boards, Committees, Staff, and other participants shall ensure proper records retention as required by law.
8. Notwithstanding the provisions in this policy pertaining to employee conduct, the Town shall not apply any such provisions in a manner inconsistent with its obligations as an employer under M.G.L. Ch. 150E.

VI. Supported Social Media & Online Resources¹

1. *Linked-In:* One Town account is used primarily for job postings and job-related promotional opportunities.
2. *Twitter:* One Town account to be used to expand Lancaster's online presence. The Town will link *some* of its web-content to Lancaster's Twitter account. This is currently the only supported use for Twitter.
3. *Blogs:* The Town may authorize the use of one or more blogs. Departments or Officials interested in creating a blog should submit a request to the Town Administrator's Office.
4. *Facebook:* Currently, there is one Town Account that can authorize up to five



(5) administrative users. The Town's official Facebook page is used for practical applications such as announcements, disseminating public information, linking department pages via the Town's website, and highlighting other types of relevant Town-sponsored activities, events, and forums. Certain Town Departments may be permitted to have their own dedicated pages as approved by the Town Administrator.

5. *Instagram*: One Town account, linked to the official Lancaster Facebook page. The Town will periodically post images that convey content related to events or other types of content qualified as Town business. Certain Town Departments may be permitted to have their own dedicated pages as approved by the Town Administrator.
6. *YouTube*: The Town does not have a YouTube Channel for official Town business currently. If such an account were to be created, its purpose would be to post video content related to Town business, events, and functions suitable to attract members of the viewing public. Certain Town Departments may be permitted to have their own dedicated pages as approved by the Town Administrator.

VII. Complaints & Concerns Regarding Problems or Misuse.

1. All departments may be reached by email, telephone or in person to receive a complaint from the public.
2. Any Town employee who believes they have been a victim of online harassment or possesses any information regarding another individual who may have been targeted, should immediately report such violations to their Department Head, the Town Administrator, or a member of the Town's Human Resources Staff.

VIII. Questions & Updates

1. Any person who is unsure whether a particular posting, or contribution to an online platform, would be considered a violation of this policy is encouraged to contact a member of their Board or Committee, Select Board, Department Head, or the Town Administrator for advice or discussion. Questions and concerns are welcomed as we work to navigate online platforms and social media respectfully and transparently as a community.
2. The Town reserves the right to update this policy as technology, and applicable laws and regulations change, expand, or evolve.

¹ The web platforms within this section represent an exhaustive list of the Town's social media platforms as of 6/6/22. The list is subject to modification by the Town at any time as approved by the Town Administrator and ratified by the Select Board.



AP # 12 - Utilization of Town Counsel & Legal Services

I. Purpose.

This administrative policy is meant to provide guidance and procedures regarding the use of the Town's legal and attorney services. The policy is meant to cover but is not limited to general legal advice; formal legal opinions; policy, bylaw, code, or other municipal regulatory or statutory developments or updates; contract and agreement review; dispute resolution; and representation of the Town in various types of litigation matters.

II. Effective Date.

This policy shall be effective as of the date of adoption indicated above and shall remain in effect until revised or rescinded.

III. Authorization Process.

A. New Items.

- i. When an individual has a new legal item that requires review by a Town Attorney, permission should be sought from the Town Administrator and copied to the Chair of the Select Board. Either individual may provide approval.
- ii. Once permission has been received, the individual may contact counsel regarding the issue.
- iii. If permission is provided verbally, written permission in the form of an email, shall be forwarded to the requester as soon as possible. Such correspondence shall be copied to the Town Administrator, Select Board Chair and the Chair of the requesting Board or Committee or applicable Department Head.

B. Ongoing Items.

- i. Once authorization has been received relative to a legal item, permission does not need to be sought for each subsequent interaction pertaining to that item.
- ii. The Town Administrator, and their designee(s) should be copied on all matters dealing with town counsel unless otherwise specified and agreed upon by the Town Administrator or the Select Board Chair.
- iii. Should the matter engage counsel over a period of several weeks, or cause unexpected or extraordinary costs to the Town, the matter may be revisited by the requester and the Town Administrator and/or Select Board Chair.
- iv. If an open legal item does not initially begin as litigation, but turns into a litigation matter, the individual (or Board Chair or Department Head) must immediately notify the Town Administrator's Office.
- v. Litigation and legal matters are billed to the Town Administrator's Office on a monthly basis. As such, individuals seeking and utilizing counsel are expected to do so in a responsible matter.

C. Select Board Items.

- i. The Chair of the Select Board shall have direct access to Town counsel for matters related to Town business.
- ii. Counsel may request legal strategy, advise or provide updates to the Board at the request of the Chair. Such meeting shall conform with open meeting law and shall be held in executive session as specified by law.



Nonprofit
Locally based
Member driven

Serving Massachusetts communities since 1982

Life comes with challenges. Your Employee Assistance Program (EAP) is here to help.

Your Employee Assistance Program can help you reduce stress, improve mental health, and make life easier by connecting you to the right information, resources, and referrals.

All services are at no cost to the employee, confidential, and available to you and your family members. This includes access to short-term counseling and the wide range of services listed below:

Mental Health Sessions

Manage stress, anxiety, and depression, resolve conflict, improve relationships, overcome substance abuse, and address any personal issues.

Life Coaching

Reach personal and professional goals, manage life transitions, overcome obstacles, strengthen relationships, and build balance.

Financial Consultation

Build financial wellness related to budgeting, buying a home, paying off debt, managing taxes, preventing identity theft, and saving for retirement or tuition.

Legal Consultation

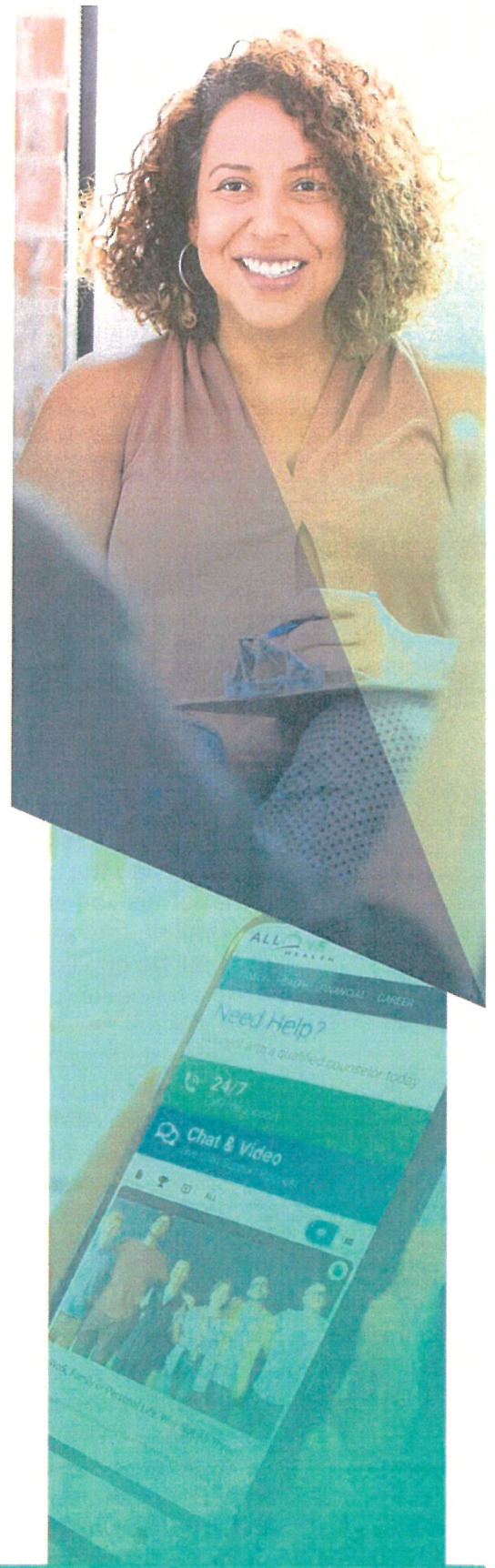
Get help with personal legal matters including estate planning, wills, real estate, bankruptcy, divorce, custody, and more.

Work-Life Resources and Referrals

Obtain information and referrals when seeking childcare, adoption, special needs support, eldercare, housing, transportation, education, and pet care.

Medical Advocacy

Get help navigating insurance, obtaining doctor referrals, securing medical equipment or transportation, and planning for transitional care and discharge.



Call: 1-800-451-1834

Visit: www.myassistanceprogram.com/miia-eap/





**TOWN OF LANCASTER
ADMINISTRATIVE EMPLOYEE PERFORMANCE EVALUATION**

Name of Employee: _____

Position: _____

Department: _____

Date Eval. Due: _____

Date Eval. Written: _____

Years in Position: _____

PURPOSES OF THE PERFORMANCE EVALUATION

1. To encourage high-level performance by employees.
2. To clarify what is expected of each employee at the beginning of the appraisal process and periodically throughout that process.
3. To provide direct, constructive feedback about the employee's performance, identifying strengths and areas needing improvement.
4. To encourage a dialogue between the supervisor and the employee about the employee's performance.
5. To serve as one basis for making employment decisions.

OVERALL RATING

☐

OUTSTANDING

Top Performer with Outstanding Initiatives/Accomplishments

The employee demonstrated exceptional performance in the year being evaluated that was unique and clearly beyond normal job expectations, thereby significantly contributing to increasing the effectiveness of the department and/or the Town operations. Special proficiency in professional skills, creativity, innovation, and/or leadership has been demonstrated.

The assignment of this rating must be approved by the Town Administrator prior to it being discussed with the employee.

QUALITY PERFORMANCE

☐

3 – Top Performer Stretching Objectives for Notable Achievements

☐

2 – Solid Performer Meeting and Occasionally Stretching Objectives

☐

1 – Satisfactory or Emerging Performer with Areas for Development

The employee consistently meets, and at times exceeds, the requirement of his/her position with few problems or mistakes. He/she takes the initiative to contribute suggestions for effective improvements or to take on special assignments or projects. Work is accomplished in an accurate, efficient and timely manner; the employee interacts effectively with others; work rules, policies and procedures are consistently followed; and goals are regularly met.

☐

NEEDS IMPROVEMENT

The employee is performing the basic duties of the job, but below the level expected or required in certain important tasks or responsibilities. Additional training, supervision, counseling, or special attention is warranted to give the employee the opportunity to correct problem areas.

