

# Buffalo Services, Inc.

## Employee Status Change

Location \_\_\_\_\_

Date of Hire \_\_\_\_\_

Current Position \_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_

New Hire  
Rate of Pay \_\_\_\_\_

Rehire  
Rate of Pay \_\_\_\_\_

Promotion /Demotion \_\_\_\_\_  
Position \_\_\_\_\_  
Rate of Pay Change \_\_\_\_\_

Transfer \_\_\_\_\_  
Position \_\_\_\_\_  
Rate of Pay Change \_\_\_\_\_

Termination \_\_\_\_\_  
Date of Termination \_\_\_\_\_

Last Day Worked \_\_\_\_\_

Reason for Termination \_\_\_\_\_  
\_\_\_\_\_

Final # of Hours Worked \_\_\_\_\_

\$ \_\_\_\_\_ Owed to BSI at time of termination

Items/Property of BSI returned at time of termination:  
\_\_\_\_\_

Send final Compensation (if any) to:  
\_\_\_\_\_  
\_\_\_\_\_

**Eligible for Rehire**     Yes     No

**New Hire Packet Checklist:**

- Employee Status Change
- Voluntary Self Identification Form
- B-Kwik Shirt Purchase Agreement
- I9 Form
- W4
- State Tax Withholdings
- Driver's License (Copy)
- Social Security Card (copy)
- Direct Deposit Enrollment
- State New Hire Report
- Food Log Policy
- Internet Usage Agreement
- Handbook Acknowledgement
- Drug Free Work Place Policy
- Standards of Conduct
- B-Kwik Orientation Checklist (Cashier Training)
- Key Control Management
- Application for Employment
- Interview questions and applicant evaluation

Manager's Signature: \_\_\_\_\_ HR signature: \_\_\_\_\_

Date Sent to Corporate: \_\_\_\_\_ Date Corporate Processed: \_\_\_\_\_

## VOLUNTARY SELF-IDENTIFICATION FORM

Buffalo Services, Inc. is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, Buffalo Services, Inc. invites you to voluntarily self-identify your race or ethnicity by checking the appropriate box below.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Race and ethnic designations as used by the Equal Employment Opportunity Commission and on this self-identification form do not denote scientific definitions of anthropological origins.

**Please check the appropriate box:**

- Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.

Male

Female

Name: \_\_\_\_\_

Date: \_\_\_\_\_



*Buffalo Services, Inc*

**B-Kwik**

01/01/2007

Revised 01/01/2011





# *Buffalo Services, Inc*

B-Kwik

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## *Buffalo Services, Inc*

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*Buffalo Services, Inc*

B-Kwik





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## *Buffalo Services, Inc*

**B-Kwik**

Welcome to B-Kwik!

On behalf of your colleagues, we welcome you and wish you every success here.

We believe that each employee contributes directly to our growth and success, and we hope you will take pride in being a member of our team.

This handbook outlines the policies, programs, and benefits available to eligible employees. It was also developed to describe some of the expectations we have of our employees. The employee handbook will answer many questions about employment with B-Kwik so we suggest that you familiarize yourself with the contents of the employee handbook as soon as possible

We hope that your experience here will be challenging, enjoyable, and rewarding. Again, welcome!

Sincerely,

W. Clifton Van Cleave  
President/CEO



# *Buffalo Services, Inc*

**B-Kwik**

## INTRODUCTORY STATEMENT

This handbook is designed to acquaint you with B-Kwik and provide you with information about working conditions, employee benefits, and some of the policies affecting your employment.

You should read, understand, and comply with all provisions of the handbook. The handbook describes many of your responsibilities as an employee and outlines the programs we have developed to benefit our employees. One of our objectives at B-Kwik is to provide a work environment that is conducive to both personal and professional growth.

No employee handbook can anticipate every circumstance or question about every one of our policies. Further, there may be situations where the need arises for us to revise, add, or cancel policies. Therefore, B-Kwik reserves the right to add new policies, and to change or cancel existing policies at any time. The only exception is that our employment-at-will policy will not be changed or cancelled. The employment-at-will policy permits you or B-Kwik to end the employment relationship at any time for any reason.





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# *Buffalo Services, Inc*

**B-Kwik**

## EMPLOYEE ACKNOWLEDGEMENT FORM

The employee handbook describes important information about B-Kwik, and I understand that I should consult the Human Resources Office regarding any questions not answered in the handbook.

I have entered into my employment relationship with B-Kwik voluntarily and acknowledge that there is no specified length of employment. Accordingly, either I or B-Kwik can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

Since the information, policies, and benefits described here are necessarily subject to change, I acknowledge that revisions to the handbook may occur, except to B-Kwik's policy of employment-at-will. All such changes will be communicated through official notices, and I understand that revised information may supersede, modify, or eliminate existing policies. Only the chief executive officer of B-Kwik has the ability to adopt any revisions to the policies in this handbook.

Furthermore, I acknowledge that this handbook is neither a contract of employment nor a legal document. I understand that it is my responsibility to read and comply with the policies contained in this handbook and any revisions made to it.

EMPLOYEE'S NAME (printed): \_\_\_\_\_

EMPLOYEE'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



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## *Buffalo Services, Inc*

**B-Kwik**

### CUSTOMER RELATIONS

Customers are among our organization's most valuable assets. Each of you represents B-Kwik to our customers and the public. The way we do our jobs presents an image of our entire organization. Customers judge us by how they are treated each time they have contact with us. Therefore, one of our top business priorities is to assist any customer or potential customer. Nothing is more important than being courteous, friendly, helpful, and prompt in the attention you give to customers.

B-Kwik will provide customer relations and services training to all employees who have extensive customer contact. If a customer wishes to make a specific comment or complaint, you should direct that person to the Area Manager for appropriate action. Remember that your contacts with the public in person, over the telephone, and through all your communications reflect not only on you but on B-Kwik as a whole. Positive customer relations will not only enhance the public's image of B-Kwik, but also pay off in greater customer loyalty and increased sales and profit.



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## ***Buffalo Services, Inc***

**B-Kwik**

### **101 Nature of Employment**

Effective Date: 01/01/2007

Revision Date:

This handbook is intended to provide you with a general understanding of the personnel policies of BSI and to answer many common questions. You are encouraged to review all the policies in the handbook and become familiar with them.

However, this handbook cannot anticipate every situation or answer every question about employment. This handbook is also not an employment contract and is not intended to create contractual obligations of any kind. Since employment at BSI is based on mutual consent and is at will, either you or BSI have the right to end the employment relationship at any time, with or without cause or advance notice.

In order to retain necessary flexibility in the administration of policies and procedures, we reserve the right to change, revise, or eliminate any of the policies and/or benefits described in this handbook, except for the policy of employment-at-will. The only recognized deviations from the policies in this handbook must be authorized and signed by the chief executive officer of BSI.



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## *Buffalo Services, Inc*

B-Kwik

### **102 Employee Relations**

Effective Date: 01/01/2007

Revision Date:

We believe that the work conditions, wages, and benefits we offer to BSI employees are competitive with those offered by other employers in this area and in this industry. If you have concerns about work conditions or compensation, you are strongly encouraged to voice these concerns openly and directly to your supervisor.

Our experience has shown that when employees deal openly and directly with management, the work environment can be excellent, communications can be clear, and attitudes can be positive. We believe that BSI amply demonstrates its commitment to employees by responding effectively to employee concerns.



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## *Buffalo Services, Inc*

B-Kwik

### **103 Equal Employment Opportunity**

Effective Date: 01/01/2007

Revision Date:

In order to provide equal employment and advancement opportunities to all individuals, employment decisions at BSI will be based on merit, qualifications, and abilities. BSI does not discriminate in employment opportunities or practices on the basis of race, color, religion, sex, national origin, age, disability, or any other characteristic protected by law.

We will make reasonable accommodations for qualified individuals with known disabilities unless doing so would result in an undue hardship. This policy covers all aspects of employment, including selection, job assignment, compensation, discipline, termination, and access to benefits and training.

If you have a question or concern about any type of discrimination in the workplace, you are encouraged to bring the issue to the attention of your supervisor or the Human Resources Office. At BSI, be assured that you can raise concerns and make reports without fear of reprisal. Further, anyone found to be engaging in any type of unlawful discrimination will be subject to disciplinary action, up to and including termination of employment.



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## ***Buffalo Services, Inc***

**B-Kwik**

### **104 Business Ethics and Conduct**

Effective Date: 1/1/2007

Revision Date:

The successful business operation and reputation of BSI is built upon the principles of fair dealing and ethical conduct of our employees. Our reputation for integrity and excellence requires careful observance of the spirit and letter of all applicable laws and regulations, as well as a scrupulous regard for the highest standards of conduct and personal integrity.

Our continued success is dependent upon our customers' trust and we are dedicated to preserving that trust. Employees owe a duty to BSI, our customers, and shareholders to act in ways that will merit the continued trust and confidence of the public.

As an organization, BSI will comply with all applicable laws and regulations and we expect our directors, officers, and employees to conduct business in accordance with the letter, spirit, and intent of all relevant laws and to refrain from any illegal, dishonest, or unethical conduct.

In general, you should find that using good judgment, based on high ethical principles, will guide you to act appropriately. If you are unsure about the proper course of action, you should discuss the matter openly with your supervisor. If necessary, you may also contact the Human Resources Department for advice and consultation.

It is the responsibility of every BSI employee to comply with our policy of business ethics and conduct. Disregarding or failing to comply with this standard of business ethics and conduct could lead to disciplinary action, up to and including possible termination of employment.



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## *Buffalo Services, Inc*

**B-Kwik**

### **107 Immigration Law Compliance**

Effective Date: 1/1/2007

Revision Date:

B-Kwik is committed to employing only United States citizens and aliens who are legally authorized to work in the United States. We also do not unlawfully discriminate on the basis of citizenship or national origin.

In order for us to comply with the Immigration Reform and Control Act of 1986, all new employees, as a condition of employment, must complete the Employment Eligibility Verification Form I-9 and provide documentation that establishes their identity and eligibility for employment. Former employees who are subsequently rehired must also complete an I-9 and provide appropriate documentation if 1) they have not completed an I-9 with B-Kwik within the past three years, or 2) their previous I-9 is no longer valid or was not retained.

If you have questions or want more information on immigration law issues, you are encouraged to contact the Human Resources Office. At B-Kwik you can raise questions or complaints about immigration law compliance without fear of reprisal.



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## *Buffalo Services, Inc*

B-Kwik

### **112 Non-Disclosure**

Effective Date: 1/1/2007

Revision Date:

It is vital to the interests and success of BSI that we protect our confidential business information and trade secrets. Confidential information includes, but is not limited to, the following examples:

- \* Compensation data
- \* Computer processes
- \* Computer programs and codes
- \* Customer lists
- \* Customer preferences
- \* Financial information
- \* Proprietary production processes

If you are exposed to confidential information, we may request that you sign a non-disclosure agreement as a condition of your employment.

Because we consider security breaches very serious, if you improperly use or disclose trade secrets or confidential business information, you will be subject to disciplinary action, up to and including termination of employment, even if you do not actually benefit from the disclosed information.





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## *Buffalo Services, Inc*

**B-Kwik**

### **114 Disability Accommodation**

Effective Date: 1/1/2007

Revision Date:

BSI is committed to complying fully with the Americans with Disabilities Act (ADA) and ensuring equal opportunity in employment for qualified persons with disabilities.

All employment practices and activities are conducted on a non-discriminatory basis. Our hiring procedures have been reviewed and provide persons with disabilities meaningful employment opportunities. Pre-employment inquiries are made only regarding an applicant's ability to perform the duties of the position.

Reasonable accommodation is available to an employee with a disability if the disability affects the performance of job functions. We make all employment decisions based on the merits of the situation in accordance with defined criteria, not the disability of the individual.

Qualified individuals with disabilities are entitled to equal pay and other forms of compensation (or changes in compensation) as well as job assignments, classifications, organizational structures, position descriptions, lines of progression, and seniority lists. We make leaves of all types available to all employees on an equal basis.



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## *Buffalo Services, Inc*

B-Kwik

### **201 Employment Categories**

Effective Date: 1/1/2007

Revision Date:

Understanding the definitions of the employment classifications at BSI is important because your classification is one of the factors that determine your employment status and benefit eligibility. These classifications do not guarantee employment for any specified period of time. Since employment with BSI is based on mutual consent, either you or BSI have the right to terminate the employment relationship at will at any time, with or without cause or advance notice.

You belong to one of the following employment categories:

REGULAR FULL-TIME employees are employees who are regularly scheduled to work the full-time schedule at BSI. Generally, regular full-time employees are eligible for all BSI benefit programs, subject to the terms, conditions, and limitations of each benefit program.

PART-TIME employees are employees who are not in a temporary status AND who are regularly scheduled to work **less than 37 hours per week**. While part-time employees receive all legally mandated benefits (such as Social Security and workers' compensation insurance), they are ineligible for the other BSI benefit programs.



