NOTICE TO EMPLOYEES

Seasonal Worker Certification

Employer:	City of Newton 1000 Commonwealth Avenue Newton, MA 02459-1449
EAN:	78-303960
Letter ID#:	L0001570004 (1 Pettee Street, Newton, MA 02464) L0001489245 (125 Derby Street, Newton, MA 02465) L0001453142 (11 Hawthorn Street, Newton, MA 02458) L0001451471 (545 Grove Street, Newton, MA 02462) L0001461206 (142 Park Street, Newton, MA 02458) L0001400893 (149 Pleasant Street, Newton MA 02459) L0001511013 (212 Kendrick Street, Needham Heights MAA 02494) L0001384509 (280 Cypress Street, Newton MA 02459) L0001492250 (455 Nahanton, Newton MA Street 02459) L0001474383 (256 Albemarle Road, Newton MA 02460)
	L0001453142 (11 Hawthorn Street, Newton, MA 02458) L0001451471 (545 Grove Street, Newton, MA 02462) L0001461206 (142 Park Street, Newton, MA 02458) L0001400893 (149 Pleasant Street, Newton MA 02459) L0001511013 (212 Kendrick Street, Newton MA 02459) L0001384509 (280 Cypress Street, Newton MA 02459) L0001492250 (455 Nahanton, Newton MA Street 02459)

Dear Employee:

The Mass Department of Unemployment Assistance (DUA) has approved CITY OF NEWTON application to certify you as a seasonal worker. A seasonal worker is a person hired to work for a limited time period, which must be fewer than 20 weeks in a calendar year.

Important Information for Seasonal Workers:

- Do not begin your seasonal work until you get a written notice from your employer approving your seasonal worker status.
- Seasonal workers generally do not qualify for unemployment based on their earnings as a seasonal worker This
 means that if you apply for unemployment benefits, these wages will not be consider in your unemployment
 benefits calculation.

As a Seasonal Worker, you must read and sign below:

CITY OF NEWTON gave me a copy of this DUA Seasonal Worker Certification form, dated January 23, 2024/January 30, 2024. I understand that I am a seasonal worker and my wages from this job generally cannot be used for an unemployment claims.

Your Name (Print):	
Your Signature:	Date:

The employer must read and sign below:

I gave the worker listed above a copy of t	this DUA Seasonal Wo	rker Certification form, dat	ed January 23, 2024/ January
30,2024. Employer Representative Name (Print): _	Nicole	Banks	
Employer Representative Signature:	Mii Ba		Date: 415/24

Employer Representative Signature: Mii Bon

Questions?

Seasonal Certification Unit Department of Unemployment Assistance Call us: (617) 626-5075 Email us: DUASeasonlCert@mas.gov

Related law: M.G.L c.151A, sec. 24A https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXXI/Chapter151A?Section24A



Department of Unemployment Assistance Commonwealth of Massachusetts Executive Office of Labor & Workforce Development

IMPORTANT NOTICE

This document contains important information. Please have it translated immediately.

В данном документо содержится важная информация. Вам необходимо срочно сделать перевод документа.

Este documento contiene información importante. Por favor, consiga una traducción inmediatamente.

Dockman sa gen enfòmasyon enpòtan. Tanpri fè yon moun tradwi I touswit.

Questo documento contiene informazioni importanti. La preghiamo di tradutto inmediatamente.

Este documento contém informações importantes. Por favor, traduzi-lo imediatamente.

此文件含有重要信息。蔬立即找人翻譯。

본 문서에는 중요한 정보가 포함되어 있습니다. 본 문서를 즉시 번역하도록 하십시오.

Tal liêu naỳ co'chưà thông tin quan trong. Vui long dịch tal liêu naỳ ngay.

ເອກະສານສະບັບນັ້ນຂຶ້ມູນສຳຄັນ. ກະວຸນານຳເອກະສານສະບັບນີ້ໄປແປທັນທີ

ລកសារនេះមោនព័ត៌មានសំខាន់។ សូមបកបូរវ៉ាយ៉ាងនាប់រហ័ស។

Ce document contient des informations importantes. Veuillez le faire traduire au plus tôt.