☐

UNSATISFACTORY

The employee's job performance is consistently below the required level in a number of areas, or in major or critical components of the job. Appropriate action will be considered, including a probationary period or dismissal. ***The assignment of this rating must be approved by the Town Administrator prior to it being discussed with the employee.***

PERFORMANCE CRITERIA

	Above Standard	Meets Standard	Below Standard	No basis for evaluation
WORK PERFORMANCE				
▪ Professional knowledge and skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Capability shown in learning/implementing skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Verbal communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Time and resource management skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Professional development initiatives taken.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Demonstration of being solution-oriented and open to new ideas . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Ability to organize & manage work to increase efficiency & effectiveness. Proficiency in avoiding distractions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Thoroughness in completing tasks on time and with accuracy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WORKING WITH PEOPLE:				
▪ Overall relationships with members of the public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Consistency in disseminating information & applying regulations . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Positive relationships with supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Positive relationships with fellow employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Knowledgeable when imparting information to citizens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Working cooperatively and productively with others or the public . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Managing demands of public and supervisor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EVALUATOR'S COMMENTS

A summary statement regarding the employee's performance including commendations, achievement of goals, factors that influenced achievements, areas for improvement, etc. Use additional sheets of paper if necessary.

GOALS

Goals should include the areas identified above as needing the employee's attention. For each listed goal, identify its priority, tasks required to implement, and anticipated time of completion.

EMPLOYEE'S COMMENTS

The employee may choose to add comments to this performance evaluation here (use additional sheets, if needed).

SELF ASSESSMENT

Attach self assessment. A completed assessment should be provided to the supervisor in advance of the preparation of the employee's evaluation. This will provide a starting point for the supervisor's preparation of the employee's evaluation and will encourage two-way communication between supervisors and their employees.

SIGNATURES

SUPERVISOR:

This evaluation is based on my observation and/or knowledge. It represents my best judgment of the employee's performance:

Supervisor's signature

Date

EMPLOYEE:

I have received a copy of this evaluation report, it has been explained to me, and I have had an opportunity to provide input or comments relative to it.

Employee's signature

Date

APPROVALS

Supervisor

Date

Department Head *(if applicable)*

Date

Town Administrator

Date



**TOWN OF LANCASTER
MANAGERIAL EMPLOYEE PERFORMANCE EVALUATION**

Name of Employee: _____
Position: _____
Department: _____

Date Eval. Due: _____
Date Eval. Written: _____
Years in Position: _____

PURPOSES OF THE PERFORMANCE EVALUATION

1. To encourage high-level performance by employees.
2. To clarify what is expected of each employee at the beginning of the appraisal process and periodically throughout that process.
3. To provide direct, constructive feedback about the employee's performance, identifying strengths and areas needing improvement.
4. To encourage a dialogue between the supervisor and the employee about the employee's performance.
5. To serve as one basis for making employment decisions.

OVERALL RATING

☐

OUTSTANDING

Top Performer with Outstanding Initiatives/Accomplishments

The employee demonstrated exceptional performance in the year being evaluated that was unique and clearly beyond normal job expectations, thereby significantly contributing to increasing the effectiveness of the department and/or the Town operations. Special proficiency in professional skills, creativity, innovation, and/or leadership has been demonstrated.

The assignment of this rating must be approved by the Town Administrator prior to it being discussed with the employee.

QUALITY PERFORMANCE

☐

3 – Top Performer Stretching Objectives for Notable Achievements

☐

2 – Solid Performer Meeting and Occasionally Stretching Objectives

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1 – Satisfactory or Emerging Performer with Areas for Development

The employee consistently meets, and at times exceeds, the requirement of his/her position with few problems or mistakes. He/she takes the initiative to contribute suggestions for effective improvements or to take on special assignments or projects. Work is accomplished in an accurate, efficient and timely manner; the employee interacts effectively with others; work rules, policies and procedures are consistently followed; and goals are regularly met.

☐

NEEDS IMPROVEMENT

The employee is performing the basic duties of the job, but below the level expected or required in certain important tasks or responsibilities. Additional training, supervision, counseling, or special attention is warranted to give the employee the opportunity to correct problem areas.

☐

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The employee's job performance is consistently below the required level in a number of areas, or in major or critical components of the job. Appropriate action will be considered, including a probationary period or dismissal. ***The assignment of this rating must be approved by the Town Administrator prior to it being discussed with the employee.***

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▪ Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Verbal communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Budgeting and resource management skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Professional development initiatives taken.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Demonstration of being solution-oriented and open to new ideas . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Ability to organize & manage work to increase efficiency & effectiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Thoroughness in completing tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WORKING WITH PEOPLE:				
▪ Overall relationships with the public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ High degree of customer service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Positive relationships with supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Positive relationships with fellow employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Positive relationships with subordinates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Working cooperatively and productively with other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Managing/supervising employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EVALUATOR'S COMMENTS

A summary statement regarding the employee's performance including commendations, achievement of goals, factors that influenced achievements, areas for improvement, etc. Use additional sheets of paper if necessary.

GOALS

Goals should include the areas identified above as needing the employee's attention. For each listed goal, identify its priority, tasks required to implement, and anticipated time of completion.

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Attach self assessment. A completed assessment should be provided to the supervisor in advance of the preparation of the employee's evaluation. This will provide a starting point for the supervisor's preparation of the employee's evaluation and will encourage two-way communication between supervisors and their employees.

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EMPLOYEE:

I have received a copy of this evaluation report, it has been explained to me, and I have had an opportunity to provide input or comments relative to it.

Employee's signature

Date

APPROVALS

Supervisor

Date

Department Head (*if applicable*)

Date

Town Administrator

Date

**Certification of Health Care Provider for
Family Member's Serious Health Condition
under the Family and Medical Leave Act**

**U.S. Department of Labor
Wage Hour Division**



**DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR.
RETURN TO THE PATIENT.**

OMB Control Number: 1235-0003
Expires: 6/30/2023

The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA leave to care for a family member with a serious health condition to submit a medical certification issued by the family member's health care provider. 29 U.S.C. §§ 2613, 2614(c)(3); 29 C.F.R. § 825.305. The employer must give the employee **at least 15 calendar days** to provide the certification. If the employee fails to provide complete and sufficient medical certification, his or her FMLA leave request may be denied. 29 C.F.R. § 825.313. Information about the FMLA may be found [on the WHD website at www.dol.gov/agencies/whd/fmla](http://www.dol.gov/agencies/whd/fmla).

SECTION I - EMPLOYER

Either the employee or the employer may complete Section I. While use of this form is optional, this form asks the health care provider for the information necessary for a complete and sufficient medical certification, which is set out at 29 C.F.R. § 825.306. **You may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308.** Additionally, you **may not** request a certification for FMLA leave to bond with a healthy newborn child or a child placed for adoption or foster care.

Employers must generally maintain records and documents relating to medical information, medical certifications, recertifications, or medical histories of employees or employees' family members created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies, and in accordance with 29 C.F.R. § 1635.9, if the Genetic Information Nondiscrimination Act applies.

- (1) Employee name: _____
First Middle Last
- (2) Employer name: _____ Date: _____ (mm/dd/yyyy)
(List date certification requested)
- (3) The medical certification must be returned by _____ (mm/dd/yyyy)
(Must allow at least 15 calendar days from the date requested, unless it is not feasible despite the employee's diligent, good faith efforts.)

SECTION II - EMPLOYEE

Please complete and sign Section II before providing this form to your family member or your family member's health care provider. The FMLA allows an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to the serious health condition of your family member. If requested by your employer, your response is required to obtain or retain the benefit of the FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). **You are responsible for making sure the medical certification is provided to your employer within the time frame requested, which must be at least 15 calendar days.** 29 C.F.R. §§ 825.305-825.306. Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA leave request. 29 C.F.R. § 825.313.

- (1) Name of the family member for whom you will provide care: _____
- (2) Select the relationship of the family member to you. The family member is your:
- ☐ Spouse ☐ Parent ☐ Child, under age 18
☐ Child, age 18 or older and incapable of self-care because of a mental or physical disability

Spouse means a husband or wife as defined or recognized in the state where the individual was married, including in a common law marriage or same-sex marriage. The terms "child" and "parent" include *in loco parentis* relationships in which a person assumes the obligations of a parent to a child. An employee may take FMLA leave to care for an individual who assumed the obligations of a parent to the employee when the employee was a child. An employee may also take FMLA leave to care for a child for whom the employee has assumed the obligations of a parent. No legal or biological relationship is necessary.

Employee Name: _____

(3) Briefly describe the care you will provide to your family member: *(Check all that apply)*

- ☐ Assistance with basic medical, hygienic, nutritional, or safety needs ☐ Transportation
☐ Physical Care ☐ Psychological Comfort ☐ Other: _____

(4) Give your **best estimate** of the amount of leave needed to provide the care described: _____

(5) If a **reduced work schedule** is necessary to provide the care described, give your **best estimate** of the reduced schedule you are able to work. From _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy), I am able to work
_____ (hours per day) _____ (days per week).

Employee

Signature _____ Date _____ (mm/dd/yyyy)

SECTION III - HEALTH CARE PROVIDER

Please provide your contact information, complete all relevant parts of this Section, and sign the form below. A family member of your patient has requested leave under the FMLA to care for your patient. The FMLA allows an employer to require that the employee submit a timely, complete, and sufficient medical certification to support a request for FMLA leave to care for a family member with a serious health condition. For FMLA purposes, a "serious health condition" means an illness, injury, impairment, or physical or mental condition that *involves inpatient care or continuing treatment by a health care provider*. For more information about the definitions of a serious health condition under the FMLA, see the chart at the end of the form.

You also may, but are **not required** to, provide other appropriate medical facts including symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment. Please note that some state or local laws may not allow disclosure of private medical information about the patient's serious health condition, such as providing the diagnosis and/or course of treatment.

Health Care Provider's name: *(Print)* _____

Health Care Provider's business address: _____

Type of practice / Medical specialty: _____

Telephone: (____) _____ Fax: (____) _____ E-mail: _____

PART A: Medical Information

Limit your response to the medical condition for which the employee is seeking FMLA leave. Your answers should be your **best estimate** based upon your medical knowledge, experience, and examination of the patient. **After completing Part A, complete Part B to provide information about the amount of leave needed.** Note: For FMLA purposes, "incapacity" means the inability to work, attend school, or perform regular daily activities due to the condition, treatment of the condition, or recovery from the condition. Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), genetic services, as defined in 29 C.F.R. § 1635.3(e), or the manifestation of disease or disorder in the employee's family members, 29 C.F.R. § 1635.3(b).

(1) Patient's Name: _____

(2) State the approximate date the condition started or will start: _____ (mm/dd/yyyy)

(3) Provide your **best estimate** of how long the condition lasted or will last: _____

(4) For FMLA to apply, care of the patient must be medically necessary. Briefly describe the type of care needed by the patient
(e.g., assistance with basic medical, hygienic, nutritional, safety, transportation needs, physical care, or psychological comfort).

Employee Name: _____

(5) Check the box(es) for the questions below, as applicable. For all box(es) checked, the amount of leave needed must be provided in Part B.