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## *Buffalo Services, Inc*

B-Kwik

### **202 Access to Personnel Files**

Effective Date: 1/1/2007

Revision Date:

At BSI we maintain a personnel file on each employee that includes the job application and related hiring documents, training records, performance documentation, salary history, and other employment records.

Personnel files are the property of BSI. Because this information is highly confidential and we respect your privacy, only persons with a legitimate business reason will be allowed access to personnel files.

If you wish to see your personnel file, contact the Human Resources Department. With reasonable advance notice, you may review your own personnel file in our offices and in the presence of a person authorized by BSI.



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***Buffalo Services, Inc***

**B-Kwik**

## **203 Employment Reference Checks**

Effective Date: 1/1/2007

Revision Date:

To help select the best person for the job, BSI checks the employment references of job candidates.

The Human Resources Office will respond to all reference check inquiries from other employers. We will confirm only employment dates, salary information, and the positions held.



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## ***Buffalo Services, Inc***

**B-Kwik**

### **204 Personnel Data Changes**

Effective Date: 1/1/2007

Revision Date:

To help us keep records and benefit program information accurate, please notify BSI of any changes to your personal information. The information we need includes your mailing address, telephone numbers, your marital status, changes to your dependents' information, who to contact in case of an emergency, educational accomplishments, and other possibly relevant information. To make changes or if you have questions about what information is required, contact the Human Resources Office.



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## *Buffalo Services, Inc*

**B-Kwik**

### **208 Employment Applications**

Effective Date: 1/1/2007

Revision Date:

BSI relies on the accuracy of the information provided on the employment application, as well as the accuracy of other data presented during the hiring process and employment. If there are any misrepresentations, falsifications, or material omissions in any of this information, we may exclude that applicant from further consideration. If the person was already hired, it could result in termination of employment.

When we process an employment application, we may obtain a consumer credit report for employment purposes only concerning the applicant's credit worthiness, credit standing, and credit capacity. If we take an adverse employment action based in whole or in part on the consumer credit report, a copy of the report and a summary of your rights under the Fair Credit Reporting Act will be provided as well as any other documents required by law.



## *Buffalo Services, Inc*

B-Kwik

### **209 Performance Evaluation**

Effective Date: 1/1/2007

Revision Date:

The best communications about job performance happen on an informal, day-to-day basis. You and your supervisor are strongly encouraged to talk about performance regularly. BSI wants to ensure that you and your supervisor have scheduled formal performance evaluations every 6 months. These discussions give you both the opportunity to discuss job responsibilities and goals, encourage and recognize strengths, identify and correct any weaknesses, develop plans for dealing with any obstacles, and plan for the future.

BSI awards merit-based pay adjustments in recognition of truly superior employee performance. These adjustments are based on numerous factors, including the information documented by the formal performance evaluation process.



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## ***Buffalo Services, Inc***

**B-Kwik**

### **210 Job Descriptions**

Effective Date: 1/1/2007

Revision Date:

BSI makes every effort to create and maintain accurate job descriptions for all positions within the organization. Each description includes sections for job information; a job summary (giving a general overview of the job's purpose); essential duties and responsibilities; supervisory responsibilities; qualifications (including education and/or experience, language skills, mathematical skills, reasoning ability, and any certification required); physical demands; and work environment.

We use the job descriptions to help new employees understand their job duties and to set standards for employee performance evaluations. Job descriptions are also used to identify the requirements of each position, establish hiring criteria, and establish a basis for making reasonable accommodations for individuals with disabilities.

The Human Resources Office and the hiring manager prepare job descriptions when new positions are created. Existing job descriptions are also reviewed and revised in order to ensure that they are up to date. Job descriptions may also be rewritten periodically to reflect any changes in the position's duties and responsibilities. You can also be helpful by making sure that your job description accurately reflects the work you do.

We would like you to remember that job descriptions do not necessarily cover every task or duty that you might be assigned, and that additional responsibilities may be assigned as necessary. You can contact the Human Resources Office if you have any questions or concerns about your job description.





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## ***Buffalo Services, Inc***

**B-Kwik**

### **212 Salary Administration**

Effective Date: 1/1/2007

Revision Date:

The wage administration program at BSI was created to achieve consistent pay practices, comply with federal and state laws, mirror our commitment to Equal Employment Opportunity, and offer competitive salaries within our labor market. Because we believe that recruiting and retaining talented employees is critical to our success, we are committed to paying our employees equitable wages that reflect the requirements and responsibilities of their positions and are comparable to the pay received by similarly situated employees in other organizations in the area.

Compensation for every position is determined by several factors including job analysis and evaluation, the essential duties and responsibilities of the job, and salary survey data on pay practices of other employers. We periodically review our wage administration program and restructure it as necessary. We may award merit-based pay adjustments in conjunction with superior employee performance as documented by our performance evaluation process.

If you have a question about the pay practices for your department, you can talk with your supervisor. The Payroll Office is also available to answer questions about BSI's wage administration program.



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## *Buffalo Services, Inc*

B-Kwik

### **301 Employee Benefits**

Effective Date: 1/1/2007

Revision Date: 1/1/2011

BSI provides a wide range of benefit programs to eligible employees. Certain legally required programs (such as Social Security, workers' compensation, state disability, and unemployment insurance) cover all employees in the manner required by the laws.

Your eligibility for each benefit program depends on a variety of factors, including your employee classification. To better understand exactly which benefit programs you are eligible for, talk to your supervisor. You will find details about many of these programs elsewhere in the employee handbook. In some cases, a policy may also refer you to other sources, such as the Summary Plan Document for that benefit.

The following benefit programs are available to eligible employees, subject to terms and conditions of each program:

- \* Holiday Pay
- \* Paid Time Off (PTO)



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## ***Buffalo Services, Inc***

**B-Kwik**

### **305 Holidays**

Effective Date: 1/1/2007

Revision Date:

BSI gives holiday pay to all full time employees on the following holiday:

- \* Christmas (December 25)

We provide holiday pay to eligible employees who have completed 365 calendar days of service in an eligible employment classification. If you are eligible for paid holidays, your holiday pay will be calculated on your straight-time pay rate as of that holiday multiplied by the number of hours you would normally have worked on that day

If a recognized holiday falls during an eligible employee's paid absence (such as vacation or sick leave), holiday pay will be provided instead of the paid time off benefit that would otherwise have applied.

If eligible nonexempt employees work on a recognized holiday, the employees will receive holiday pay plus wages at their straight-time rate for the hours worked on the holiday.

Paid time off for holidays will not be counted as hours worked for the purposes of determining overtime.



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## *Buffalo Services, Inc*

B-Kwik

### **306 Workers' Compensation Insurance**

Effective Date: 1/1/2007

Revision Date:

BSI provides a comprehensive workers' compensation insurance program to our employees. The workers' compensation program covers injuries or illnesses sustained in the course of employment that require medical, surgical, or hospital treatment. Subject to the applicable legal requirements, this program provides benefits after a short waiting period or, in the event of hospitalization, immediately.

It is critical that you inform your supervisor immediately about any work-related injury or illness, regardless of how minor it might appear at the time. Immediate reporting ensures that, if eligible, you will qualify for workers' compensation benefits as quickly as possible and also lets us investigate the matter promptly.

Workers' compensation is intended to cover only work-related injuries and illnesses. Because of this, neither BSI nor our insurance carrier will be liable for the payment of workers' compensation benefits for injuries that might occur during employees' voluntary participation in off-duty recreational, social, or athletic activities that we may sponsor.



## ***Buffalo Services, Inc***

**B-Kwik**

### **315 Paid Time Off (PTO)**

Effective Date: 1/1/2011

Revision Date: 1/1/2011

Paid Time Off (PTO) is an all purpose time-off policy for eligible employees to use for vacation, illness or injury, and personal business. It combines traditional vacation and sick leave plans into one flexible, paid time-off policy. Employees in the following employment classification(s) are eligible to earn and use PTO as described in this policy:

\* Full Time Employees

Once employees enter an eligible employment classification, they begin to earn PTO according to the schedule below. However, before PTO can be used, a waiting period of 365 calendar days must be completed. After that time, employees can request use of earned PTO including that accrued during the waiting period.

The amount of PTO employees receive each year increases with the length of their employment as shown in the following schedule:

\*After 1 year of eligible service the employee is entitled to no more than 40 hours each year.

The length of eligible service is calculated on the basis of a "benefit year." This is the 12-month period that begins when the employee starts to earn PTO. An employee's benefit year may be extended for any significant leave of absence except military leave of absence. Military leave has no effect on this calculation. (See individual leave of absence policies for more information.)

PTO can be used in minimum increments of one day. Employees who have an unexpected need to be absent from work should notify their direct supervisor before the scheduled start of their workday, if possible. The direct supervisor must also be contacted on each additional day of unexpected absence.

To schedule planned PTO, employees should request advance approval from their supervisors. Requests will be reviewed based on a number of factors, including business needs and staffing requirements.

PTO is paid at the employee's base pay rate at the time of absence. It does not include overtime or any special forms of compensation such as incentives, commissions, bonuses, or shift differentials.

In the event that available PTO is not used by the end of the benefit year, employees may carry unused



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## *Buffalo Services, Inc*

### **B-Kwik**

time forward to the next benefit year. If the total amount of unused PTO reaches a "cap" equal to two times the annual PTO amount, further accrual will stop. When the employee uses PTO and brings the available amount below the cap, accrual will begin again.

Upon termination of employment, employees will be paid for unused PTO that has been earned through the last day of work. However, if BSI, in its sole discretion, terminates employment for cause, forfeiture of unused PTO may result.



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## *Buffalo Services, Inc*

B-Kwik

### **401 Timekeeping**

Effective Date: 1/1/2007

Revision Date:

All employees are responsible for accurately recording the hours they work. This information also helps BSI comply with the laws that require us to keep accurate records of "time worked" in order to correctly calculate employee pay and benefits. "Time worked" is defined as all the time nonexempt staff spend performing assigned duties.

You must accurately record the time you begin and end your work or if you leave the workplace for personal reasons. **Also, you always need to receive advance approval before working any overtime hours.**

We consider attempts to falsify timekeeping records a very serious matter. Therefore, any of the following actions may result in disciplinary action, up to and including termination: altering, falsifying, tampering with time records, or recording another employee's time record.

If corrections or revisions are made to the time record, both the employee and supervisor must initial the changes on the time record as being accurate.



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## *Buffalo Services, Inc*

**B-Kwik**

### **403 Paydays**

Effective Date: 1/1/2007

Revision Date: 4/1/2009

All employees are paid weekly every Friday. Each paycheck includes earnings for all work performed through the end of the previous payroll period.

If a regularly scheduled payday falls on a day off, such as a weekend or holiday, you will be paid on the last work day before the regularly scheduled payday.

If you are going to be on vacation on a payday, your paycheck will be available upon your return.

Employees may have pay directly deposited into their bank accounts if they provide advance written authorization to B-Kwik. Employees will receive an itemized statement of wages when B-Kwik makes direct deposits.





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## ***Buffalo Services, Inc***

**B-Kwik**

### **405 Employment Termination**

Effective Date: 1/1/2007

Revision Date:

Termination of employment is an inevitable part of personnel activity within any organization, and many of the reasons for termination are routine. These are some of the most common circumstances for employment terminations:

- \* Resignation - voluntary employment termination initiated by an employee.
- \* Discharge - involuntary employment termination initiated by the organization.

We will generally schedule an exit interview at the time of employment termination. The exit interview is an opportunity to discuss such issues as employee benefits, conversion privileges, repayment of any outstanding debt to BSI, or return of BSI-owned property. It is also a time for you to voice any suggestions, complaints, and questions you may have.

Since employment with BSI is based on mutual consent, either you or BSI have the right to terminate the employment relationship at will, with or without cause or advance notice, at any time.

Your benefits are affected by termination in several ways. All accrued, vested benefits that are due and payable at termination will be paid out.



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*Buffalo Services, Inc*

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## **409 Administrative Pay Corrections**

Effective Date: 1/1/2007

Revision Date:

BSI takes all reasonable steps to ensure that you receive the correct amount of pay in each paycheck and that you are paid on the scheduled payday.

In the unlikely event that there is an error in the amount of pay you receive, you should promptly advise the Payroll Office so that the discrepancy can be corrected as quickly as possible.



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## ***Buffalo Services, Inc***

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### **410 Pay Deductions**

Effective Date: 1/1/2007

Revision Date:

BSI is legally required to make certain deductions from every employee's compensation. Among these deductions are federal, state, and local taxes as appropriate. We are also legally required to deduct Social Security taxes on your earnings up to a maximum amount, which is called the Social Security "wage base." BSI contributes to your Social Security by matching the amount of Social Security taxes deducted from your compensation.

