



# Town of Millbury

## Re-Hire Checklist

*(Only for employees rehired one year or less after termination)*

### Employment Forms & Orientation

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

DEPT: \_\_\_\_\_ REHIRE DATE: \_\_\_\_\_



Mailing Address and Phone Number

W-4 Federal Tax Withholding Form

M-4 State Tax Withholding Form (Optional)

Direct Deposit/Bank Information

I, the undersigned, certify that there are no changes to the above checked items.

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

\_\_\_\_\_  
Date