- ☐ **Inpatient Care:** The patient (☐ has been / ☐ is expected to be) admitted for an overnight stay in a hospital, hospice, or residential medical care facility on the following date(s): _____
- ☐ **Incapacity plus Treatment:** (*e.g. outpatient surgery, strep throat*)
Due to the condition, the patient (☐ has been / ☐ is expected to be) incapacitated for *more than* three consecutive, full calendar days from _____ (*mm/dd/yyyy*) to _____ (*mm/dd/yyyy*).
The patient (☐ was / ☐ will be) seen on the following date(s): _____

The condition (☐ has / ☐ has not) also resulted in a course of continuing treatment under the supervision of a health care provider (*e.g. prescription medication (other than over-the-counter) or therapy requiring special equipment*)
- ☐ **Pregnancy:** The condition is pregnancy. List the expected delivery date: _____ (*mm/dd/yyyy*).
- ☐ **Chronic Conditions:** (*e.g. asthma, migraine headaches*) Due to the condition, it is medically necessary for the patient to have treatment visits at least twice per year.
- ☐ **Permanent or Long Term Conditions:** (*e.g. Alzheimer's, terminal stages of cancer*) Due to the condition, incapacity is permanent or long term and requires the continuing supervision of a health care provider (even if active treatment is not being provided).
- ☐ **Conditions requiring Multiple Treatments:** (*e.g. chemotherapy treatments, restorative surgery*) Due to the condition, it is medically necessary for the patient to receive multiple treatments.
- ☐ **None of the above:** If none of the above condition(s) were checked, (i.e., inpatient care, pregnancy) no additional information is needed. Go to page 4 to sign and date the form.

(6) If needed, briefly describe other appropriate medical facts related to the condition(s) for which the employee seeks FMLA leave. (*e.g., use of nebulizer, dialysis*) _____

PART B: Amount of Leave Needed

For the medical condition(s) checked in Part A, complete all that apply. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your **best estimate** based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine if the benefits and protections of the FMLA apply.

- (7) Due to the condition, the patient (☐ had / ☐ will have) **planned medical treatment(s)** (scheduled medical visits) (*e.g. psychotherapy, prenatal appointments*) on the following date(s): _____

- (8) Due to the condition, the patient (☐ was / ☐ will be) **referred to other health care provider(s)** for evaluation or treatment(s).
State the nature of such treatments: (*e.g. cardiologist, physical therapy*) _____
Provide your **best estimate** of the beginning date _____ (*mm/dd/yyyy*) and end date _____ (*mm/dd/yyyy*) for the treatment(s).
Provide your **best estimate** of the duration of the treatment(s), including any period(s) of recovery _____ (*e.g. 3 days/week*)

Employee Name: _____

- (9) Due to the condition, the patient (☐ was / ☐ will be) **incapacitated for a continuous period of time**, including any time for treatment(s) and/or recovery.

Provide your **best estimate** of the beginning date: _____ (mm/dd/yyyy) and end date _____ (mm/dd/yyyy) for the period of incapacity.

- (10) Due to the condition it, (☐ was / ☐ is / ☐ will be) medically necessary for the employee to be absent from work to provide care for the patient on an **intermittent basis** (periodically), including for any episodes of incapacity i.e., episodic flare-ups. Provide your **best estimate** of how often (frequency) and how long (duration) the episodes of incapacity will likely last.

Over the next 6 months, episodes of incapacity are estimated to occur _____ times per (☐ day / ☐ week / ☐ month) and are likely to last approximately _____ (☐ hours / ☐ days) per episode.

Signature of Health Care Provider _____ Date _____ (mm/dd/yyyy)

Definitions of a Serious Health Condition (See 29 C.F.R. §§ 825.113-.115)
Inpatient Care <ul style="list-style-type: none">• An overnight stay in a hospital, hospice, or residential medical care facility.• Inpatient care includes any period of incapacity or any subsequent treatment in connection with the overnight stay.
Continuing Treatment by a Health Care Provider (any one or more of the following)
<u>Incapacity Plus Treatment:</u> A period of incapacity of more than three consecutive, full calendar days, and any subsequent treatment or period of incapacity relating to the same condition, that also involves either: <ul style="list-style-type: none">○ Two or more in-person visits to a health care provider for treatment within 30 days of the first day of incapacity unless extenuating circumstances exist. The first visit must be within seven days of the first day of incapacity; or,○ At least one in-person visit to a health care provider for treatment within seven days of the first day of incapacity, which results in a regimen of continuing treatment under the supervision of the health care provider. For example, the health provider might prescribe a course of prescription medication or therapy requiring special equipment.
<u>Pregnancy:</u> Any period of incapacity due to pregnancy or for prenatal care.
<u>Chronic Conditions:</u> Any period of incapacity due to or treatment for a chronic serious health condition, such as diabetes, asthma, migraine headaches. A chronic serious health condition is one which requires visits to a health care provider (or nurse supervised by the provider) at least twice a year and recurs over an extended period of time. A chronic condition may cause episodic rather than a continuing period of incapacity.
<u>Permanent or Long-term Conditions:</u> A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective, but which requires the continuing supervision of a health care provider, such as Alzheimer's disease or the terminal stages of cancer.
<u>Conditions Requiring Multiple Treatments:</u> Restorative surgery after an accident or other injury; or, a condition that would likely result in a period of incapacity of more than three consecutive, full calendar days if the patient did not receive the treatment.

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 15 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR. RETURN TO THE PATIENT.

Notice of Eligibility & Rights and Responsibilities
under the Family and Medical Leave Act

U.S. Department of Labor
Wage and Hour Division



DO NOT SEND TO THE DEPARTMENT OF LABOR.
PROVIDE TO EMPLOYEE.

OMB Control Number: 1235-0003
Expires: 6/30/2023

In general, to be eligible to take leave under the Family and Medical Leave Act (FMLA), an employee must have worked for an employer for at least 12 months, meet the hours of service requirement in the 12 months preceding the leave, and work at a site with at least 50 employees within 75 miles. While use of this form is optional, a fully completed Form WH-381 provides employees with the information required by 29 C.F.R. §§ 825.300(b), (c) which must be provided within five business days of the employee notifying the employer of the need for FMLA leave. Information about the FMLA may be found [on the WHD website at www.dol.gov/agencies/whd/fmla](http://www.dol.gov/agencies/whd/fmla).

Date: _____ (mm/dd/yyyy)

From: _____ (Employer) To: _____ (Employee)

On _____ (mm/dd/yyyy), we learned that you need leave (beginning on) _____ (mm/dd/yyyy)
for one of the following reasons: (Select as appropriate)

- ☐ The birth of a child, or placement of a child with you for adoption or foster care, and to bond with the newborn or newly-placed child
- ☐ Your own serious health condition
- ☐ You are needed to care for your family member due to a serious health condition. Your family member is your:
 - ☐ Spouse ☐ Parent ☐ Child under age 18 ☐ Child 18 years or older and incapable of self-care because of a mental or physical disability
- ☐ A qualifying exigency arising out of the fact that your family member is on covered active duty or has been notified of an impending call or order to covered active duty status. Your family member on covered active duty is your:
 - ☐ Spouse ☐ Parent ☐ Child of any age
- ☐ You are needed to care for your family member who is a covered servicemember with a serious injury or illness. You are the servicemember's:
 - ☐ Spouse ☐ Parent ☐ Child ☐ Next of kin

Spouse means a husband or wife as defined or recognized in the state where the individual was married, including in a common law marriage or same-sex marriage. The terms "child" and "parent" include *in loco parentis* relationships in which a person assumes the obligations of a parent to a child. An employee may take FMLA leave to care for an individual who assumed the obligations of a parent to the employee when the employee was a child. An employee may also take FMLA leave to care for a child for whom the employee has assumed the obligations of a parent. No legal or biological relationship is necessary.

SECTION I – NOTICE OF ELIGIBILITY

This Notice is to inform you that you are:

- ☐ **Eligible** for FMLA leave. (See Section II for any Additional Information Needed and Section III for information on your Rights and Responsibilities.)
- ☐ **Not eligible** for FMLA leave because: (Only one reason need be checked)
 - ☐ You have not met the FMLA's 12-month length of service requirement. As of the first date of requested leave, you will have worked approximately: _____ towards this requirement.
(months)
 - ☐ You have not met the FMLA's 1,250 hours of service requirement. As of the first date of requested leave, you will have worked approximately: _____ towards this requirement.
(hours of service)

Employee Name: _____

☐ You are an airline flight crew employee and you have not met the special hours of service eligibility requirements for airline flight crew employees as of the first date of requested leave (i.e., worked or been paid for at least 60% of your applicable monthly guarantee, and worked or been paid for at least 504 duty hours.)

☐ You do not work at and/or report to a site with 50 or more employees within 75-miles as of the date of your request.

If you have any questions, please contact: _____ (Name of employer representative)

at _____ (Contact information).

SECTION II – ADDITIONAL INFORMATION NEEDED

As explained in Section I, you meet the eligibility requirements for taking FMLA leave. Please review the information below to determine if additional information is needed in order for us to determine whether your absence qualifies as FMLA leave. Once we obtain any additional information specified below we will inform you, **within 5 business days**, whether your leave will be designated as FMLA leave and count towards the FMLA leave you have available. **If complete and sufficient information is not provided in a timely manner, your leave may be denied.**

(Select as appropriate)

☐ No additional information requested. If no additional information requested, go to Section III.

☐ We request that the leave be supported by a certification, as identified below.

☐ Health Care Provider for the Employee

☐ Health Care Provider for the Employee's Family Member

☐ Qualifying Exigency

☐ Serious Illness or Injury (Military Caregiver Leave)

Selected certification form is ☐ attached / ☐ not attached.

If requested, medical certification must be returned by _____ (mm/dd/yyyy) (Must allow at least 15 calendar days from the date the employer requested the employee to provide certification, unless it is not feasible despite the employee's diligent, good faith efforts.)

☐ We request that you provide reasonable documentation or a statement to establish the relationship between you and your family member, including *in loco parentis* relationships (as explained on page one). The information requested must be returned to us by _____ (mm/dd/yyyy). You may choose to provide a simple statement of the relationship or provide documentation such as a child's birth certificate, a court document, or documents regarding foster care or adoption-related activities. Official documents submitted for this purpose will be returned to you after examination.

☐ Other information needed (e.g. documentation for military family leave): _____.

The information requested must be returned to us by _____ (mm/dd/yyyy).

If you have any questions, please contact: _____ (Name of employer representative)

at _____ (Contact information).

SECTION III – NOTICE OF RIGHTS AND RESPONSIBILITIES

Part A: FMLA Leave Entitlement

You have a right under the FMLA to take unpaid, job-protected FMLA leave in a 12-month period for certain family and medical reasons, including up to **12 weeks** of unpaid leave in a 12-month period for the birth of a child or placement of a child for adoption or foster care, for leave related to your own or a family member's serious health condition, or for certain qualifying exigencies related to the deployment of a military member to covered active duty. You also have a right

Employee Name: _____

under the FMLA to take up to **26 weeks** of unpaid, job-protected FMLA leave in a single 12-month period to care for a covered servicemember with a serious injury or illness (*Military Caregiver Leave*).