If you have questions concerning why a deduction was made from your paycheck or how your paycheck is calculated, consult with your supervisor.



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## *Buffalo Services, Inc*

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### **501 Safety**

Effective Date: 1/1/2007

Revision Date:

To assist in providing a safe and healthful work environment for employees, customers, and visitors, BSI has established a workplace safety program. This program is a top priority at BSI. The success of the program depends on the alertness and personal commitment of everyone.

We provide information to employees about workplace safety and health issues through regular internal communication channels. These may include supervisor-employee meetings, bulletin board postings, memos, or other written communications.

You are expected to obey all safety rules and use caution in your work activities. You must immediately report any unsafe condition to the appropriate supervisor. If you violate BSI safety standards, cause a hazardous or dangerous situation, or fail to report or, where appropriate, remedy such situations, you may be subject to disciplinary action, up to and including termination of employment.

In the case of an accident that results in an injury, regardless of how insignificant the injury may appear, you should immediately notify the appropriate supervisor. Prompt reporting can ensure legal compliance and quick initiation of insurance and worker's compensation benefits procedures.



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## *Buffalo Services, Inc*

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### **502 Work Schedules**

Effective Date: 1/1/2007

Revision Date:

Work schedules for employees vary throughout BSI. Your supervisor will advise you of your specific work schedule. Staffing needs and operational demands may necessitate variations in starting and ending times, as well as variations in the total hours that may be scheduled each day and week.



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## *Buffalo Services, Inc*

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### **504 Use of Phone and Mail Systems**

Effective Date: 1/1/2007

Revision Date:

BSI telephones are reserved for business use only. Therefore, employees are not permitted to make outgoing personal calls, including local calls. We may require you to reimburse BSI for charges resulting from personal calls. Use of cell phones is not permitted while on duty.

It is not acceptable to use BSI postage or metering for your personal mail. The postage is intended only for official business-related mail.

Because our telephone communications are an important reflection of our image to customers and the community, every employee should use proper telephone etiquette. Some examples of good telephone etiquette are always using the approved greeting, speaking courteously and professionally, confirming the information you have received from the caller, and only hanging up once the caller has done so.



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## *Buffalo Services, Inc*

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### **505 Smoking**

Effective Date: 1/1/2007

Revision Date:

In keeping with BSI's intent to provide a safe and healthful work environment, smoking is prohibited throughout the workplace except in designated smoking areas.

This policy applies equally to all employees as well as to our customers and visitors.



## *Buffalo Services, Inc*

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### **507 Overtime**

Effective Date: 1/1/2007

Revision Date:

There may be times when BSI cannot meet its operating requirements or other needs during regular working hours. If this happens, we may schedule employees to work overtime hours. When possible, we will try to let you know in advance of a mandatory overtime assignment.

It is our policy that no overtime can be worked without the approval and authorization of the supervisor. We try to distribute overtime assignments fairly among all employees who are qualified to perform the required work.

All nonexempt employees will be paid overtime compensation in accordance with federal and state wage and hour restrictions. Overtime pay is based on actual hours worked. For this reason, time off for sick leave, vacation, and other paid or unpaid leaves of absence is not considered hours worked for the purpose of calculating overtime pay.

If you work overtime without receiving your supervisor's prior authorization, you may be subject to disciplinary action, up to and including possible termination of employment.





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## *Buffalo Services, Inc*

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### **510 Emergency Closings**

Effective Date: 1/1/2007

Revision Date:

There could be times when emergencies, such as severe weather, fires, power failures, or other events, may disrupt our normal business operations. In extreme cases, these circumstances may require that we close a work facility.

When a facility is officially closed due to emergency conditions, the time off from scheduled work will be unpaid.

If BSI is not officially closed during an emergency, you are expected to report to work. If you do not report to work, you will not be paid for the time off.



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## ***Buffalo Services, Inc***

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### **516 Computer and Email Usage**

Effective Date: 6/22/2008

Revision Date:

BSI may give employees access to computers, computer files, the email system, and software to use in doing their work. Employees should not use a password, access a file, or retrieve any stored communication without authorization. To make sure that employees comply with this policy, computer and email usage will be monitored by management.

We strive to maintain a workplace that is free of harassment and sensitive to the diversity of our employees. Therefore, we prohibit the use of computers and the email system in ways that are disruptive, offensive to others, or harmful to morale.

We prohibit displaying, downloading, or emailing sexually explicit images, messages, and cartoons. Other examples of unacceptable computer usage include (but are not limited to) ethnic slurs, racial comments, off-color jokes, or anything that may be seen by another person as harassment or disrespectful.

You may not use email to solicit others for commercial ventures, religious or political causes, outside organizations, or other nonbusiness matters.

BSI purchases and licenses the use of various computer software for business purposes and does not own the copyright to this software or its related documentation. Unless the software developer authorizes us, we do not have the right to reproduce the software for use on more than one computer.

You may only use software on local area networks or on multiple machines according to the software license agreement. BSI prohibits the illegal duplication of software and its related documentation.

You should notify your supervisor, the Human Resources Department or any member of management if you learn about a violation of this policy. Employees who violate this policy are subject to disciplinary action, up to and including termination of employment.



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# *Buffalo Services, Inc*

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## **517 Internet Usage**

Effective Date: 6/22/2008

Revision Date:

BSI may provide employees with Internet access to help them do their jobs. This policy explains out guidelines for using the Internet responsibly and productively. Internet usage is intended for job-related activities only.

All Internet data that is composed, transmitted, or received via our computer communications systems is considered to be part of our official records. This means that it is subject to disclosure to law enforcement or other third parties. Therefore, you should always make sure that the business information contained in Internet email messages and other transmissions is accurate, appropriate, ethical, and lawful.

The equipment, services, and technology provided to access the Internet remain at all times the property of BSI. As such, BSI reserves the right to monitor Internet traffic. We also reserve the right to retrieve and read any data composed, sent, or received through our online connections and stored in our computer systems. It is against company policy to remove any history from your computer. History will be maintained for 20 days and will be deleted as reviewed by management.

Data that is composed, transmitted, accessed, or received via the Internet must not contain content that could be considered discriminatory, offensive, obscene, threatening, harassing, intimidating, or disruptive to any employee or other person. Examples of unacceptable content may include, but are not limited to, sexual comments or images, racial slurs, gender-specific comments, or any other comments or images that could reasonably offend someone on the basis of race, age, sex, religious or political beliefs, national origin, disability, sexual orientation, or any other characteristic protected by law.

The unauthorized use, installation, copying, or distribution of copyrighted, trademarked, or patented material on the Internet is expressly prohibited. As a general rule, if you did not create material, do not own the rights to it, or have not received authorization for its use, you may not put the material on the Internet. You are also responsible for ensuring that the person sending any material over the Internet has the appropriate distribution rights.

Internet users should take the necessary anti-virus precautions before downloading or copying any file from the Internet. All downloaded files are to be checked for viruses; all compressed files are to be checked before and after decompression.



## *Buffalo Services, Inc*

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Abuse of the Internet access provided by BSI in violation of law or BSI policies will result in disciplinary action, up to and including termination of employment. Employees may also be held personally liable for any violations of this policy. The following behaviors are examples of previously stated or additional actions and activities that are prohibited and can result in disciplinary action:

- \* Sending or posting discriminatory, harassing, or threatening messages or images
- \* Using the organization's time and resources for personal gain
- \* Stealing, using, or disclosing someone else's code or password without authorization
- \* Copying, pirating, or downloading software and electronic files without permission
- \* Sending or posting confidential material, trade secrets, or proprietary information outside of the organization
- \* Violating copyright law
- \* Failing to observe licensing agreements
- \* Engaging in unauthorized transactions that may incur a cost to the organization or initiate unwanted Internet services and transmissions
- \* Sending or posting messages or material that could damage the organization's image or reputation
- \* Participating in the viewing or exchange of pornography or obscene materials
- \* Sending or posting messages that defame or slander other individuals
- \* Attempting to break into the computer system of another organization or person
- \* Refusing to cooperate with a security investigation
- \* Sending or posting chain letters, solicitations, or advertisements not related to business purposes or activities
- \* Using the Internet for political causes or activities, religious activities, or any sort of gambling
- \* Jeopardizing the security of the organization's electronic communications systems
- \* Sending or posting messages that disparage another organization's products or services
- \* Passing off personal views as representing those of the organization
- \* Sending anonymous email messages
- \* Engaging in any other illegal activities



# ***Buffalo Services, Inc***

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## **522 Workplace Violence Prevention**

Effective Date: 1/1/2007

Revision Date:

BSI is committed to preventing workplace violence and to maintaining a safe work environment. We have adopted the following guidelines to deal with intimidation, harassment, or other threats of (or actual) violence that might occur during business hours or on our premises.

All employees, including supervisors and temporary employees, should be treated with courtesy and respect at all times. Employees are expected to refrain from fighting, "horseplay," or other conduct that may be dangerous to others. We prohibit firearms, weapons, and other dangerous or hazardous devices and substances from the premises of BSI without proper authorization.

BSI will not tolerate conduct that threatens, intimidates, or coerces another employee, a customer, or a member of the public at any time, including off-duty periods. This includes all acts of harassment, including harassment that is based on an individual's sex, race, age, or any characteristic protected by federal, state, or local law.

All threats of (or actual) violence, either direct or indirect, should be reported as soon as possible to your supervisor or any other member of management. This includes threats by employees as well as threats by customers, vendors, solicitors, or anyone else. When reporting a threat of violence, you should be as specific and detailed as possible.

Be sure to report any suspicious person or activities as soon as possible to a supervisor. Do not place yourself in danger. If you see or hear a commotion or disturbance near your work area, do not try to intercede or see what is happening.

We will promptly and thoroughly investigate all reports of threats of (or actual) violence and of suspicious individuals or activities. The identity of the person who made the report will be protected to the extent practical. To maintain workplace safety and the integrity of its investigation, BSI may suspend an employee, either with or without pay, pending investigation.

Any person who violates these guidelines will be subject to disciplinary action, up to and including termination of employment. Violations include making a threat of violence or actually committing a violent act.

If you are having a dispute or differences with another employee, we encourage you to discuss it with your supervisor or the Area Manager before the situation escalates into potential violence. BSI is eager to



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assist in the resolution of employee disputes and we will not discipline an employee for raising these types of concerns.



## ***Buffalo Services, Inc***

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### **601 Medical Leave**

Effective Date: 1/1/2007

Revision Date:

BSI provides unpaid leaves of absence to eligible employees who become temporarily unable to work due to a serious health condition or disability. Unpaid leave may also be requested to take time off to fulfill family obligations relating directly to childbirth, adoption or placement of a foster child or serious health condition of a child, spouse or parent. A serious health condition or disability includes inpatient care in a hospital, hospice, or residential medical care facility; continuing treatment by a health care provider; and temporary disabilities associated with pregnancy, childbirth, and related medical conditions.

Eligible employees may request medical or family leave only after completing 365 calendar days of service; however we may consider exceptions to the service requirement to accommodate disabilities. In order to receive medical or family leave, you must specifically request it. If you think you will need a leave, give your request to your supervisor at least 30 days in advance of the date the leave would start. This will help us plan for your possible absence. If it is an unexpected situation, make your request as soon as possible.

We require a health care provider's statement verifying the need for medical leave and the start and expected end dates. You are responsible for telling us about any subsequent changes to that information. Before you can return to work, we will require verification from a health care provider stating that you are fit to return.

Unpaid medical leaves are normally for the period of the disability, up to a maximum of 12 weeks within any 12 month period. The 12 week maximum applies to any combination of both medical leave and family leave during any 12 month period. If the initial period of approved leave proves insufficient, we will also consider a request for extension. Before beginning an unpaid medical leave, you must first use any available accrued paid time off, such as vacation.

If you incur a work-related injury, you are eligible for a medical leave for the period of disability in accordance with the laws covering occupational disabilities.

To help us plan for your return from leave, we request at least two weeks' notice before your expected return date. When you return from medical leave, you will be reinstated to your position unless that job is no longer available. If it is not available, you will be placed in an equivalent position for which you are





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qualified. If you do not report back to work promptly at the end of a medical leave, we will assume that you have resigned.



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## ***Buffalo Services, Inc***

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### **605 Military Leave**

Effective Date: 1/1/2007

Revision Date:

BSI will grant a military leave of absence to employees who are absent from work because they are serving in the U.S. uniformed services in accordance with the Uniformed Services Employment and Reemployment Rights Act (USERRA). You are required to give your supervisor advance notice of upcoming military service, unless military necessity prevents advance notice or it is otherwise impossible or unreasonable.

The military leave will be unpaid. However, you may use any available accrued paid time off, such as vacation, for the absence.

Employees who are on military leave for up to 30 days must return to work on the first regularly scheduled work period after service ends (allowing for reasonable travel time). Employees who are on military leave beyond 30 days must apply for reinstatement in accordance with USERRA and all applicable state laws.