The 12-month period for FMLA leave is calculated as: (*Select as appropriate*)

- ☐ The calendar year (January 1st - December 31st)
- ☐ A fixed leave year based on _____
(*e.g., a fiscal year beginning on July 1 and ending on June 30*)
- ☐ The 12-month period measured forward from the date of your first FMLA leave usage.
- ☐ A “rolling” 12-month period measured backward from the date of any FMLA leave usage. (*Each time an employee takes FMLA leave, the remaining leave is the balance of the 12 weeks not used during the 12 months immediately before the FMLA leave is to start.*)

If applicable, the single 12-month period for *Military Caregiver Leave* started on _____ (mm/dd/yyyy).

You (☐ *are* / ☐ *are not*) **considered a key employee** as defined under the FMLA. Your FMLA leave cannot be denied for this reason; however, we may not restore you to employment following FMLA leave if such restoration will cause substantial and grievous economic injury to us.

We (☐ *have* / ☐ *have not*) determined that restoring you to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm to us. Additional information will be provided separately concerning your status as key employee and restoration.

Part B: Substitution of Paid Leave – When Paid Leave is Used at the Same Time as FMLA Leave

You have a right under the FMLA to request that your accrued paid leave be substituted for your FMLA leave. This means that you can request that your accrued paid leave run concurrently with some or all of your unpaid FMLA leave, provided you meet any applicable requirements of our leave policy. Concurrent leave use means the absence will count against both the designated paid leave and unpaid FMLA leave at the same time. If you do not meet the requirements for taking paid leave, you remain entitled to take available unpaid FMLA leave in the applicable 12-month period. Even if you do not request it, the FMLA allows us to require you to use your available sick, vacation, or other paid leave during your FMLA absence.

(*Check all that apply*)

- ☐ **Some or all of your FMLA leave will not be paid.** Any unpaid FMLA leave taken will be designated as FMLA leave and counted against the amount of FMLA leave you have available to use in the applicable 12-month period.
- ☐ **You have requested to use some or all of your available paid leave** (*e.g., sick, vacation, PTO*) during your FMLA leave. Any paid leave taken for this reason will also be designated as FMLA leave and counted against the amount of FMLA leave you have available to use in the applicable 12-month period.
- ☐ **We are requiring you to use some or all of your available paid leave** (*e.g., sick, vacation, PTO*) during your FMLA leave. Any paid leave taken for this reason will also be designated as FMLA leave and counted against the amount of FMLA leave you have available to use in the applicable 12-month period.
- ☐ **Other:** (*e.g., short- or long-term disability, workers' compensation, state medical leave law, etc.*) _____
Any time taken for this reason will also be designated as FMLA leave and counted against the amount of FMLA leave you have available to use in the applicable 12-month period.

The applicable conditions for use of paid leave include: _____.

For more information about conditions applicable to sick/vacation/other paid leave usage please refer to _____

_____ available at: _____.

Employee Name: _____

Part C: Maintain Health Benefits

Your health benefits must be maintained during any period of FMLA leave under the same conditions as if you continued to work. During any paid portion of FMLA leave, your share of any premiums will be paid by the method normally used during any paid leave. During any unpaid portion of FMLA leave, you must continue to make any normal contributions to the cost of the health insurance premiums. To make arrangements to continue to make your share of the premium payments on your health insurance while you are on any unpaid FMLA leave, contact _____ at _____.

You have a minimum grace period of (☐ 30-days or ☐ _____ *indicate longer period, if applicable*) in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, provided we notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during FMLA leave, and recover these payments from you upon your return to work.

You may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave if you do not return to work following **unpaid** FMLA leave for a reason other than: the continuation, recurrence, or onset of your or your family member's serious health condition which would entitle you to FMLA leave; or the continuation, recurrence, or onset of a covered servicemember's serious injury or illness which would entitle you to FMLA leave; or other circumstances beyond your control.

Part D: Other Employee Benefits

Upon your return from FMLA leave, your other employee benefits, such as pensions or life insurance, must be resumed in the same manner and at the same levels as provided when your FMLA leave began. To make arrangements to continue your employee benefits while you are on FMLA leave, contact _____ at _____.

Part E: Return-to-Work Requirements

You must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from FMLA-protected leave. An equivalent position is one that is virtually identical to your former position in terms of pay, benefits, and working conditions. At the end of your FMLA leave, all benefits must also be resumed in the same manner and at the same level provided when the leave began. You do not have return-to-work rights under the FMLA if you need leave beyond the amount of FMLA leave you have available to use.

Part F: Other Requirements While on FMLA Leave

While on leave you (☐ will be / ☐ will not be) required to furnish us with periodic reports of your status and intent to return to work every _____.

(Indicate interval of periodic reports, as appropriate for the FMLA leave situation).

If the circumstances of your leave change and you are able to return to work earlier than expected, you will be required to notify us at least two workdays prior to the date you intend to report for work.

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

It is mandatory for employers to provide employees with notice of their eligibility for FMLA protection and their rights and responsibilities. 29 U.S.C. § 2617; 29 C.F.R. § 825.300(b), (c). It is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 10 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

DO NOT SEND THE COMPLETED FORM TO THE DEPARTMENT OF LABOR. EMPLOYEE INFORMATION.



TOWN OF LANCASTER
701 Main Street
Lancaster, MA 01523
www.ci.lancaster.ma.us

TOWN-WIDE HIRING PROCEDURES

I. BACKGROUND – AUTHORITIES – STANDARD PRACTICES

The Town Administrator (TA) is appointed by the Select Board (SB) and, by an affirmative vote by the SB at the time of their appointment, as Lancaster's Appointing Authority for all Town Departments and Division staff whose operations fall under the direction of the SB.

Currently, these Departments/Divisions include:

- | | |
|------------------------------------|---------------------------------------|
| ✓ Administration & Select Board | ✓ Inspectional & Facility Services |
| ✓ Assessors | ✓ Library* |
| ✓ Community Development & Planning | ✓ Recreation |
| ✓ Finance & Budget | ✓ Recreation Services |
| ✓ Information Technology | ✓ Treasurer / Collector |
| ✓ Health & Human Services | ✓ Town Clerk / Records Access Officer |

*Currently, The TA is also tasked with authorizing appointments within the Library Department, pending favorable recommendations from the Library Director. This practice is summarized within the Union's Collective Bargaining Agreement.

II.ROLE OF THE HUMAN RESOURCES (HR) DIRECTOR

In public and private organizations, the need for human resources oversight works to protect the company or town, and its managers as much as its employees.

Standard procedures of recruitment, interviewing, negotiating, and appointing an individual or promoting someone to a new position are required to ensure consistency of practice and compliance with all local, state, and federal laws. In addition, these standards protect the Town and Hiring Managers (HM) from claims of discrimination, inside dealing, and violation of the Equal Pay Act.

Currently, the TA is the de facto Humans Resource Director and assumes all the obligations and responsibilities to oversee and, as required, participate in interviewing, negotiating, and appointing a person or promoting someone to a new position. Sometimes, the TA will share appointment duties with other appointing authorities.

FIRE DEPARTMENT: The Town adopted the Strong Chief statute in the late 1990s. That statute names the Fire Chief as the sole appointing authority. The Fire Union Contract refers to the TA as the general personnel officer and oversees grievance and arbitration procedures. Therefore, while not treated the same as the Library, it has been both the

custom and practice of the Fire Chief to involve the TA in all hires, promotions, and disciplinary matters.

PUBLIC WORKS: The Board of Public Works (BPW) is separately elected and, through the creation and adoption of M.G.L. Ch.41 S.69 (c-f) in May of 1982. This statute's adoption allows the BPW specific authorities when hiring staff. It does not cover compensation arrangements, budgetary needs relative to personnel, or other administrative matters. For these reasons, the BPW Superintendent should work with the TA and Finance Director (FD) staff to ensure consistency in hiring procedures and that compensation packages align with the Department's overall budget.

The TA or their chosen designee will oversee and assist HMs when

- ✓ Writing, updating, or approving Job Descriptions (JD);
- ✓ Creating employment opportunity postings;
- ✓ Developing interview panelists and candidate questions;
- ✓ Negotiating salary and benefits packages; and
- ✓ Issuing or receiving pre-employment physicals and background information.

Regardless of the position's employment *status* – part-time, full-time, seasonal, Union, Bylaw, etc., and before announcing that a job offer is pending or a job is offered, a *Request to Make a Job Offer* form should be completed and authorized by signature by all parties described within the document.

Additionally, if the recommended starting salary is higher than the mid-point of the salary range, the TA and the FD are required to certify the availability of funds before any offer is tendered.

No person should begin work unless the various administrative offices receive all paperwork, pre-placements, and authorizations, including, but not limited to, the TA, FD, and Treasurer/Collector's offices.

Lastly, regardless of who the approved appointing authority is, no one should advertise, recruit, or hire anyone without engaging with the TA or their chosen designee and adhering to the steps outlined in these procedures in general or mentioned below in particular.

Ignorance of the law by staff will not absolve the Town of its legal obligation to recruit and hire staff in a manner that is consistent with the law and affords equal opportunity for all candidates. Following these procedures, the HM and the Town are protected from compliance violations.

III. RECRUITMENT & HIRING PROCEDURES

1. Review the current JD for accuracy and completeness relative to duties, responsibilities, minimum qualifications, and working conditions.
 - a. If there are changes in the JD, even minor edits, use the *Track Changes* feature in Word and submit it to the TA.

- b. If the position is bylaw specified (non-union), the edited JD should be sent to the TA with a copy to the TA/SB Executive Assistant (EA).
 - c. If the position is a Union specified, the updated JD should be forwarded to the Union Steward consistent with the language contained within the CBAs.
 - d. If changes or minor edits constitute revisiting the grade or pay level classifications of By Law or Union designated positions, submit by email to the TA and cc the EA a classification review request.
2. When the JD is complete, the position is announced to the public. The HM should complete a *Recruitment Authorization & Advertising Plan Form*.

The completed form should be sent in the following order:

- 1st – The FD for certification of necessary funds which the sends to.
 - 2nd – The TA for approval.
 - 3rd – The HM with a notice to proceed.
3. After the application deadline passes, the HM promptly reviews the applicants' documentation. To ensure candidates remain interested, the review process should take no longer than one week after the closing date.

If the advertisement is designated 'rolling acceptance,' meaning no closing date is specified, contact candidates within two weeks after receipt of their application.

HMs are recommended to rate and rank each candidate according to the scale outlined below.

- E – Exceeds Minimum Requirements
- M – Meets Minimum Requirements
- D – Does not Meet the Minimum Requirements

- a. This scale is designed to assist managers in classifying candidate pools consistently and objectively, as is required by an Equal Opportunity Employer.
- b. As a rule of thumb, unless otherwise justified, no applicant should be interviewed from category 'M' before everyone in Category E.'

For example, the position you advertise for requires a Bachelor of Arts Degree, but someone who is an employee, a valued team member, who has served for 10+ years applies, but only has an Associate's Degree. This would justify their consideration at the same level as those in the 'E' category.

- c. If many candidates are ranked the same, and there may be a need to narrow the field, you may divide candidates further into groups, such as
 - i. 1, 2, 3 (1= best, 3=weakest), or

- ii. **+** when they exceed *the minimum* as opposed to **–**when they exceed the minimum qualifications but lack the skills and experiences mentioned in the **+** category.

If you engage in this additional step, the reasons and criteria to narrow rankings must be clear and defensible.

4. Once the ranking is complete, all or a selection of “E” candidates should be chosen for first-round interviews. First-round interviews are generally confidential unless otherwise specified to the candidate or called out in the advertisement for the position.

HMs should not disclose confidential information, to anyone not associated with the hiring process. Candidates can bring legal challenges to the Town when confidential information is unlawfully disclosed.

Once candidates are finalized, the HM should:

- a. Submit the names of candidates to be interviewed
- b. List the location, times, and dates of the interviews
- c. List the members of the interview panel (or the other interviewers). Certain positions require a diverse set of panelists, including, but not limited to, Board or Committee members, employees from different departments, and people in the community or within particular specialties in the field you are hiring. If you do not know whom you should have on your hiring panels, please ask the TA.
- d. Set a list of round-one questions asked of all interviewees to ensure responses are judged on the same relative criteria.
 - i. Round one questions should be submitted for approval at least one week before the interviews commence.
 - ii. If you are hiring for the same position and wish to utilize a set of already approved questions, there is no need to resubmit.
 - iii. It is good practice for each interviewer to have a copy of the questions and space to write notes. Additionally, one copy *for each candidate* ensures that you and the panelists can keep the information tied to the correct applicant.
Please remember that these sheets are not public information and should not be shared.
 - iv. Questions should be the same for each candidate.
 - v. If the candidate’s response to a question prompts follow-up questions, the applicant's follow-up responses should be noted in a consistent fashion.
- e. The tasks in **a**, **b** and **c** may be submitted to the TA via email; the interview questions listed in **d** should be attached in Word form to an email so changes and edits can be tracked, or if there are questions, they can be called out in the document.
- f. Do *NOT* throw out any information, notes, or worksheets from the interviews until the process has concluded. See the ‘Official Hiring File’ section for detailed information regarding hiring form retention and privacy.

5. Once the first-round interviews have concluded, top candidates are chosen for the second round of interviews. The number of candidates who proceed to the next round is up to the HM and panelists. It is a good rule of thumb to invite between 2-4 candidates for a second-round interview.

Once the top candidates are chosen:

- a. New panelists for second-round interviews are chosen. For entry-level positions, the HM and one panelist are sufficient. For higher-level, senior or supervisory positions, the TA should be included unless unavailable and may appoint a proxy or recommend the process to proceed without them.
 - i. When a top candidate, or two, is chosen the HM should ask the candidate for professional references.
 - ii. At least one reference should be the candidate's current or most recent supervisor.
 - iii. If the candidate is a student, a coach, or a teacher is all right.
 - iv. If the candidate has limited work experience, a reference from their most recent supervisor is still required. Nevertheless, one personal reference may be substituted for a professional reference.

6. Reference Checks

- a. Reference checks should be done promptly and consistently. The HM should ask the same questions for each reference which could vary depending on the candidate's relationship with their reference subject (boss vs. teacher).
- b. Refer to candidate reference sheet templates for questions and areas of inquiry.
- c. Speak with at least two out of three references.
 - i. Attempt to contact all three references.
 - ii. It is sufficient if only two respond, as long as one of the references is a supervisor.
 - iii. If you have trouble contacting references, reach out to the candidate and ask for assistance or an alternative reference.
- d. Complete the *Reference Check Form* and attach that to the *Request to Make a Job Offer Form* (RTMJO) mentioned in step 7.

7. Fully complete the RTMJO, including the attached *Recruitment Form*, and submit the originals to the TA with the following documents:

- a. Resume, CV & Cover Letter of the Candidate
- b. *Reference Check Form*
- c. *Payroll Authorization Form*
- d. Copy of the approved JD
- e. Copy of the employment advertisement

The TA will review the above documentation and send an email alerting the HM if the offer and the agreed-upon/approved salary can be made.

8. Make the Offer. Contact the candidate, and make the offer as outlined and approved in the RTMJO. Inform them the offer is contingent upon taking and passing certain background checks.
 - a. Contact the SB/TA Assistant for necessary pre-placements as required by specific positions and bargaining units.
 - b. For criminal background, driving history, and confidential employee clearances, the Chief of Police will connect with the HM directly. However, the HM should NOT be entitled to copies of any medical, confidential background results or credit history unless specifically authorized by statute. These results are confidential and not matters of public record.
 - c. The Chief of Police and/or the TA should inform the HM when all the necessary background information is received and deemed 'passing.' If there are questions regarding pre-placement exams, the Chief of Police or the TA should communicate, generally, with the HM to seek clarification from the candidate.
 - d. The DPW requires additional certifications and clearances relating to CDL licensure, hoisting and hydraulics certifications, and other special assessments as required.
 - i. If the candidate already possesses the necessary certifications and licenses, the Superintendent should forward copies of certificates to the SB/TA Assistant for the individual's personnel file.
 - ii. If the candidate does not possess the required materials, the Superintendent should schedule those exams, classes, etc., and forward the set dates and times to the SB/TA Assistant for the individual's personnel file.
 - iii. In all cases, the RTMJO must indicate additional requirements and whether the candidate already possesses or will possess, them.
9. Contact the applicant regarding their pre-placement results and confirm a start date.
 - a. After a start date is set, the HM should contact the Treasurer/ Collector's Office and provide the new staff member's name and their proposed start date. The Treasurer/ Collector may provide additional steps to follow relative to payroll, retirement, and benefit enrolment.
 - b. Contact the Information Technology (IT) Department to request a computer, telephone, and email setup. Indicate which applications or equipment the new staff member requires.
 - c. Contact IT to request access fobs, cards, and/or keys to each building or office that the new staff member will need access to perform the essential functions of their job.

10. ANNOUNCE YOUR HIRE! Too often, people start working for the Town, and no one knows about it.

- a. If the new staff member is willing, grab a headshot photo of them and create a quick email with the image of the person, a small bio, and what role they will be filling in Town and when they start. To announce the new hire to all colleagues, consider using the “all town employee” listserv. Contact IT for details.
- b. IT has an email list of ‘all town employees,’ and this kind of announcement is perfect for an email to that listserv.
- c. If you want to spread the word wider than to simply the town staff, send a note to the SB/TA Assistant and the Assistant Town Clerk indicating where you would like the message announced (Town Website, Facebook, Instagram, Town Crier Newsletter, SLCTV, etc.

When in doubt, ASK. We do not know what we do not know. No one is expected to know everything, and there is nothing wrong with asking for clarification, assistance, and guidance. Making sure we do things correctly, legally, and consistently will ensure that Lancaster, as an employer, is a respected and sought-after place to work.



Town of Lancaster

Request for Vacation Leave Buyback

To be submitted via the Department Head to the Finance Director for confirmation of availability of funds. The Town Administrator will review requests for compliance purposes and process through the payroll system if approved.

EMPLOYEE INFORMATION	
Employee Name:	Request Date:
Employee Title:	Fiscal Year of Request:
Department:	Employee's Regular Hours/Week:

CONFIRMATION OF ELIGIBILITY	
<i>Payments under this policy may only be made to recognize the efforts of employees who forgo vacation leave to aid in the Town's pandemic-response. Vacation buyback is not available to employees for other work-related reasons, but temporary accrual over the maximum may be considered in some cases. Further, vacation buyback is not available to employees who have unused leave due to personal preference or non-work related reasons.</i>	

Below, check the box before each statement that applies and provide account name or number to be charged.

☐ Regular-status employee?

☐ Town operations benefit from a reduction in the employee's leave accrual. How: _____

☐ The employee's absence would have impacted the department's ability to operate effectively during pandemic-response?

☐ Funds available? Account to be charged: _____

REQUEST	
Up to 10 days of accrued vacation hours per fiscal year may be paid in lieu of time off as approved by the Town Administrator and pending the availability of funds as determined by the Administrator and Finance Director.	
<i>Considerations in determining amount of payment may include the amount of vacation leave not used, the length of time worked without leave, the leave opportunities available to the employee, the level of benefit provided to the Town due to leave not taken, the nature of the employee's duties, the hours worked by the employee, the department's workload, staffing shortages, and any other factors the Town Administrator considers relevant.</i>	
<i>The Town believes in the importance of leave and encourages employees to take time off.</i>	
<i>Payment in lieu of leave may not be approved if the employee has not used at least one week of accrued leave during the fiscal year.</i>	

Of Hours Requested for Payment Hourly Rate of Pay to be Used:

Dollar Amount of Payment Requested

Leave Balance Record for Current Fiscal Year to Date Submitted for Review? ☐
(Check box to confirm employee's leave balances are up to date and provided for review with this request):

APPROVALS		
Department Head	Finance Director	Town Administrator
Date	Date	Date
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Compliant w/Policy?		Approved?

Department Head

Finance Director

Town Administrator

Date

Date

Date

☐ Yes ☐ No
Compliant w/Policy?

☐ Yes ☐ No
Approved?

Routing Path: Department Head > Finance Director > Town Administrator > Finance Director (to distribute approvals to Dept Heads & Payroll for processing)

#5

#6

#7

VIII. APPOINTMENTS AND RESIGNATIONS

Thomas J. Christopher

252 Fort Pond Inn Road, Lancaster, MA 01523 Telephone: (508) 331-4889 FAX: (978) 728-4544 Email: tom.christopher@comcast.net

May 10, 2023

Mr. Steve Kerrigan, Chairman Lancaster Select Board
Jason Allison
Alexandra Turner

Dear Chairman Kerrigan and Select Board Members:

I am informing you that I will be retiring from the Lancaster Conservation Commission effective May 30, 2023.

It has been my honor and pleasure to serve the Town of Lancaster as a member of this Commission for over ten years, with further service to the Planning Board for ten years as well. As I approach my 79th trip around the sun it is my wish to spend my remaining years without the stress and conflict that is inevitably attached to being a member sitting on Lancaster Town Boards.

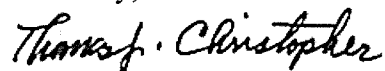
The last three years have been especially difficult during a time of accelerated development and high number of environmental violations throughout our community. Throughout 2022 the loss of our former Conservation Agent, David Koonce, placed a great deal of pressure on our Commission and me, as Chairman, to make many difficult and important decisions without professional guidance.

However, I am extremely grateful to have had the support, skill, intellect, and wisdom of the other Commissioners during that time. They have, and will continue, to represent and protect the environmental resources of Lancaster which so many of our citizens cherish. I also thank our Town Planner, Jasmin Farinacci, for her support to the Commission during that time while still juggling her own responsibilities to the Planning Board.

Looking ahead, our new Conservation Agent Charlotte Steeves, has an excellent background, has quickly been able to grasp the nuances of her position, and is working very hard to manage the daily work load of the Commission. I have every confidence that she and the Commission will continue to work well together.

In closing, I would also like to thank your Board and prior Select Boards, during my time, for your support of the Commission and me personally. I will continue to support Town Boards, when appropriate, as a private citizen.