When you return from military leave (depending on the length of military service in accordance with USERRA), you will be placed either in the position you would have attained if you had remained continuously employed or in a comparable position. For the purpose of determining benefits that are based on length of service, you will be treated as if you had been continuously employed.

If you have questions about military leave, contact the Human Resources Office for more information.



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## **607 Pregnancy-Related Absences**

Effective Date: 1/1/2007

Revision Date:

BSI will not discriminate against any employee who requests an excused absence for medical disabilities associated with pregnancy. We will evaluate such leave requests according to the medical leave policy provisions outlined in this handbook and all applicable federal and state laws.

If you request time off for a pregnancy or childbirth reason (such as bonding or child care) that is not related to a medical disability for those conditions, we will treat the request in the same way as we would consider a request for unpaid family or personal leave.



# *Buffalo Services, Inc*

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## **701 Employee Conduct and Work Rules**

Effective Date: 1/1/2007

Revision Date:

To ensure orderly operations and provide the best possible work environment, we expect you to follow rules of conduct that will protect the interests and safety of all employees and BSI.

Although it is not possible to list all the forms of behavior that are considered unacceptable at work, the following are some examples of conduct that may result in disciplinary action, up to and including termination of employment:

- \* Theft or inappropriate removal or possession of property
- \* Falsification of timekeeping records
- \* Working under the influence of alcohol or illegal drugs
- \* Possession, distribution, sale, transfer, or use of alcohol or illegal drugs in the workplace, while on duty, or while operating employer-owned vehicles or equipment
- \* Fighting or threatening violence in the workplace
- \* Boisterous or disruptive activity in the workplace
- \* Negligence or improper conduct leading to damage of employer-owned or customer-owned property
- \* Insubordination or other disrespectful conduct
- \* Violation of safety or health rules
- \* Smoking in prohibited areas
- \* Sexual or other unlawful or unwelcome harassment
- \* Possession of dangerous or unauthorized materials, such as explosives or firearms, in the workplace
- \* Excessive absenteeism or any absence without notice
- \* Unauthorized absence from work station during the workday
- \* Unauthorized use of telephones, mail system, or other employer-owned equipment
- \* Unauthorized disclosure of business "secrets" or confidential information
- \* Violation of personnel policies
- \* Unsatisfactory performance or conduct

Since employment with BSI is based on mutual consent, either you or BSI have the right to terminate the employment relationship at will, with or without cause or advance notice, at any time.



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## ***Buffalo Services, Inc***

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### **702 Drug and Alcohol Use**

Effective Date: 1/1/2007

Revision Date:

BSI wants to provide a drug-free, healthful, and safe workplace. To meet this goal, we expect you to report to work in a mental and physical condition that enables you to perform your job in a satisfactory manner.

While on BSI premises or while conducting business-related activities off BSI premises, you may not use, possess, distribute, sell, or be under the influence of alcohol or illegal drugs. We permit the legal use of prescribed drugs on the job only if they do not impair your ability to perform the essential functions of your job effectively and safely without endangering others.

If you violate this policy, it may lead to disciplinary action, up to and including immediate termination of your employment. Additionally, we may require that you participate in a substance abuse rehabilitation or treatment program. If you violate this policy, there could also be legal consequences.

If you have questions about substance dependency or abuse, we strongly encourage you to discuss these matters with your supervisor or the Area Manager to receive assistance or referrals to appropriate community resources.

Under the Drug-Free Workplace Act, an employee who performs work for a government contract or grant must notify BSI of a criminal conviction for drug-related activity occurring in the workplace. The report must be made within five days of the conviction.

If you have questions about this policy or issues related to drug or alcohol use at work, you can raise your concerns with your supervisor or the Area Manager without fear of reprisal.



## ***Buffalo Services, Inc***

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### **703 Sexual and Other Unlawful Harassment**

Effective Date: 1/1/2007

Revision Date:

BSI is committed to providing a work environment that is free from all forms of discrimination and conduct that can be considered harassing, coercive, or disruptive, including sexual harassment. Actions, words, jokes, or comments based on an individual's sex, race, color, national origin, age, religion, disability, sexual orientation, or any other legally protected characteristic will not be tolerated. We provide ongoing sexual harassment training to ensure you the opportunity to work in an environment free of sexual and other unlawful harassment.

Sexual harassment is defined as unwanted sexual advances, or visual, verbal, or physical conduct of a sexual nature. This definition includes many forms of offensive behavior and includes gender-based harassment of a person of the same sex as the harasser. The following is a partial list of sexual harassment examples:

- \* Unwanted sexual advances.
- \* Offering employment benefits in exchange for sexual favors.
- \* Making or threatening reprisals after a negative response to sexual advances.
- \* Visual conduct that includes leering, making sexual gestures, or displaying of sexually suggestive objects or pictures, cartoons or posters.
- \* Verbal conduct that includes making or using derogatory comments, epithets, slurs, or jokes.
- \* Verbal sexual advances or propositions.
- \* Verbal abuse of a sexual nature, graphic verbal commentaries about an individual's body, sexually degrading words used to describe an individual, or suggestive or obscene letters, notes, or invitations.
- \* Physical conduct that includes touching, assaulting, or impeding or blocking movements.

Unwelcome sexual advances (either verbal or physical), requests for sexual favors, and other verbal or



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physical conduct of a sexual nature constitute sexual harassment when: (1) submission to such conduct is made either explicitly or implicitly a term or condition of employment; (2) submission or rejection of the conduct is used as a basis for making employment decisions; or, (3) the conduct has the purpose or effect of interfering with work performance or creating an intimidating, hostile, or offensive work environment.

If you experience or witness sexual or other unlawful harassment in the workplace, report it immediately to your supervisor. If the supervisor is unavailable or you believe it would be inappropriate to contact that person, you should immediately contact the Human Resources Office or any other member of management. You can raise concerns and make reports without fear of reprisal or retaliation.

All allegations of sexual harassment will be quickly and discreetly investigated. To the extent possible, your confidentiality and that of any witnesses and the alleged harasser will be protected against unnecessary disclosure. When the investigation is completed, you will be informed of the outcome of the investigation.

Any supervisor or manager who becomes aware of possible sexual or other unlawful harassment must immediately advise the Human Resources Office or any member of management so it can be investigated in a timely and confidential manner. Any employee engaging in sexual or other unlawful harassment will be subject to disciplinary action, up to and including termination of employment.



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## ***Buffalo Services, Inc***

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### **704 Attendance and Punctuality**

Effective Date: 1/1/2007

Revision Date:

As an employee of BSI, we expect you to be reliable and punctual by reporting for work on time and as scheduled. When you are absent or late, it places a burden on other employees and can impact productivity and service. In the rare instances when you cannot avoid being late or are unable to work as scheduled, be sure to notify your supervisor as soon as possible so that appropriate arrangements can be made.

Because unplanned absences can be disruptive to work, a poor attendance record or excessive lateness may lead to disciplinary action, up to and including termination of employment. Excessive absence is defined as 3 unexcused absences.





# *Buffalo Services, Inc*

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## **705 Personal Appearance**

Effective Date: 1/1/2007

Revision Date: 9/7/2011

We want BSI employees to reflect an appropriate business image to customers and visitors. How you dress, your grooming and personal cleanliness standards all contribute to that image and also to the morale of your co-workers.

During business hours or whenever representing BSI, you are expected to present a clean, neat, and tasteful appearance. You should always dress and groom yourself according to the requirements of your position and accepted social standards. This is particularly true if your job involves dealing in person with customers or visitors. All B-Kwik employees must wear shirts with B-Kwik logo and authorized name tag. No jackets allowed behind register.

Your supervisor or department head is responsible for establishing a reasonable dress code appropriate to the job you perform. If your supervisor feels your personal appearance is inappropriate, you may be asked to leave work until you can return properly dressed or groomed. If this happens, you will not be paid for the time away from work. Be sure to consult your supervisor if you have questions as to what constitutes appropriate appearance. We may, when necessary, make reasonable accommodation in the personal appearance policy for a person with a disability.

Because personal style can be important to people, we do not want to restrict individual tastes unnecessarily. However, to give additional guidance, we expect BSI employees to follow the personal appearance guidelines below:

- \* Shoes must have non-slip rubber soles, closed toe and heel to provide safe, secure footing, and offer protection against hazards.
- \* Tank tops, tube or halter tops, or shorts may not be worn under any circumstances.
- \* Mustaches and beards must be clean, well trimmed, and neat.
- \* Hairstyles are expected to be in good taste. Unnaturally colored hair and extreme hairstyles do not present an appropriate professional appearance.
- \* Only Caps and Sun Visors with the B-Kwik logo are allowed. Hairnets for Deli Workers.
- \* Offensive body odor and poor personal hygiene is not professionally acceptable.
- \* Perfume, cologne, and aftershave lotion should be used moderately or avoided altogether, as some individuals may be sensitive to strong fragrances.
- \* Jewelry should not be functionally restrictive, dangerous to job performance, or excessive.
- \* Facial jewelry, such as eyebrow rings, nose rings, lip rings, and tongue studs, is not professionally appropriate and must not be worn during business hours.
- \* Torso body piercings with visible jewelry or jewelry that can be seen through or under clothing must



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not be worn during business hours.

\* Visible excessive tattoos and similar body art must be covered during business hours.

\* **NO JEANS**



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### **708 Resignation**

Effective Date: 1/1/2007

Revision Date:

Resignation is defined as a voluntary act initiated by an employee to terminate employment with BSI. Although there is no requirement that you give advance notice, doing so can reduce the impact on your co-workers and productivity. We request a resigning employee submit a written notice of resignation at least 2 weeks in advance.



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## *Buffalo Services, Inc*

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### **710 Security Inspections**

Effective Date: 1/1/2007

Revision Date:

BSI is committed to maintaining a work environment that is free of illegal drugs, alcohol, firearms, explosives, or other improper materials. We prohibit the possession, transfer, sale, or use of such materials on our premises. To ensure this policy is successful, we need every employee's cooperation.

We also want to discourage theft and the unauthorized possession of property that belongs to our employees, BSI, visitors, and customers. To help enforce this policy, we may require inspection of employees and other persons who enter or exit our premises as well as any packages or other belongings they carry with them. Large hand bags or book bags are not permitted.



# *Buffalo Services, Inc*

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## **712 Solicitation**

Effective Date: 1/1/2007

Revision Date:

In an effort to minimize disruptions and maintain a harmonious environment, we prohibit people who are not B-Kwik employees from either soliciting or distributing literature in the workplace at any time for any purpose.

We recognize that our employees are often active and have interest in events and organizations outside work. However, it is also our policy that employees may not solicit for or distribute literature about these activities during working time. (Working time excludes lunch periods, work breaks, or any other time when an employee is not "on duty" or scheduled to be working.)

Following are some examples of the types of solicitation that are not allowed:

- \* The collection of money, goods, or gifts for political groups
- \* The sale of goods, services, or subscriptions outside the scope of official organization business
- \* The circulation of petitions
- \* The distribution of literature not approved by the employer
- \* The solicitation of memberships, fees, or dues

Posting notices and solicitations on our bulletin boards is also prohibited. The bulletin boards are reserved for official B-Kwik communications on:

- \* Employee announcements
- \* Organization announcements
- \* Workers' compensation insurance information
- \* State disability insurance/unemployment insurance information



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## *Buffalo Services, Inc*

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### **714 Drug Testing**

Effective Date: 1/1/2007

Revision Date:

BSI is committed to providing a safe, efficient, and productive work environment for all employees. Using or being under the influence of drugs or alcohol on the job may pose serious safety and health risks. To help ensure a safe and healthful working environment, employees may be asked to provide body substance samples (such as urine and/or blood) to check for the illicit or illegal use of drugs and alcohol. Refusal to submit to drug testing may result in disciplinary action, up to and including termination of employment



# *Buffalo Services, Inc*

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## **716 Progressive Discipline**

Effective Date: 1/1/2007

Revision Date:

This policy describes the policy for administering equitable and consistent discipline for unsatisfactory conduct at BSI. We believe that the best disciplinary measure is the one that does not have to be enforced and comes from good leadership and fair supervision at all employment levels.

We also believe that it is in the best interests of BSI to ensure fair treatment of all employees and make certain that disciplinary actions are prompt, uniform, and impartial. The major purpose of any disciplinary action is to correct the problem, prevent recurrence, and prepare the employee for satisfactory performance in the future.

Although your employment is based on mutual consent and both you and BSI have the right to terminate employment at will, with or without cause or advance notice, BSI may use progressive discipline at its discretion.

Disciplinary action may call for any of four steps -- verbal warning, written warning, suspension with or without pay, or termination of employment -- depending on the severity of the problem and the number of occurrences. There may be circumstances when one or more steps are bypassed.

Progressive discipline means that, with respect to most disciplinary problems, these steps will normally be followed: a first offense may call for a verbal warning; a next offense may be followed by a written warning; another offense may lead to a suspension; and, still another offense may then lead to termination of employment.

BSI recognizes that there are certain types of employee problems that are serious enough to justify either a suspension, or, in extreme situations, termination of employment, without going through the usual progressive discipline steps.

While it is impossible to list every type of behavior that may be considered a serious offense, the Employee Conduct and Work Rules policy includes examples of problems that may result in immediate suspension or termination of employment. However, the problems listed are not all necessarily serious offenses, but may be examples of unsatisfactory conduct that will trigger progressive discipline.

By using progressive discipline, we hope that most employee problems can be corrected at an early stage.



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benefiting both employees and BSI.





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## **722 Workplace Etiquette**

Effective Date: 1/1/2007

Revision Date:

BSI strives to maintain a positive work environment where employees treat each other with respect and courtesy. Sometimes issues can arise when employees may be unaware that their behavior at work may be disruptive or annoying to others. Very often you can address these day-to-day issues by politely talking with your co-worker to bring the perceived problem to his or her attention.

In most cases, common sense will dictate an appropriate resolution. BSI encourages all employees to keep an open mind and graciously accept constructive feedback or another employee's request for you to change your behavior because it may be affecting that person's ability to concentrate and be productive.

The following are some workplace etiquette guidelines and suggestions to help you be more conscientious and considerate of your co-workers and the work environment. These are not necessarily intended to be hard and fast work rules with disciplinary consequences. If you have comments, concerns, or suggestions about workplace etiquette, contact the Area Manager.

- \* Avoid public accusations or criticisms of other employees. Address such issues privately with those involved or your supervisor.
- \* Try to minimize unscheduled interruptions of other employees while they are working.
- \* Be conscious of how your voice travels, and try to lower the volume of your voice when talking on the phone or to others in open areas.
- \* Keep socializing to a minimum, and try to conduct conversations in areas where the noise will not be distracting to others.
- \* Refrain from using inappropriate language (swearing) that others may overhear.
- \* Avoid discussions of your personal life/issues in public conversations that can be easily overheard.
- \* Clean up after yourself and do not leave behind waste or discarded papers.



# *Buffalo Services, Inc*

B-Kwik

## **792 Drug-Free Workplace Policy**

Effective Date: 11/1/2009

Revision Date:

### **Purpose and Goal**

**Buffalo Services, Inc.** is committed to protecting the safety, health and well being of all employees and other individuals in our workplace. We recognize that alcohol abuse and drug use pose a significant threat to our goals. We have established a drug-free workplace program that balances our respect for individuals with the need to maintain an alcohol and drug-free environment. This organization encourages employees to voluntarily seek help with drug and alcohol problems. It is a violation of our drug-free workplace policy to use, possess, sell, trade, and/or offer for sale illegal alcohol, illegal drugs or intoxicants. Violation of our policy will be grounds for termination.

### **Covered Workers**

Any individual who conducts business for the organization, is applying for a position or is conducting business on the organization's property is covered by our drug-free workplace policy. Our policy includes, but is not limited to full-time employees, part-time employees and applicants. Our drug-free workplace policy is intended to apply whenever anyone is representing or conducting business for the organization. Therefore, this policy applies during all working hours.

You are hereby advised that **Buffalo Services, Inc** has implemented a drug and alcohol policy and conducts a testing program, pursuant to Sections 71-7-1, et.al., of the Mississippi Code of 1972, Ann. (hereinafter referred to as "the Act"), and you are hereby advised of the existence of said Act.

All information, interviews, reports, statements, memoranda and test results, written or otherwise, received by **Buffalo Services, Inc** through its drug and alcohol testing program are confidential communications and may not be used or received in evidence, obtained in discovery, or disclosed in any public or private proceedings, except in accordance with the Act and these regulations. Any information obtained by **Buffalo Services, Inc** pursuant to the Act and these regulations shall be the property of the employer. **Buffalo Services, Inc** shall not release to any person other than the employee or job applicant, or employer medical, supervisory or other personnel, as



## *Buffalo Services, Inc*

B-Kwik

designated by **Buffalo Services, Inc** on a need to know basis, information related to drug and alcohol test results unless: (a) The employee or job applicant has expressly, in writing, granted permission for **Buffalo Services, Inc** to release such information; it is necessary to introduce a positive confirmed test result into an arbitration proceeding pursuant to a collective bargaining agreement, an administrative hearing under applicable state or local law, or a judicial proceeding, provided that information is relevant to the hearing or proceeding, or the information must be disclosed to a federal or state agency or other unit of the state or United States government as required under law, regulation or order, or in accordance with compliance requirements of a state or federal government contract, or disclosed to a drug abuse rehabilitation program for the purpose of evaluation or treatment of an employee; or there is a risk to public health or safety that can be minimized or prevented by the release of such information; provided, however, that unless such risk is immediate, a court order permitting the release shall be obtained prior to the release of the information. The confidentiality provisions provided for by the Act shall not apply to other parts of an employee's or job applicant's personnel or medical files. If an employee refuses to sign a written consent form for release of information to persons as permitted in the Act, **Buffalo Services, Inc** shall not be barred from discharging or disciplining the employee.

An employee or job applicant to be tested shall be given (1) a medication disclosure form to permit the employee or job applicant to disclose any non-prescription or prescription medications that have been taken within the last forty-five (45) days which may result in a positive test result, and (2) a statement that the form shall be submitted directly to the laboratory in order that **Buffalo Services, Inc** has no access to the information disclosed on the form. The procedure for submission of the form shall ensure that no person other than the laboratory has access to the information disclosed on the form.

### **Consequences**

One of the goals of our drug-free workplace program is to encourage employees to voluntarily seek help with alcohol and/or drug problems. If, however, an individual violates the policy, the consequences are serious.

In the case of applicants, if he or she violates the drug-free workplace policy, the offer of employment can be withdrawn. The applicant may reapply after six months and must successfully pass a pre-employment drug test.



## *Buffalo Services, Inc*

B-Kwik

Each employee, or applicant as a condition of employment, may be required to participate in pre-employment, pre-duty, periodic, random, post-accident, reasonable suspicion, return-to-duty and follow-up testing upon selection or request of management.

An employee will be subject to the same consequences of a positive test if he/she refuses the screening or the test, adulterates or dilutes the specimen, substitutes the specimen with that from another person or sends an imposter, will not sign the required forms or refuses to cooperate in the testing process in such a way that prevents completion of the test.

If an employee violates the policy, he or she will be terminated from employment. Following a violation of the drug-free workplace policy, an employee may be offered an opportunity to participate in rehabilitation at the sole discretion of the employer. In such cases, the employee must sign and abide by the terms set forth in a Return-to-Work Agreement as a condition of continued employment.

### **Drug Testing**

To ensure the accuracy and fairness of our testing program, final testing will be conducted according to Substance Abuse and Mental Health Services Administration (SAMHSA) guidelines where applicable and will include a screening test; a confirmation test; the opportunity for a split sample; review by a Medical Review Officer, including the opportunity for employees who test positive to provide a legitimate medical explanation, such as a physician's prescription, for the positive result; and a documented chain of custody.

Buffalo Services, Inc may choose to conduct a screening test at the Buffalo Services, Inc premises. If this test shows a non-negative the applicant will be required to have a confirmatory test conducted at a SAMHSA facility within 30 minutes. All negatives will be paid by the Buffalo Services, Inc but all positive tests will be paid by the applicant. All drug-testing information will be maintained in separate confidential records.

An employee who receives a positive confirmed drug test may contest the accuracy of the test or explain in, to the MRO at the employee's expense.



## ***Buffalo Services, Inc***

**B-Kwik**

The substances that may be tested for are: Amphetamines, Cannabinoids (THC), Cocaine, Opiates, Phencyclidine (PCP), Alcohol, Barbiturates, Benzodiazepines, Methaqualone, Methadone and Propoxyphene.

Testing for the presence of alcohol may be conducted by analysis of breath, saliva and blood. Testing for the presence of the metabolites of drugs will be conducted by the analysis of urine, blood and saliva. Any employee who tests positive will be terminated immediately.

### **Assistance**

**Buffalo Services, Inc** recognizes that alcohol and drug abuse and addiction are treatable illnesses. We also realize that early intervention and support improve the success of rehabilitation. To support our employees, our drug-free workplace policy: We encourage employees to seek help if they are concerned that they or their family members may have a drug and/or alcohol problem. Treatment for alcoholism and/or other drug use disorders may be covered by the employee benefit plan. However, the ultimate financial responsibility for recommended treatment belongs to the employee.

### **Shared Responsibility**

A safe and productive drug-free workplace is achieved through cooperation and shared responsibility. Both employees and management have important roles to play. All employees are required to not report to work or be subject to duty while their ability to perform job duties is impaired due to on- or off-duty use of alcohol or other drugs. In addition, employees are encouraged to be concerned about working in a safe environment and report dangerous behavior to their supervisor.

It is the supervisor's responsibility to clearly state consequences of policy violations.

### **Communication**

Communicating our drug-free workplace policy to both supervisors and employees is critical to our success. To ensure all employees are aware of their role in supporting our drug-free workplace program, all employees will receive a written copy of the policy and the policy will be reviewed in orientation sessions with new employees. A copy will be posted on the Buffalo Services, Inc bulletin board.



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***Buffalo Services, Inc***

**B-Kwik**

Employee Signature \_\_\_\_\_ Date. \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Location \_\_\_\_\_



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## *Buffalo Services, Inc*

B-Kwik

### **800 Life-Threatening Illnesses in the Workplace**

Effective Date: 1/1/2007

Revision Date:

Employees with life-threatening illnesses, such as cancer, heart disease, and AIDS, often wish to continue their normal pursuits, including work, to the extent allowed by their condition. BSI supports these endeavors as long as employees are able to meet acceptable performance standards.

As in the case of other disabilities, we will make reasonable accommodations in accordance with all legal requirements, to allow qualified employees with life-threatening illnesses to perform the essential functions of their jobs.

Medical information on individual employees is treated confidentially. BSI will take reasonable precautions to protect such information from inappropriate disclosure. Managers and other employees have a responsibility to respect and maintain the confidentiality of employee medical information. Anyone inappropriately disclosing such information is subject to disciplinary action, up to and including termination of employment.

# BUFFALO SERVICES, INC.



## Logo Shirt Purchase Agreement

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

STORE # \_\_\_\_\_

SIZE: \_\_\_\_\_

I \_\_\_\_\_ agree to have \$\_\_\_\_\_ deducted from my check  
for the purchase of:

\_\_\_\_\_ Logo Shirt

\_\_\_\_\_ Name Tag

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Logo Shirts: \$10.00

Name Tags: \$5.00

New Hire does not pay for 1<sup>st</sup> Name Tag

### Office Use

Date Sent: \_\_\_\_\_

Total Deduction \_\_\_\_\_

Sent By: \_\_\_\_\_

Check Date \_\_\_\_\_







State of Louisiana  
Department of Revenue

## Employee Withholding Exemption Certificate (L-4)

**Purpose:** Complete form L-4 so that your employer can withhold the correct amount of state income tax from your salary.

**Basic Instructions:** Employees who are subject to state withholding should complete the personal allowances worksheet below. Do not claim more than your correct withholding personal exemptions and the correct number of withholding dependency credits. Do not claim additional withholding exemptions if you qualify as head-of-household. In such cases, only the withholding personal exemption applicable to single individuals is allowable. You must file a new certificate within 10 days if the number of your exemptions decreases, except where the change occurs as the result of death of a spouse or a dependent. You may file a new certificate at any time the number of your exemptions increases. Penalties are imposed for willfully supplying false information or willful failure to supply information that would reduce the withholding exemption. This form must be filed with your employer. Otherwise, he must withhold Louisiana income tax from your wages without exemption.

**Note to Employer:** Keep this certificate with your records. If the employee is believed to have claimed too many exemptions or dependency credits, the Secretary of Revenue should be so advised by forwarding a copy of the employee's signed L-4 form to the Department.

### Personal Allowances Worksheet

A. In Block A, enter "0" if you claim neither yourself nor your spouse, or

In Block A, enter "1" if you claim yourself, provided you do not claim this exemption in connection with other employment or your spouse has not claimed your exemption, or

A.

In Block A, enter "2" if you claim yourself and your spouse. You may choose to enter "0" if you are married, and have either a working spouse, or more than one job. (This may help you avoid having too little tax withheld.)

B. In Block B, enter the number of dependents (other than your spouse or yourself) whom you will claim on your tax return. If no credits are claimed, enter "0".

B.