Sincerely,



Thomas J. Christopher

Cc: Kate Hodges
Lancaster Commission Members
Jasmin Farinacci
Charlotte Steeves

Lancaster Board of Selectmen

April 14, 2023

701 Main St.

Lancaster, Ma. 01523

Dear Selectmen,

I would like to continue to serve as a member of the Agricultural Commission, my current term expires in June.

I am an active Lancaster Farmer, with an Animal Science degree from U Mass.

Thank You for your consideration.

A handwritten signature in black ink, appearing to read 'Peter Jakubowicz', with a stylized, cursive script.

Peter Jakubowicz

500 Hilltop Road

Lancaster, Ma. 01523

peterjak@msn.com

978-479-0661

Kathi Rocco

From: Tom Seidenberg <tomslancasterma@comcast.net>
Sent: Monday, May 8, 2023 1:37 PM
To: Charlotte Steeves
Cc: Kathi Rocco
Subject: RE: Renewing Conservation Commission Seat

Hi Charlotte,

Yes, I would like to continue serving on the Commission. Thanks,

Tom Seidenberg
Lancaster Conservation Commission

From: Charlotte Steeves <CSteeves@lancasterma.gov>
Sent: Monday, May 8, 2023 11:06 AM
To: Tom Seidenberg <tomslancasterma@comcast.net>
Cc: Kathi Rocco <KRocco@lancasterma.gov>
Subject: Renewing Conservation Commission Seat

Good morning Tom,

It looks like your term on the commission ends on June 30th of this year. Are you planning to renew your vice-chair seat?

Thank you

Charlotte Steeves
Conservation Agent/ Assistant Town Planner
701 Main Street
Lancaster, MA 01523
9783653326 x. 1059

The contents of this email and any attachments are the property of the Town of Lancaster Massachusetts and subject to the Public Records Law, M.G.L. c. 66, section 10. When writing or responding, please remember that the Massachusetts Secretary of State's Office has determined that email is a public record and not confidential.

Kathi Rocco

From: Maribeth Eugene <mb_eugene@comcast.net>
Sent: Monday, May 8, 2023 9:09 AM
To: Kathi Rocco
Subject: Re: Animal Control Commission

Hi Kathi,

Only Adrienne and Chris are willing to be re-appointed.

Maribeth

On 05/02/2023 11:25 AM Kathi Rocco <krocco@lancasterma.gov> wrote:

Good Morning Maribeth

The Select Board's May 15th agenda will have reappointments for several boards and committees;

Please let me know if the following are interested in being reappointed to another 3year term.

Adrienne Gadoua

Christine Burke

Jon Roper

Kathi

Kathleen Rocco

Executive Assistant / Records Access Officer

Lancaster Select Board

701 Main Street, Suite 1

Kathi Rocco

From: Carolyn Read <carolyn@ncmhabitat.org>
Sent: Wednesday, May 3, 2023 4:43 PM
To: vpetraccapublic@gmail.com; Kathi Rocco
Cc: Jason A. Allison
Subject: RE: Affordable Housing Trust

Hi Kathi,

Yes, please add me for re-appointment as well.

Thank you!

Carolyn Read
Executive Director
Habitat for Humanity North Central MA
201 Great Road, Suite 301, Acton, MA
(978) 348-2749

From: vpetraccapublic@gmail.com <vpetraccapublic@gmail.com>
Sent: Tuesday, May 2, 2023 2:50 PM
To: 'Kathi Rocco' <KRocco@lancasterma.gov>; Carolyn Read <carolyn@ncmhabitat.org>
Cc: 'Jason A. Allison' <JAllison@lancasterma.net>
Subject: RE: Affordable Housing Trust

Hi Kathi,

Yes, please put me down for re-appointment on May 15th.

I am including Carolyn Read on this email. Carolyn, we would be thrilled if you are willing to be re-appointed to the Affordable Housing Trust. Your professional background, skills, and focus are so appreciated! Please let us know either way.

Regarding Jason Allison, he is actually the Trust's current Select Board representative, an MGL requirement. This is slightly different. We need to see if he is re-elected to the Select Board on May 8th. If he maintains his Select Board seat, then yes, he should be re-appointed, if he is willing to continue. We would be appreciative.

The Select Board representative's term expires when the Select Board term ends. I believe this will be May 11, 2026.

For Carolyn and I, re-appointments are for two years per the Article III, Section 2 of the Declaration of Trust:
https://www.ci.lancaster.ma.us/sites/g/files/vyhlf4586/f/uploads/declaration_of_trust.pdf

Therefore, our re-appointments would be to June 30, 2025.

Thank you!
Victoria

Victoria Petracca, Chair
Lancaster Affordable Housing Trust

From: Kathi Rocco <KRocco@lancasterma.gov>

Sent: Tuesday, May 2, 2023 11:16 AM

To: vpetraccapublic@gmail.com

Cc: Amanda Cannon <ACannon@lancasterma.gov>; Kate Hodges <KHodges@lancasterma.gov>

Subject: Affordable Housing Trust

Good Morning Victoria

Reappointments are coming up on the Select Board's agenda for May 15th.

Please let me know if you, Carolyn Reed and Jason Allison would like to be reappointed for the one year term.

Best,

Kathi

Kathleen Rocco

Executive Assistant / Records Access Officer

Lancaster Select Board

701 Main Street, Suite 1

Lancaster, MA 01523

T: 978-365-3326 x 1201

www.ci.lancaster.ma.us



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Kathi Rocco

From: vpetraccapublic@gmail.com
Sent: Tuesday, May 9, 2023 10:54 PM
To: Kathi Rocco
Cc: Amanda Cannon; Kate Hodges; Jason A. Allison
Subject: RE: Affordable Housing Trust

Hi Kathi,

Since Jason Allison was re-elected to the Select Board on Monday, he can now be re-appointed to the Affordable Housing Trust on May 15th (below), if he is willing.

His term follows his Select Board term which I believe now expires Monday, May 11, 2026.

Please add this re-appointment to the Affordable Housing Trust (along with Carolyn Read and myself, already confirmed).

Please confirm and thank you in advance.

Victoria

From: Kathi Rocco <KRocco@lancasterma.gov>
Sent: Tuesday, May 2, 2023 11:16 AM
To: vpetraccapublic@gmail.com
Cc: Amanda Cannon <ACannon@lancasterma.gov>; Kate Hodges <KHodges@lancasterma.gov>
Subject: Affordable Housing Trust

Good Morning Victoria

Reappointments are coming up on the Select Board's agenda for May 15th.

Please let me know if you, Carolyn Reed and Jason Allison would like to be reappointed for the one year term.

Best,

Kathi

Kathleen Rocco
Executive Assistant / Records Access Officer
Lancaster Select Board
701 Main Street, Suite 1
Lancaster, MA 01523
T: 978-365-3326 x 1201
www.ci.lancaster.ma.us



IX. LICENSES AND PERMITS

RENTAL APPLICATION

LANCASTER TOWN GREEN AND LANCASTER TOWN HALL AUDITORIUM

TO: BOARD OF SELECTMEN, LANCASTER, MASSACHUSETTS

RE: PERMISSION TO RENT THE LANCASTER TOWN HALL IS REQUESTED BY:

Rachel Rosengard, Thayer Memorial Library

NAME OF INDIVIDUAL/ORGANIZATION

EVENT DETAILS

DATE(S) August 12, 19, 26

TIME 10:30-11:30

PROGRAM: "Animal August on the Town Green"

REHEARSAL(S) WILL/WILL NOT BE NECESSARY ON

FROM: _____

TO: _____

IF BANQUET, CATERER WILL BE: _____

WE DO/DO NOT PLAN TO HAVE A UNIFORMED POLICE OFFICER ON DUTY.

PROGRAM DIRECTOR/CONTACT PERSON NAME:

Rachel Rosengard

ADDRESS:

Thayer Memorial Library

PHONE #:

x1025 or 978.368.8928 x4

ACTION TAKEN ON ABOVE APPLICATION

DATE RESERVED BY: _____

CUSTODIAN

APPROVED BY SELECTMEN, AS REQUESTED _____

APPROVED BY SELECTMEN, WITH FOLLOWING STIPULATIONS _____

TOTAL AMOUNT OF FEES DUE (SEE SCHEDULE) _____

DISAPPROVED _____

REASON _____

LANCASTER BOARD OF SELECTMEN

DATE: _____

BY: _____



The Bolton Fair, Inc.

April 27, 2023

Selectman – Town of Lancaster

On behalf of the Board of Directors of The Lancaster Fairgrounds, we give permission for the Profound Market to serve alcohol at their events at the fairgrounds.

Dates of the event are: June 10 & 11, 2023.

The Event Manager Rose Darden for the fairgrounds has been CORI checked.

Tips certified licenses to be provided before event.

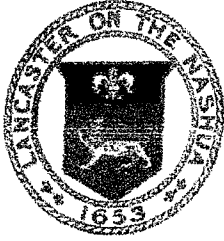
Liability Insurance to be provided before event.

Please let me know if you have any questions.

Best Regards,

Rose Darden
508-294-8516 cell

Lancaster Fairgrounds Event Manager



TOWN OF LANCASTER, MASSACHUSETTS
SELECT BOARD
Prescott Building, 701 Main Street, Suite 1
Lancaster, MA 01523
Tel: 978-365-3326 (ext 1201) Fax: 978-368-8486
Email: krocco@lancasterma.net

Annual License Fee -
\$100.00
Single Event Fee - \$20.00

Select Board's Office
Date Received

APPLICATION FOR LICENSE
THEATRICAL EXHIBITIONS, PUBLIC SHOWS, PUBLIC AMUSEMENTS
AND EXHIBITIONS OF EVERY DESCRIPTION HELD ON WEEKDAYS

New Application X Renewal

Name of Concern: THE PROFOUND MARKET AT LANCASTER FAIRGROUNDS

Street Address of Concern: 318 SEVEN BRIDGE RD

Mailing Address (if different): P.O. BOX 154 BOLTON, MA

Contact Person & Title (Owner, Director, Manager, Other): MICHELLE PALMER / ROSE DARDEN

Telephone: ROSE CELL 508-294-8516 Facsimile: 978-365-2120 E-Mail: INFO@BOLTONFAIR.ORG

Describe in detail the proposed dancing, game, sport, fair, exposition, play, or entertainment of public diversion:

DISPLAY OF VINTAGE INSPIRED VENDORS AND ARTISAN MARKET 6/10/23

Hours of Proposed Entertainment: Starting Time: SAT. 8:30 AM Ending Time: 5:00 P.M.

The applicant certifies that all state tax returns have been filed and all state and local taxes have been paid as required by law and further agrees to comply with the terms of the License and applicable law, and all rules and regulations promulgated thereto. The Applicant further certifies that the information contained in this application is true and accurate and also authorizes the Licensing Authority or its agents to conduct whatever investigation is necessary to verify the information contained in this application.