— — Cut here and give the bottom portion of certificate to your employer. Keep the top portion for your records. — —

Form **L-4**

Louisiana  
Department of  
Revenue

## Employee's Withholding Allowance Certificate

1. Type or print first name and middle initial		Last name	
2. Social Security Number	3. <input type="checkbox"/> No exemptions or dependents claimed <input type="checkbox"/> Single <input type="checkbox"/> Married		
4. Home address (number and street or rural route)			
5. City, State, ZIP			
6. Total number of exemptions you are claiming (from Block A above)		6.	
7. Total number of dependents you are claiming (from Block B above)		7.	
8. Additional amount, if any, you want withheld each pay period		8.	

I declare under the penalties imposed for filing false reports that the number of exemptions and dependency credits claimed on this certificate do not exceed the number to which I am entitled.

Employee's signature

Date

### The following is to be completed by employer.

9. Employer's name and address	10. Employer's state withholding account number
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State Tax Commission  
 P.O. Box 960  
 Jackson Mississippi 39205

**MISSISSIPPI EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE**

IMPORTANT: THIS CERTIFICATE MAY BE USED FOR PAY PERIODS IN CALENDAR YEAR 2000 and after

Employee's Name	Social Security Number
Employee's Residence Address	
Number and Street	City or Town
	State
	Zip Code

		<b>CLAIM YOUR WITHHOLDING PERSONAL EXEMPTION</b>			
<b>Marital Status</b>		<b>Personal Exemption Allowed</b>		<b>Amount Claimed</b>	
<p><b>EMPLOYEE:</b> File this form with your employer. Otherwise, he must withhold Mississippi income tax from the full amount of your wages.</p> <p><b>EMPLOYER:</b> Keep this certificate with your records. If the employee is believed to have claimed excess exemption, the State Tax Commission should be advised.</p>	1. Single	<input type="checkbox"/> Enter \$6,000 as exemption .....		\$	
	2. Married (Check One)	(a)	<input type="checkbox"/> Spouse <b>NOT</b> employed: Enter \$12,000 .....		
		(b)	<input type="checkbox"/> Spouse <b>IS</b> employed: Enter that part of \$12,000 claimed by you, in multiples of \$500. See instructions 2(b) below .....		
	3. Head of Family	<input type="checkbox"/> Enter \$9,500 as exemption. To qualify as head of family, you must be single and have a dependent living in the home with you. See instructions 2(c) & (f) below .....			
	4. Dependents	You may claim \$1,500 for each dependent,* other than for taxpayer and spouse, who receives chief support from you and who qualifies as a dependent for Federal income tax purposes. *A head of family may claim \$1,500 for each dependent <b>excluding</b> the one which qualifies you as head of family. Multiply number of dependents claimed by you by \$1,500. Enter amount claimed .....			
	Number Claimed				
5. Age and Blindness Exemption	Age 65 or older <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Single Blind <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Single Multiply number of blocks checked by \$1,500. Enter amount claimed ..... Note: No exemption allowed for age or blindness for dependents.				
<b>Effective only for pay periods in 2000 and after</b>	6. TOTAL AMOUNT OF EXEMPTION CLAIMED - Lines 1 through 5 .....			\$	
	7. Additional dollar amount withholding per pay period if agreed to by your employer .....			\$	

I declare under the penalties imposed for filing false reports that the amount of exemption claimed on this certificate does not exceed the amount to which I am entitled.

Date: \_\_\_\_\_ Employee's Signature: \_\_\_\_\_

## INSTRUCTIONS

1. THE PERSONAL EXEMPTIONS ALLOWED ARE:
  - (a) Single individuals - \$6,000
  - (b) Married individuals (jointly) - \$12,000
  - (c) Head of family - \$9,500
  - (d) Dependents - \$1,500
  - (e) Aged 65 and over - \$1,500
  - (f) Blindness - \$1,500
2. CLAIMING PERSONAL EXEMPTIONS:
  - (a) SINGLE INDIVIDUALS enter \$6,000 on Line 1.
  - (b) MARRIED INDIVIDUALS are allowed a joint exemption of \$12,000. If the spouse is not employed, enter \$12,000 on Line 2(a). If the spouse is employed, the exemption of \$12,000 may be divided between taxpayer and spouse in any manner they choose - in multiples of \$500. For example - taxpayer may claim \$6,500 and spouse claims \$5,500; or taxpayer may claim \$8,000 and spouse claims \$4,000. The total claimed by taxpayer and spouse may not exceed \$12,000. Enter amount claimed by you on Line 2(b).
  - (c) A HEAD OF FAMILY is a single individual who maintains a home which is the principal place of abode for himself and at least one dependent. Single individuals qualifying as a head of family enter \$9,500 on Line 3. If the taxpayer has more than one dependent, additional exemptions are applicable. See item (d).
  - (d) An additional exemption of \$1,500 may generally be claimed for each dependent of the taxpayer. A dependent is any relative who receives chief support from the taxpayer and who qualifies as a dependent for Federal income tax purposes. Head of family individuals may claim an additional exemption for each dependent **excluding** the one which is required for head of family status. For example, a head of family taxpayer has 2 dependent children and his dependent mother living with him. The taxpayer may claim 2 additional exemptions. Married or single individuals may claim an additional exemption for each dependent, but **should not** include themselves or their spouse. Married taxpayers may divide the number of their dependents between them in any manner they choose; for example, a married couple has 3 children who qualify as dependents. The taxpayer may claim 2 dependents and the spouse 1; or the taxpayer 3 and the spouse none. Enter the amount of dependent exemption on line 4.
  - (e) An additional exemption of \$1,500 may be claimed by either taxpayer or spouse or both if either or both have reached the AGE of 65 before the close of the taxable year. No additional exemption is authorized for dependents by reason of age. Check applicable blocks on Line 5.
  - (f) An additional exemption of \$1,500 maybe claimed by either taxpayer or spouse or both if either or both are BLIND. No additional exemption is authorized for dependents by reason of blindness. Check applicable blocks on Line 5. Multiply number of blocks checked on Line 5 by \$1,500 and enter amount of exemption claimed.
3. TOTAL EXEMPTION CLAIMED:  
Add the amount of exemptions claimed in each category and enter the total on Line 6. This amount will be used as a basis for withholding income tax under the appropriate withholding tables.
4. A NEW EXEMPTION CERTIFICATE MUST BE FILED WITH YOUR EMPLOYER WITHIN 30 DAYS AFTER ANY CHANGE IN YOUR EXEMPTION STATUS.
5. PENALTIES ARE IMPOSED FOR WILLFULLY SUPPLYING FALSE INFORMATION OR WILLFUL FAILURE TO SUPPLY INFORMATION WHICH WOULD REDUCE THE WITHHOLDING EXEMPTION.
6. IF THE EMPLOYEE FAILS TO FILE AN EXEMPTION CERTIFICATE WITH HIS EMPLOYER, INCOME TAX MUST BE WITHHELD BY THE EMPLOYER ON TOTAL WAGES WITHOUT THE BENEFIT OF EXEMPTION.
7. IMPORTANT: USE THIS FORM ONLY FOR PAY PERIODS IN 2000 AND AFTER.

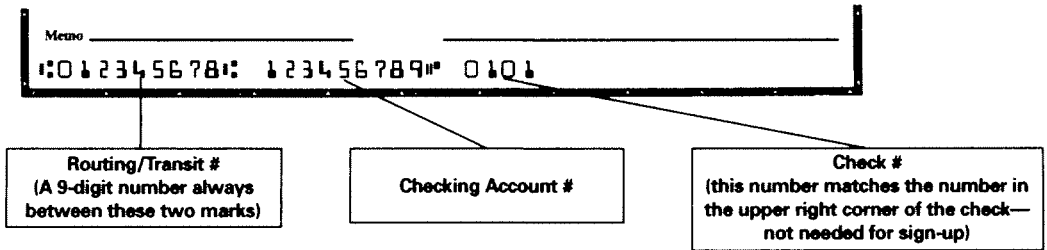
# Buffalo Services, Inc.

## Employee Direct Deposit Enrollment Form

To enroll in Full Service Direct Deposit, simply fill out this form and give it to your payroll manager.

**Attach a voided check**  
**for each checking account – not a deposit slip. If depositing to a savings account,**  
**ask your bank to give you the Routing/Transit Number for your account.**  
**It isn't always the same as the number on a savings deposit slip.**  
**This will help ensure that you are paid correctly.**

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.



**Important! Please read and sign before completing and submitting.**

I hereby authorize Buffalo Services, Inc. to deposit any amounts owed me, as instructed by my employer, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Buffalo Services, Inc. to my account. In the event that Buffalo Services, Inc. deposits funds erroneously into my account, I authorize Buffalo Services, Inc. to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Buffalo Services, Inc. and Bank have received written notice from me of its termination in such time and in such manner as to afford Buffalo Services, Inc. and Bank reasonable opportunity to act on it.

Employee Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Account Information**

The last item must be for the remaining amount owed to you. To distribute to more accounts, please complete another form. **Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.**

1. Bank Name/City/State: \_\_\_\_\_

Routing/Transit #: \_\_\_\_\_

Checking  Savings  Other

Account Number: \_\_\_\_\_

I wish to deposit: \$ \_\_\_\_\_ Or  Entire Net Amount

2. Bank Name/City/State: \_\_\_\_\_

Routing/Transit #: \_\_\_\_\_

Checking  Savings  Other

Account Number: \_\_\_\_\_

I wish to deposit: \$ \_\_\_\_\_ Or  Entire Net Amount

3. Bank Name/City/State: \_\_\_\_\_

Routing/Transit #: \_\_\_\_\_

Checking  Savings  Other

Account Number: \_\_\_\_\_

I wish to deposit: \$ \_\_\_\_\_ Or  Entire Net Amount

# Louisiana New Hire/Rehire Form

Effective October 1, 1997 Act 97 of the 1997 LA Legislative Session requires all Louisiana Employers, both public and private, to report all newly hired or rehired employees to the State of Louisiana within 20 days of hire. Information about new hire reporting and online reporting is available on our Web site: [www.LA-newhire.com](http://www.LA-newhire.com)

**Send completed forms to:**

Louisiana New Hire Reporting  
 P.O. Box 142513  
 Austin, TX 78714-2513  
 Toll-Free Fax: (888) 223-1462

To ensure the highest level of accuracy, please print neatly in capital letters and avoid contact with the edges of the boxes. The following will serve as an example:

A	B	C	1	2	3
---	---	---	---	---	---

## EMPLOYER INFORMATION

Federal Employer ID Number (FEIN):

6	4	0	4	3	2	2	7	8
---	---	---	---	---	---	---	---	---

State ID Number (required if available):

4	3	6	7	1	4	9		
---	---	---	---	---	---	---	--	--

Employer Name:

B	U	F	F	A	L	O		S	E	R	V	I	C	E	S												
---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

Employer Address:

P	O		B	O	X	6	7																					
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Employer City:

M	C	C	O	M	B																							
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Employer State:

M	S
---	---

Zip Code (5 digit):

3	9	6	4	9
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Employer Phone (optional):

6	0	1	6	8	4	7	7	0	2
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Extension:

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Employer Fax (optional):

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Email (optional):

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## EMPLOYEE INFORMATION

Employee Social Security Number (SSN):

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Date of Hire (required if available):

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Employee First Name:

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Middle Name:

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Employee Last Name:

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Employee Address:

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Employee City:

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Employee State:

--	--

Zip Code (5 digit):

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Occupation (required if available):

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Date of Birth (optional):

--	--	--	--	--	--	--	--

**REPORTS WILL NOT BE PROCESSED IF REQUIRED INFORMATION IS MISSING**

Questions? Call us at toll-free (888) 223-1461

# State of Mississippi State Directory of New Hires

http://www.MS-NewHire.com

Effective October 1, 1997, all Mississippi employers (or independent contractors) are required to report certain information about personnel who have been newly hired, rehired, or have returned to work. Employers must either (1) complete this form, or (2) submit a copy of the worker's IRS W-4 form with the "other information section" completed on this form, or (3) submit the information by magnetic tape or floppy diskette. *Call 800-241-1330 to obtain information on submitting new hire reports electronically.* This form may be reproduced as necessary. **Reports must be made within 15 calendar days from date of hire.**

PLEASE PRINT (or TYPE) NEATLY IN UPPER-CASE LETTERS AND NUMBERS, USING A DARK, BALLPOINT PEN

## -COMPLETE ALL FIELDS-

### WORKER INFORMATION

Social Security Number:    -   -       Male (M) or Female (F):  Worker State of Hire:

First Name:                 Middle Initial:

Last Name:                 Suffix:

Address:

City:

State:   Zip Code:       -

Date of Hire:   -   -       Worker's Date of Birth:   -   -

### EMPLOYER INFORMATION

Employer Federal EIN:   -          Employer State EIN:   -

Employer Name:

Payroll Address:

City:

State:   Zip Code:       -

Employer contact in case of questions: Janice Phelps Phone: ( 601 ) 684 - 7702



**Send Reports to:**  
Mississippi New Hire Reporting Program  
P.O. Box 312  
Holbrook, MA 02343  
Fax: 800-937-8668

To report electronically or  
for more information, go to  
<http://www.MS-NewHire.com>