Rose Darden for Michelle Palmer
Signature of Applicant
SSN# or Tax ID Required: 82-1133791

4/23/23
Date

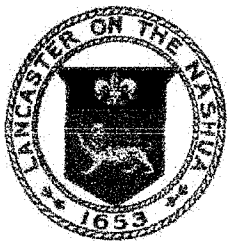
License Fee must be submitted with this form. Make check payable to Town of Lancaster. Mail Application Form, Workers' Compensation Affidavit, and check to: Select Board, Suite 1, 701 Main Street, Lancaster, MA 01523.

* Dancing applies to watching dance (e.g. Ballet).

** Public Diversion includes, but is not limited to, flea markets, coin-operated amusements, ice and roller-skating, carousels, inclined railways, Ferris wheels, and exhibitions of firefighting.

A License issued under this Application applies to weekday operation ONLY. If entertainment is to be operated on Sundays, you also must file with the Select Board an APPLICATION FOR LICENSE FOR DANCING, SPORTS, GAMES, FAIRS, EXPOSITIONS, PLAYS OR ENTERTAINMENT OF PUBLIC DIVERSION ON SUNDAY, as well as an Application for a State License to the Commissioner of Public Safety, Attn: Special Licensing Division, One Ashburton Place, Boston, MA 02108-1618.

NOTICE: The filing of this application confers no rights on the part of the Applicant to undertake any activities until the license has been granted. The issuance of a license under this section is subject to the Applicant's compliance with all other applicable Federal, State or local statutes, ordinances, bylaws, rules or regulations. The Licensing Authority reserves the right to request any additional information it reasonably deems appropriate for the purpose of determining the terms and conditions of the License and its decision to issue a License. The provisions of G.L. c.152 may require the filing of a Workers' Compensation Insurance Affidavit with this application. Failure to file the Affidavit, along with any other required information and/or documentation, shall be sufficient cause for the denial of the License application.



**TOWN OF LANCASTER, MASSACHUSETTS
SELECT BOARD**

**Prescott Building, 701 Main Street, Suite 1
Lancaster, MA 01523**

Tel: 978-365-3326 Fax: 978-368-8486

Email: krocco@lancasterma.net

Annual License Fee - \$400.00
Annual License Fee - \$100.00 w/M-Sat
License
Single Event - \$20.00

Selectmen's Office
Date Received

**APPLICATION FOR TOWN LICENSE
DANCING*, SPORTS, GAMES, FAIRS, EXPOSITIONS, PLAYS OR
ENTERTAINMENT OF PUBLIC DIVERSION** ON SUNDAY**

New Application X Renewal

Name of Concern: THE PROFOUND MARKET AT LANCASTER FAIRGROUNDS

Street Address of Concern: 318 SEVEN BRIDGE

Mailing Address (if different): P.O. BOX 154 BOLTON, MA

Contact Person & Title (Owner, Director, Manager, Other): MICHELLE PALMER / ROSE DARDEN

ROSECELL
Telephone: 508-294-8516 Facsimile: 978-365-2120 E-Mail: INFO@BOLTONFAIR.ORG

Describe in detail the proposed dancing, game, sport, fair, exposition, play, or entertainment of public diversion:

DISPLAY OF VINTAGE INSPIRED VENDORS AND ARTISAN MARKET 6/11/23

Hours of Proposed Entertainment: Starting Time: SUN 10:00 AM Ending Time: 5:00 P.M.

NOTICE: No License issued pursuant to G.L. c.136, §4 shall be granted to permit activities before 1:00 p.m. without a License issued by the Commissioner of Public Safety, Attn: Special Licensing Division, One Ashburton Place, Boston, MA 02108-1618.

The applicant certifies that all state tax returns have been filed and all state and local taxes have been paid as required by law and further agrees to comply with the terms of the License and applicable law, and all rules and regulations promulgated thereto. The Applicant further certifies that the information contained in this application is true and accurate and also authorizes the Licensing Authority or its agents to conduct whatever investigation is necessary to verify the information contained in this application.

Rose Darden for Michelle Palmer

Signature of Applicant

Tax ID Required

Date

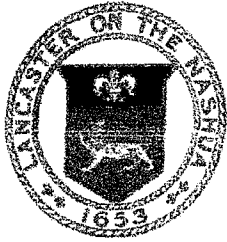
4/23/23

License Fee must be submitted with this form. Make check payable to Town of Lancaster. Mail Application Form, Workers' Compensation Affidavit, and check to: Select Board, 701 Main Street, Suite 1, Lancaster, MA 01523.

* Dancing applies to watching dance (e.g. Ballet).

** Public Diversion includes, but is not limited to, flea markets, coin-operated amusements, ice and roller-skating, carousels, inclined railways, Ferris wheels, and exhibitions of firefighting.

NOTICE: The filing of this application confers no rights on the part of the Applicant to undertake any activities until the license has been granted. The issuance of a license under this section or sections is subject to the Applicant's compliance with all other applicable Federal, State or local statutes, ordinances, bylaws, rules or regulations. The Licensing Authority reserves the right to request any additional information it reasonably deems appropriate for the purpose of determining the terms and conditions of the License and its decision to issue a License. The provisions of G.L. c.152 may require the filing of a Workers' Compensation Insurance Affidavit with this application. Failure to file the Affidavit, along with any other required information and/or documentation, shall be sufficient cause for the denial of the License application.



**TOWN OF LANCASTER, MASSACHUSETTS
SELECT BOARD**

Prescott Building, 701 Main Street, Suite 1
Lancaster, MA 01523
Tel: 978-365-3326 (ext 1201) Fax: 978-368-8486
Email: krocco@lanasterma.net

Annual License Fee -
\$100.00
Single Event Fee - \$20.00

Select Board's Office
Date Received

**APPLICATION FOR LICENSE
THEATRICAL EXHIBITIONS, PUBLIC SHOWS, PUBLIC AMUSEMENTS
AND EXHIBITIONS OF EVERY DESCRIPTION HELD ON WEEKDAYS**

New Application X Renewal

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Contact Person & Title (Owner, Director, Manager, Other): MICHELLE PALMER / ROSE DARDEN

ROSE CELL
Telephone: 508-294-8516 Facsimile: 978-365-2120 E-Mail: INFO@BOLTONFAIR.ORG

Describe in detail the proposed dancing, game, sport, fair, exposition, play, or entertainment of public diversion:

DISPLAY OF VINTAGE INSPIRED VENDORS AND ARTISAN MARKET 6/10/23

Hours of Proposed Entertainment: Starting Time: SAT. 8:30 AM Ending Time: 5:00 P.M.

The applicant certifies that all state tax returns have been filed and all state and local taxes have been paid as required by law and further agrees to comply with the terms of the License and applicable law, and all rules and regulations promulgated thereto. The Applicant further certifies that the information contained in this application is true and accurate and also authorizes the Licensing Authority or its agents to conduct whatever investigation is necessary to verify the information contained in this application.

Rose Darden for Michelle Palmer
Signature of Applicant
SSN# or Tax ID Required: 82-1133791

4/23/23
Date

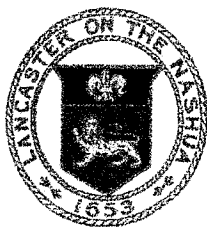
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A License issued under this Application applies to weekday operation ONLY. If entertainment is to be operated on Sundays, you also must file with the Select Board an APPLICATION FOR LICENSE FOR DANCING, SPORTS, GAMES, FAIRS, EXPOSITIONS, PLAYS OR ENTERTAINMENT OF PUBLIC DIVERSION ON SUNDAY, as well as an Application for a State License to the Commissioner of Public Safety, Attn: Special Licensing Division, One Ashburton Place, Boston, MA 02108-1618.

NOTICE: The filing of this application confers no rights on the part of the Applicant to undertake any activities until the license has been granted. The issuance of a license under this section or sections is subject to the Applicant's compliance with all other applicable Federal, State or local statutes, ordinances, bylaws, rules or regulations. The Licensing Authority reserves the right to request any additional information it reasonably deems appropriate for the purpose of determining the terms and conditions of the License and its decision to issue a License. The provisions of G.L. c.152 may require the filing of a Workers' Compensation Insurance Affidavit with this application. Failure to file the Affidavit, along with any other required information and/or documentation, shall be sufficient cause for the denial of the License application.



TOWN OF LANCASTER, MASSACHUSETTS

OFFICE OF THE BOARD OF SELECTMEN

SPECIAL (ONE DAY) LIQUOR LICENSE APPLICATION

TODAY'S DATE: 4/23/23

APPLICANT'S NAME: ROSE DARDEN TELEPHONE: 508-294-8516

ORGANIZATION: BOLTON FAIR INC.

EVENT ADDRESS: 318 SEVEN BRIDGE RD. LANCASTER

EVENT PURPOSE: PROFOUND MARKET

EVENT DATE: 6/10/23 - 6/11/23 LOAD IN 6/9/23 (3 DAYS)

EVENT HOURS: SAT 8:30A-5P SUNDAY 10:00A-5P

ALCOHOL: Beer and Wine: _____ All Alcohol*: X BEER, WINE + ALCOHOL
(Non Profit; Charity or Club Only)* BASED SECTORS

ATTENDANCE: Approximate Number of Persons in Attendance: 6K OVER 2 DAYS

Persons Under 21 in Attendance: Yes X No _____

If this Special One-Day Liquor License is granted, I hereby agree to abide by all rules, regulations and laws of the Commonwealth of Massachusetts concerning the sale and consumption of alcohol, particularly with regard to the minors. No persons under the age of twenty-one (21) shall be served alcoholic beverages.

Rose Darden for Bolton Fair Inc.
Signature of Applicant

POLICE DEPARTMENT OFFICIAL USE ONLY

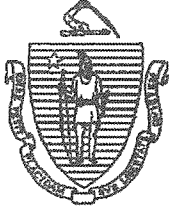
_____ Approval Recommended _____ Approval Not Recommended

Police Officer Required: Yes _____ No _____

Comments/Conditions: _____

Date: _____

Police Chief Signature



**The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017**

www.mass.gov/dia

**Workers' Compensation Insurance Affidavit: General Businesses.
TO BE FILED WITH THE PERMITTING AUTHORITY.**

Applicant Information

Please Print Legibly

Business/Organization Name: the profound MARKET

Address: 55 Middlesex St #206

City/State/Zip: N Chelmsford, MA 01863 Phone #: 617-371-7016

Are you an employer? Check the appropriate box:

1. ☐ I am a employer with _____ employees (full and/ or part-time).*
2. ☒ I am a sole proprietor or partnership and have no employees working for me in any capacity.
[No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☒ Other Event Coordinator

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____

Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature:

Date: 04.24.2023

Phone #: 617-371-7016

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____

Contact Person: _____

Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required." Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street
Boston, MA 02114-2017
Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia



TOWN OF LANCASTER, MASSACHUSETTS
OFFICE OF THE
BOARD OF SELECTMEN

SPECIAL (ONE DAY) LIQUOR LICENSE APPLICATION

TODAY'S DATE: 4/23/23
APPLICANT'S NAME: ROSE DARDEN TELEPHONE: 508-294-8516
ORGANIZATION: BOLTON FAIR INC.
EVENT ADDRESS: 318 SEVEN BRIDGE RD. LANCASTER
EVENT PURPOSE: PROFOUND MARKET
EVENT DATE: 6/10/23 - 6/11/23 LOAD IN 6/9/23 (3 DAYS)
EVENT HOURS: SAT 8:30A-5P SUNDAY 10:00A-5P
ALCOHOL: Beer and Wine: _____ All Alcohol*: X BEER, WINE + ALCOHOL
(Non Profit; Charity or Club Only)* BASED SECTORS
ATTENDANCE: Approximate Number of Persons in Attendance: 6K OVER 2 DAYS
Persons Under 21 in Attendance: Yes X No _____

If this Special One-Day Liquor License is granted, I hereby agree to abide by all rules, regulations and laws of the Commonwealth of Massachusetts concerning the sale and consumption of alcohol, particularly with regard to the minors. No persons under the age of twenty-one (21) shall be served alcoholic beverages.