Date:  /  /

MDHS-DCSE-6700  
Revised: Jan 2008

## **FOOD LOG POLICY**

- Food logs may be used **ONLY** when employee is working.
- Food logs are for **EMPLOYEE** use only, not friends or family.
- Beer and Gas **CANNOT** be charged on food log.
- Food logs must be left in location designated by Manager.
- \$50.00 is the limit and **MUST BE PAID IN FULL EVERY FRIDAY.**

Please sign below confirming your understanding of the Food Log Policy. Your Food Log privileges will be suspended for 1 month and you will receive a written reprimand if you fail to follow the rules listed above. Food Log privileges can be reinstated after 1 month but a second failure to follow rules will result in the loss of your Food Log privileges permanently. If you should discontinue employment and leave any unpaid food logs, the amount will be deducted from your last check.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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

Last Name ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )		Middle Initial	Other Names Used ( <i>if any</i> )	
Address ( <i>Street Number and Name</i> )			Apt. Number	City or Town		State Zip Code
Date of Birth ( <i>mm/dd/yyyy</i> )	U.S. Social Security Number [ ][ ]-[ ][ ]-[ ][ ][ ][ ]	E-mail Address			Telephone Number	

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

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

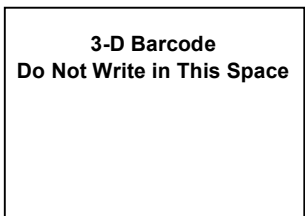
- A citizen of the United States
- A noncitizen national of the United States (*See instructions*)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. (*See instructions*)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

2. Form I-94 Admission Number: \_\_\_\_\_



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)

Signature of Employee:	Date ( <i>mm/dd/yyyy</i> ):
------------------------	-----------------------------

**Preparer and/or Translator Certification** (*To be completed and signed if Section 1 is prepared by a person other than the employee.*)

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

Signature of Preparer or Translator:		Date ( <i>mm/dd/yyyy</i> ):	
Last Name ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )	
Address ( <i>Street Number and Name</i> )		City or Town	State Zip Code



**Employer Completes Next Page**





## Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p><b>3-D Barcode</b> Do Not Write in This Space</p> </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

### Certification

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

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions.)

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

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

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name)		Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

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

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

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).**

**Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.**

**INTERNET USAGE AGREEMENT**

Personal use of the internet is not allowed. Disciplinary action, up to and including termination of employment, will be implemented for violation of this policy. To make sure employees comply with this policy, computer and email usage is monitored by management. A copy of the Internet Policy is included in your employee handbook.

Please sign below to indicate that you understand and agree to these terms.

Employee Name \_\_\_\_\_

Location \_\_\_\_\_ Date \_\_\_\_\_

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

***Buffalo Services, Inc***  
**B-Kwik**

EMPLOYEE ACKNOWLEDGEMENT FORM

The employee handbook describes important information about B-Kwik, and I understand that I should consult the Human Resources Office regarding any questions not answered in the handbook.

I have entered into my employment relationship with B-Kwik voluntarily and acknowledge that there is no specified length of employment. Accordingly, either I or B-Kwik can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

Since the information, policies, and benefits described here are necessarily subject to change, I acknowledge that revisions to the handbook may occur, except to B-Kwik's policy of employment-at-will. All such changes will be communicated through official notices, and I understand that revised information may supersede, modify, or eliminate existing policies. Only the chief executive officer of B-Kwik has the ability to adopt any revisions to the policies in this handbook.

Furthermore, I acknowledge that this handbook is neither a contract of employment nor a legal document. I understand that it is my responsibility to read and comply with the policies contained in this handbook and any revisions made to it. The handbook is posted, in its entirety, on the Buffalo Services, Inc. website. [www.buffaloservices.com](http://www.buffaloservices.com).

EMPLOYEE'S NAME (printed): \_\_\_\_\_

EMPLOYEE'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

# ***Buffalo Services, Inc***

B-Kwik

## **Assistance**

**Buffalo Services, Inc** recognizes that alcohol and drug abuse and addiction are treatable illnesses. We also realize that early intervention and support improve the success of rehabilitation. To support our employees, our drug-free workplace policy: We encourage employees to seek help if they are concerned that they or their family members may have a drug and/or alcohol problem. Treatment for alcoholism and/or other drug use disorders may be covered by the employee benefit plan. However, the ultimate financial responsibility for recommended treatment belongs to the employee.

## **Shared Responsibility**

A safe and productive drug-free workplace is achieved through cooperation and shared responsibility. Both employees and management have important roles to play. All employees are required to not report to work or be subject to duty while their ability to perform job duties is impaired due to on- or off-duty use of alcohol or other drugs. In addition, employees are encouraged to be concerned about working in a safe environment and report dangerous behavior to their supervisor.

It is the supervisor's responsibility to clearly state consequences of policy violations.

## **Communication**

Communicating our drug-free workplace policy to both supervisors and employees is critical to our success. To ensure all employees are aware of their role in supporting our drug-free workplace program, all employees will receive a written copy of the policy and the policy will be reviewed in orientation sessions with new employees. A copy will be posted on the Buffalo Services, Inc bulletin board.

Employee Signature \_\_\_\_\_ Date. \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Location \_\_\_\_\_

# **B-KWIK**

## **STANDARDS OF CONDUCT**

Employee Name \_\_\_\_\_

Supervisor \_\_\_\_\_

Store Manager \_\_\_\_\_

B-Kwik maintains certain standards of conduct for all employees. These standards are important to your success and the Company's.

This standard of conduct statement will be a permanent part of your personnel file. Read each conduct statement carefully. Violations of these standards may lead to discharge. If you have any questions, ask your Store Manager or the Area Manager for clarification. Place your initials before each statement showing that you have read and understand.

### **VIOLATION OF THE FOLLOWING STANDARDS WILL RESULT IN IMMEDIATE DISCHARGE:**

Employee initials

\_\_\_\_\_ 1. Any employee who either overtly or covertly attempts to steal or used company funds in and unauthorized manner.

\_\_\_\_\_ 2. Conviction of any state beer and wine violations. This includes consuming alcoholic beverages by any employee while on company property, inside or outside the store; selling alcoholic beverages to any person under 21 years of age or any other violation of state regulations.

\_\_\_\_\_ 3. Conviction of any tobacco violations. I understand that state and federal law prohibits the sale or distribution of tobacco products to persons under the age of eighteen (18) years.

\_\_\_\_\_ 4. Falsifying or misrepresenting official company reports. This includes, but is not limited to, sales, register readings, shift audits, gasoline readings, employment applications, payroll time reports, etc.

\_\_\_\_\_ 5. Any employees detected "buying for cash" unauthorized or authorized merchandise and selling it in the store – this includes food stamps.

\_\_\_\_\_ 6. Any employee discovered possessing a weapon (gun, knife, club, etc.) on company property.

\_\_\_\_\_ 7. Any employee allowing someone else to "clock in" for them. Employee "clocking in" will also be discharged. Failure to clock in or out despite previous warnings.

\_\_\_\_\_ 8. Employees may pay for merchandise with checks but may receive no more than \$10.00 over the purchase amount back in cash. A check returned for non-sufficient funds will result in a write up and the employee will no longer be allowed to write checks. Employee will be terminated immediately if a second check is returned with the amount of the check being deducted from their final pay check.

\_\_\_\_\_ 9 Personal phone calls or allowing customers to make calls from the employee or received by store employee. Exception, emergency calls such as death or illness.

\_\_\_\_\_10. Confrontations, arguments or discourtesy of any kind with customers are strictly forbidden. Customer complaints are to be referred to immediate attention of manager or supervisor.

\_\_\_\_\_11. Store employees “walking off the job”, failing or refusing to work a pre-assigned schedule.

\_\_\_\_\_12. Continued absenteeism or absence due to conviction or imprisonment.

\_\_\_\_\_13. Loafing, sleeping while on duty, continuous horseplay, immoral or indecent acts of conduct, swearing at and/or striking another employee, using profane language, or the inability to work with others.

### **VIOLATION OF THE FOLLOWING MAY RESULT IN DISCHARGE**

\_\_\_\_\_1. All merchandise consumed by employee is to be entered on the food log before the merchandise is taken off of the shelf. All food logs are to be paid by Friday following the food log item date with sales receipt attached. These items will be deducted from your pay check if not paid. All employee food logs are to be kept secure and totaled by manager with employee’s signature and date.

\_\_\_\_\_2. Failure to display wet floor sign while mopping.

\_\_\_\_\_3. Store employees are not permitted to request or receive “free merchandise” from salesman or vendors nor approach to attempt to buy from any salesman or vendor.

\_\_\_\_\_4. Sales receipts will be placed in customer’s bag or offered to customer at time of purchase. Employees must retain sales receipts for any item purchased for themselves. If customer refuses receipt, clerk must tear receipt in half and throw in trash.

\_\_\_\_\_5. Keep cash register drawer closed except when making change or when management is taking required reading.

\_\_\_\_\_6. Failure to perform job duties despite previous warnings.

\_\_\_\_\_7. Closing, opening, arriving or leaving early or late without proper authorization.

\_\_\_\_\_8. No store employee should return to the store, unless authorized, when it is closed unless in an emergency. At no time should any unauthorized personnel be allowed inside the closed store.

\_\_\_\_\_9. Willful disregard of company sanitation, store security, vendor check-in, and/or employee safety rules or procedures.

\_\_\_\_\_10. Sexual harassment will not be tolerated.

\_\_\_\_\_11. Employees must notify manager four (4) hours before scheduled time if they are not able to report (i.e. sick child, sick employee, etc.) four (4) hours notice will allow sufficient time for a substitute to be found.

\_\_\_\_\_12. Cash difference in excess of \$3.00 on shift reports are not acceptable. Repeated differences will result in termination.

\_\_\_\_\_13. “X” or “Z” of the register is to be done at the end of the shift; employee is not to run “X” or “Z” at any time during the shift. Multiple readings or failure to close out properly may result in termination.

\_\_\_\_\_14. No store employee should allow unauthorized personnel into the back room, inside cooler, or behind counter.

- \_\_\_\_\_ 15. Failure to “front” shelves while on duty.
- \_\_\_\_\_ 16. Allowing drive-offs to occur on your shift.
- \_\_\_\_\_ 17. Failure to complete end of shift work, stock cooler, clean restrooms, mopping, bagging ice and other duties.
- \_\_\_\_\_ 18. Six (6) packs are not to be broken apart in cooler.
- \_\_\_\_\_ 19. Proper dress is required and in neat order. Long pants or dresses and B-Kwik logo shirt must be worn at all times. Shorts, tank tops and sleeveless shirts are not allowed. Name tags are to be worn at all times while on duty. **NO JEANS**
- \_\_\_\_\_ 20. Employees will not wear political/controversial clothing and/or buttons.
- \_\_\_\_\_ 21. Male employees are not permitted to wear ear rings while on duty.
- \_\_\_\_\_ 22. Hair nets or caps will be worn by all personnel handling food.
- \_\_\_\_\_ 23. No open-toed shoes may be worn on duty.
- \_\_\_\_\_ 24. Cooler will not be turned off while stocking cooler. Cooler will be turned off only when taking inventory.
- \_\_\_\_\_ 25. No friends or spouse may loiter while employee is on duty.
- \_\_\_\_\_ 26. Do not break cigarette cartons. Overhead rack is to be supplied with complete cartons only.
- \_\_\_\_\_ 27. Report any work related accident to manager or supervisor immediately and complete proper paperwork relating to incident. **ALL** injuries must be reported on “Employer’s First Report of Injury or occupational Disease,” (MWCC Form B-3) and mailed to McComb within 24 hours of accident in order to obtain worker’s compensation coverage for injured employee.
- \_\_\_\_\_ 28. Report any customer accident/complaint to supervisor and complete proper paperwork; getting all information required. In the event of any accident to customer, such as slip & fall, employee should assist and inquire as to injury: i.e. “Are you hurt?” clerk on duty must complete accident report in its entirety including names, addresses and phone numbers of all witnesses in store at time of accident.
- \_\_\_\_\_ 29. Smoking in store or in non-designated areas. Smoking in the doorway is not a designated smoking area.
- \_\_\_\_\_ 30. Chewing gum or eating food is not permitted behind the counter or in the kitchen while on duty.
- \_\_\_\_\_ 31. Do you have a relative employed by Buffalo Services, Inc. or B-Kwik Food Mart? Please indicate “YES “ or “NO “ in the blank.

If you do have a relative employed, please indicate name of relative and which Buffalo Services, Inc. or B-Kwik Food Mart location they are employed:

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Any employee terminated for violating Standards of Conduct or company Policy will forfeit all benefits including the loss of accrued vacation.