Rose Darden for Bolton Fair Inc.
Signature of Applicant

POLICE DEPARTMENT OFFICIAL USE ONLY

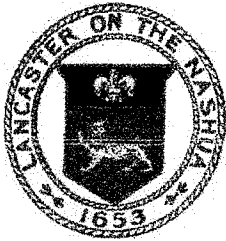
X Approval Recommended _____ Approval Not Recommended

Police Officer Required: Yes X No _____

Comments/Conditions: _____

Date: 05/10/23

Chief Everett L. Moody
Police Chief Signature



**TOWN OF LANCASTER, MASSACHUSETTS
SELECT BOARD**

Prescott Building, 701 Main Street, Suite 1
Lancaster, MA 01523

Tel: 978-365-3326 (ext 1201) Fax: 978-368-8486

Email: krocco@lancasterma.net

Annual License Fee -
\$100.00
Single Event Fee - \$20.00

Select Board's Office
Date Received

**APPLICATION FOR LICENSE
THEATRICAL EXHIBITIONS, PUBLIC SHOWS, PUBLIC AMUSEMENTS
AND EXHIBITIONS OF EVERY DESCRIPTION HELD ON WEEKDAYS**

New Application X Renewal

Name of Concern: JOHN + LESLIE CARR FOUNDATION AT LANCASTER FAIRGROUNDS

Street Address of Concern: 318 SEVEN BRIDGE RD.

Mailing Address (if different): P.O. BOX 154 BOLTON, MA

Contact Person & Title (Owner, Director, Manager, Other): DAVID CARR / ROSE DARDEN

Telephone: 508-294-8516 Facsimile: E-Mail: INFO@BOLTONFAIR.ORG

Describe in detail the proposed dancing, game, sport, fair, exposition, play, or entertainment of public diversion:

2ND ANNUAL NASHUA ROCK-N-BREW FUNDRAISER FOR CARR FOUNDATION
FOOD / BEER TRUCKS / ENTERTAINMENT SATURDAY 6/17/23

Hours of Proposed Entertainment: Starting Time: 2 P.M. Ending Time: 6 P.M.

The applicant certifies that all state tax returns have been filed and all state and local taxes have been paid as required by law and further agrees to comply with the terms of the License and applicable law, and all rules and regulations promulgated thereto. The Applicant further certifies that the information contained in this application is true and accurate and also authorizes the Licensing Authority or its agents to conduct whatever investigation is necessary to verify the information contained in this application.

Rosendarden for David Carr
Signature of Applicant
SSN# or Tax ID Required: 84-4639481

4/23/23
Date

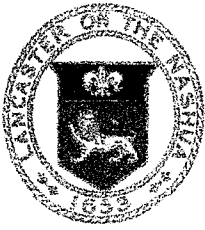
License Fee must be submitted with this form. Make check payable to Town of Lancaster. Mail Application Form, Workers' Compensation Affidavit, and check to: Select Board, Suite 1, 701 Main Street, Lancaster, MA 01523.

* Dancing applies to watching dance (e.g. Ballet).

** Public Diversion includes, but is not limited to, flea markets, coin-operated amusements, ice and roller-skating, carousels, inclined railways, Ferris wheels, and exhibitions of firefighting.

A License issued under this Application applies to weekday operation ONLY. If entertainment is to be operated on Sundays, you also must file with the Select Board an APPLICATION FOR LICENSE FOR DANCING, SPORTS, GAMES, FAIRS, EXPOSITIONS, PLAYS OR ENTERTAINMENT OF PUBLIC DIVERSION ON SUNDAY, as well as an Application for a State License to the Commissioner of Public Safety, Attn: Special Licensing Division, One Ashburton Place, Boston, MA 02108-1618.

NOTICE: The filing of this application confers no rights on the part of the Applicant to undertake any activities until the license has been granted. The issuance of a license under this section or sections is subject to the Applicant's compliance with all other applicable Federal, State or local statutes, ordinances, bylaws, rules or regulations. The Licensing Authority reserves the right to request any additional information it reasonably deems appropriate for the purpose of determining the terms and conditions of the License and its decision to issue a License. The provisions of G.L. c.152 may require the filing of a Workers' Compensation Insurance Affidavit with this application. Failure to file the Affidavit, along with any other required information and/or documentation, shall be sufficient cause for the denial of the License application.



TOWN OF LANCASTER, MASSACHUSETTS
OFFICE OF THE
BOARD OF SELECTMEN

SPECIAL (ONE DAY) LIQUOR LICENSE APPLICATION

TODAY'S DATE: 4/23/23

APPLICANT'S NAME: ROSE DARDEN TELEPHONE: 508-294-8516

ORGANIZATION: BOLTON FAIR/INC.

EVENT ADDRESS: 318 SEVEN BRIDGE RD.

EVENT PURPOSE: NASHOBA RICK + BREW (CARR FOUNDATION FUNDRAISER)

EVENT DATE: 6/17/23

EVENT HOURS: 2 - 6 pm

ALCOHOL: Beer and Wine: _____ All Alcohol*: ☒
(Non Profit; Charity or Club Only)*

ATTENDANCE: Approximate Number of Persons in Attendance: 800

Persons Under 21 in Attendance: Yes _____ No X

If this Special One-Day Liquor License is granted, I hereby agree to abide by all rules, regulations and laws of the Commonwealth of Massachusetts concerning the sale and consumption of alcohol, particularly with regard to the minors. No persons under the age of twenty-one (21) shall be served alcoholic beverages.

Rose Darden for the Bolton Fair Inc.
Signature of Applicant

POLICE DEPARTMENT OFFICIAL USE ONLY

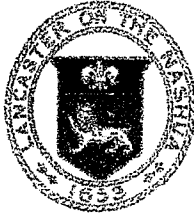
_____ Approval Recommended _____ Approval Not Recommended

Police Officer Required: Yes _____ No _____

Comments/Conditions: _____

Date: _____

Police Chief Signature



TOWN OF LANCASTER, MASSACHUSETTS
OFFICE OF THE
BOARD OF SELECTMEN

SPECIAL (ONE DAY) LIQUOR LICENSE APPLICATION

TODAY'S DATE: 4/23/23
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If this Special One-Day Liquor License is granted, I hereby agree to abide by all rules, regulations and laws of the Commonwealth of Massachusetts concerning the sale and consumption of alcohol, particularly with regard to the minors. No persons under the age of twenty-one (21) shall be served alcoholic beverages.

Rose Darden for the Bolton Fair Inc.
Signature of Applicant

POLICE DEPARTMENT OFFICIAL USE ONLY

X Approval Recommended _____ Approval Not Recommended

Police Officer Required: Yes X No _____

Comments/Conditions: _____

Date: 05/10/23

Chief Everett L. Moody
Police Chief Signature



The Bolton Fair, Inc.

April 27, 2023

Selectman – Town of Lancaster

On behalf of the Board of Directors of The Lancaster Fairgrounds, we give permission for the Nashoba Rock & Brew to serve alcohol at their events at the fairgrounds.

Date of the Event is June 17, 2022

The Event Manager Rose Darden for the fairgrounds has been CORI checked.

Tips certified licenses to be provided.

Liability Insurance to follow.

Please let me know if you have any questions.

Best Regards,

Rose Darden
508-294-8516 cell

Lancaster Fairgrounds Event Manager



**The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017**

www.mass.gov/dia

**Workers' Compensation Insurance Affidavit: General Businesses.
TO BE FILED WITH THE PERMITTING AUTHORITY.**

Applicant Information

Please Print Legibly

Business/Organization Name: The Joseph + Leslie Carr Foundation

Address: 71 White Tail Ln

City/State/Zip: Lancaster MA 01523 Phone #: 978-500-0131

Are you an employer? Check the appropriate box:

1. ☐ I am an employer with _____ employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity.
[No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☒ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☒ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: [Signature] Date: 4/27/23

Phone #: 978-500-0131

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____

Contact Person: _____ Phone #: _____

This is your official TIPS certification card. Carry it with you as proof of your TIPS certification.

Congratulations!

This card certifies that you have successfully completed the TIPS (Training for Intervention Procedures) program. We value your participation and dedication to the responsible sale, service, and consumption of alcohol.

By using the techniques you have learned, you will help to provide a safer environment for your patrons, peers, and colleagues and reduce the tragedies resulting from intoxication, underage drinking, and drunk driving.

If you have any information you think would enhance the TIPS program, or if we can assist you in any way, please contact us at 800-438-8477.



A 360 TRAINING COMPANY

ID#: 5724050 Name: David R Carr

Exam Date: 5/24/2022 Expiration Date: 5/24/2025

TIPS eTIPS On Premise 3.1

CERTIFIED

Issued: 5/24/2022

Expires: 5/24/2025

ID#: 5724050

David R Carr
The Joseph and Leslie Carr Foundation
71 White Tail Ln
Lancaster, MA 01523-1929

For service visit us online at www.gettips.com



JLCARRF-01

YKAGR1

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/5/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Salem Five Insurance Services, LLC 445 Main Street Woburn, MA 01801	CONTACT NAME: PHONE (A/C, No, Ext): (781) 933-3100 FAX (A/C, No): (781) 933-9048 E-MAIL ADDRESS: insurance.services@salemfive.com
INSURED JL Carr Foundation 10 White Tail Lane Lancaster, MA 01523	INSURER(S) AFFORDING COVERAGE INSURER A: Mount Vernon Fire Insurance Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		NBP2555222A	3/2/2023	3/2/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Business Owners Poli			NBP2555222A	3/2/2023	3/2/2024	BPP \$ 5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Town of Lancaster is an Additional Insured per contract or written agreement

CERTIFICATE HOLDER

CANCELLATION

Town of Lancaster Massachusetts
701 Main St.
Lancaster, MA 01523

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

X. NEW BUSINESS

XI. COMMUNICATIONS

XII. ON GOING PROJECTS & OLD BUSINESS

XIII. ADJOURNMENT