Any employee disciplined or reprimanded for violation of policy at B-Kwik food Mart had the right to appeal the action to the next highest level in the company. This "Open Door" policy will be uniformly administrated on request of the employee.

I understand that the above are only examples of good business practices and that I may be discharged for other reasons at any time at the sole discretion of B-Kwik Food Mart management.

I understand also that I am an employee at will and that my employment may be terminated at any time without cause.

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Employee's Signature

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Date

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Manager's Signature

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Date

# Cashier Training Checklist

New hire initial beside each item. Location \_\_\_\_\_

Name \_\_\_\_\_

Orientation Date \_\_\_\_\_

- 1 \_\_\_\_\_ Fill out new hire packet
- 2 \_\_\_\_\_ Uniform - Logo shirt and khaki pants
- 3 \_\_\_\_\_ Name Badge
- 4 \_\_\_\_\_ Close toe/heel shoes
- 5 \_\_\_\_\_ Personal Hygiene
- 6 \_\_\_\_\_ Customer Greeting, relations & courtesy
- 7 \_\_\_\_\_ Dependability
- 8 \_\_\_\_\_ Honesty
- 9 \_\_\_\_\_ Loitering
- 10 \_\_\_\_\_ No earrings for men
- 11 \_\_\_\_\_ No caps unless company cap/visors for cashiers
- 12 \_\_\_\_\_ Clock in/out

## Policies

- 1 \_\_\_\_\_ Personal telephone use
- 2 \_\_\_\_\_ Customer telephone use
- 3 \_\_\_\_\_ No sitting
- 4 \_\_\_\_\_ No reading
- 5 \_\_\_\_\_ **NO CELL PHONES**
- 6 \_\_\_\_\_ No personal radios
- 7 \_\_\_\_\_ No TV's, PDA's, Tablets, PC's
- 8 \_\_\_\_\_ No chewing gum
- 9 \_\_\_\_\_ No eating behind counter
- 10 \_\_\_\_\_ Food Logs
  - \_\_\_\_\_ a Food log privilege can be lost through abuse of policy
  - \_\_\_\_\_ b Beer and gas cannot be charged on food logs
  - \_\_\_\_\_ c Food logs may be used only during employees work shift
  - \_\_\_\_\_ d Employee use only
  - \_\_\_\_\_ e Food logs are to be left in location designated by Manager
  - \_\_\_\_\_ f Must be paid in full every Friday
  - \_\_\_\_\_ g Employee cannot charge on to food log unless previous week is paid in full
  - \_\_\_\_\_ h Limit \$50.00 per week
- 11 \_\_\_\_\_ Employees cannot enter behind counter when not on duty
- 12 \_\_\_\_\_ No smoking, except in designated areas
- 13 \_\_\_\_\_ No profanity
- 14 \_\_\_\_\_ Fountains

## Store Tour

- 1 \_\_\_\_\_ Panic alarms
- 2 \_\_\_\_\_ Keys
- 3 \_\_\_\_\_ Opening/closing alarm
- 4 \_\_\_\_\_ Fire Extinguisher
- 5 \_\_\_\_\_ First aid
- 6 \_\_\_\_\_ Flashlight
- 7 \_\_\_\_\_ Wet floor sign
- 8 \_\_\_\_\_ Designated parking
- 9 \_\_\_\_\_ Smoke area
- 10 \_\_\_\_\_ Phone numbers
- 11 \_\_\_\_\_ Schedule
- 12 \_\_\_\_\_ Dumpster
- 13 \_\_\_\_\_ Pay phone - air - water
- 14 \_\_\_\_\_ Bathroom
- 15 \_\_\_\_\_ Light switches - turn off lights
- 16 \_\_\_\_\_ Breakers
- 17 \_\_\_\_\_ Supplies
- 18 \_\_\_\_\_ Ice machine

## Machines

- 1 \_\_\_\_\_ Passport
- \_\_\_\_\_ A. Operations
- \_\_\_\_\_ 1 Categories
- \_\_\_\_\_ 2 PLU's - Scanning
- \_\_\_\_\_ 3 Payment
- \_\_\_\_\_ a Cash
- \_\_\_\_\_ b Credit/Limit
- \_\_\_\_\_ c Debit
- \_\_\_\_\_ d Checks
- \_\_\_\_\_ 1 No checks shall be cashed more than \$10 over amount of purchase
- \_\_\_\_\_ 2 No 3rd party checks
- \_\_\_\_\_ 3 No payroll checks
- \_\_\_\_\_ 4 Security Check
- \_\_\_\_\_ 5 No counter checks
- \_\_\_\_\_ 6 Get information on all checks
- 2 \_\_\_\_\_ Opening Procedures
- \_\_\_\_\_ a Count to \$75
- \_\_\_\_\_ b Document Safe "stickie"
- \_\_\_\_\_ c Put in password
- \_\_\_\_\_ d Count cigarette cartons
- 3 \_\_\_\_\_ Emergency
- \_\_\_\_\_ a Stop all pumps - Emergency pump stop switch
- \_\_\_\_\_ b Warm Start
- \_\_\_\_\_ c Lights out
- \_\_\_\_\_ d Water turn-off
- 4 \_\_\_\_\_ Register Money Limit

- 5 \_\_\_\_\_ Safe
  - \_\_\_\_\_ a How to make safe drops
  - \_\_\_\_\_ b How to make check drops
  - \_\_\_\_\_ c How to do change procedure
  - \_\_\_\_\_ d Paid outs
- 6 \_\_\_\_\_ Voids & Returns
- 7 \_\_\_\_\_ Manual Credit Cards
  - \_\_\_\_\_ a Follow example
  - \_\_\_\_\_ b Call for authorization
- 8 \_\_\_\_\_ Paper
  - \_\_\_\_\_ a Change paper
  - \_\_\_\_\_ b Printer paper
  - \_\_\_\_\_ c Ribbons
  - \_\_\_\_\_ d Lotto Paper
  - \_\_\_\_\_ e CRIND
  - \_\_\_\_\_ f Computer on line
- 9 \_\_\_\_\_ Help desk phone numbers
  - \_\_\_\_\_ a Credit authorization
  - \_\_\_\_\_ b Merchant ID number

**Cashier Duties - Inside**

- 1 \_\_\_\_\_ Check competitor gas price
- 2 \_\_\_\_\_ Alcohol tobacco date on shift report - check all ID's
- 3 \_\_\_\_\_ Customer assistance at all times
- 4 \_\_\_\_\_ Side work
  - \_\_\_\_\_ a Check fountain every 15 minutes
  - \_\_\_\_\_ b Bathroom check every 30 minutes
  - \_\_\_\_\_ c Stock fountain/shelves/cooler
  - \_\_\_\_\_ d Clean microwave
  - \_\_\_\_\_ e Stock/front cooler during shift
  - \_\_\_\_\_ f Check aisles & floors for spills & trash
  - \_\_\_\_\_ g Keep wet floor sign out at all times on rainy days
  - \_\_\_\_\_ h Rotate Stock
  - \_\_\_\_\_ i Drain barrels
  - \_\_\_\_\_ j Bag ice
  - \_\_\_\_\_ k Keep front counter clean & neat
  - \_\_\_\_\_ l Take out garbage
  - \_\_\_\_\_ m Fill ice dispenser
  - \_\_\_\_\_ n Break down all boxes
  - \_\_\_\_\_ o Sweep & mop floors as needed
  - \_\_\_\_\_ p Keep window ledges clean
  - \_\_\_\_\_ q Stock cigarettes
  - \_\_\_\_\_ r List items needed & items requested by customers



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## *Buffalo Services, Inc*

B-Kwik

### **716 Progressive Discipline**

Effective Date: 01/01/2007

Revision Date: 05/24/2012

This policy describes the policy for administering equitable and consistent discipline for unsatisfactory conduct at BSI. We believe that the best disciplinary measure is the one that does not have to be enforced and comes from good leadership and fair supervision at all employment levels.

We also believe that it is in the best interests of BSI to ensure fair treatment of all employees and make certain that disciplinary actions are prompt, uniform, and impartial. The major purpose of any disciplinary action is to correct the problem, prevent recurrence, and prepare the employee for satisfactory performance in the future.

Although your employment is based on mutual consent and both you and BSI have the right to terminate employment at will, with or without cause or advance notice, BSI may use progressive discipline at its discretion.

Disciplinary action may call for any of four steps -- verbal warning, written warning, suspension with or without pay, or termination of employment -- depending on the severity of the problem and the number of occurrences. There may be circumstances when one or more steps are bypassed.

Progressive discipline means that, with respect to most disciplinary problems, these steps will normally be followed: a first offense may call for a verbal warning; a next offense may be followed by a written warning; another offense may lead to a suspension; and, still another offense may then lead to termination of employment. The discipline period is 6 months, running from date of employment to 6 month review and each 6 month period after that.

BSI recognizes that there are certain types of employee problems that are serious enough to justify either a suspension, or, in extreme situations, termination of employment, without going through the usual progressive discipline steps.

While it is impossible to list every type of behavior that may be considered a serious offense, the Employee Conduct and Work Rules policy includes examples of problems that may result in immediate suspension or termination of employment. However, the problems listed are not all necessarily serious offenses, but may be examples of unsatisfactory conduct that will trigger progressive discipline.

By using progressive discipline, we hope that most employee problems can be corrected at an early stage, benefiting both employees and BSI.



# *Buffalo Services, Inc*

B-Kwik

## Points System

6 month period ends and begins on performance evaluation date.

20	5 Day suspension
24	Termination
<b>Points</b>	<b>Violation</b>
4	Late for work
8	Unexcused absence
2	Excused absence
12	No call - no show
6	Drive off
3	Drive off - police called
4	Cash shortage up to \$10
6	Cash shortage \$ 10 to \$50
12	Cash shortage over \$51
4	Uniform violation
6	Food log suspension
6	Cell phone violation
6	Didn't complete job duties (Check Violation below)
	Clean Bathroom
	Stick Safe
	Stock Cooler
	Follow check procedures
	Food preparation
	Clean Deli and food serving areas
	Greet customer
	Customer complaint
	Attend mandatory store meeting

This list does not include all offenses. Others will be dealt with on a case by case basis.

**B-KWIK STORES**

**KEY CONTROL AGREEMENT**

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I have received the below listed keys for station number \_\_\_\_\_. I fully understand the rules as herein listed:

1. All keys are the property of the company.
2. Keys may not be loaned or used by any other person.
3. Loss of any key will be immediately reported to my supervisor.
4. Upon termination, for any reason, all keys will be returned to the company prior to receipt of my final compensation.
5. If keys are replaced with new ones, I will return the old keys before being issued new ones.
6. Unauthorized use of the keys (i.e. coming into the store through the use of my key during off hours) will constitute grounds for immediate dismissal.

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MANAGER'S SIGNATURE

\_\_\_\_\_  
DATE

# Form W-4 (2013)

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

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2013 expires February 17, 2014. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2013. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if: <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b> _____
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b> _____
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____
<b>F</b>	Enter "1" if you have at least \$1,900 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . . ( <b>Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b> _____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three to six eligible children or <b>less</b> "2" if you have seven or more eligible children.</li> <li>• If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child . . . . .</li> </ul>	<b>G</b> _____
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b> _____
	For accuracy, <b>complete all worksheets that apply.</b> <ul style="list-style-type: none"> <li>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul>	

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b></p>	OMB No. 1545-0074  <h1 style="margin: 0;">2013</h1>
1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	6 Additional amount, if any, you want withheld from each paycheck	5 _____ 6 \$ _____
7 I claim exemption from withholding for 2013, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶		7 _____
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶		<b>Date</b> ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)



### Deductions and Adjustments Worksheet

**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

<b>1</b>	Enter an estimate of your 2013 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1949) of your income, and miscellaneous deductions. For 2013, you may have to reduce your itemized deductions if your income is over \$300,000 and you are married filing jointly or are a qualifying widow(er); \$275,000 if you are head of household; \$250,000 if you are single and not head of household or a qualifying widow(er); or \$150,000 if you are married filing separately. See Pub. 505 for details . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$12,200 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,950 \text{ if head of household} \\ \$6,100 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter “-0-” . . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2013 adjustments to income and any additional standard deduction (see Pub. 505)	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2013 Form W-4</i> worksheet in Pub. 505.) . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2013 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter “-0-” . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$3,900 and enter the result here. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>	_____

### Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> )	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3” . . . . .	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. <b>Do not</b> use the rest of this worksheet . . . . .	<b>3</b>	_____
<b>Note.</b> If line 1 is <b>less than</b> line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$ _____
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2013. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2013. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	<b>9</b>	\$ _____

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$72,000	\$590	\$0 - \$37,000	\$590
5,001 - 13,000	1	8,001 - 16,000	1	72,001 - 130,000	980	37,001 - 80,000	980
13,001 - 24,000	2	16,001 - 25,000	2	130,001 - 200,000	1,090	80,001 - 175,000	1,090
24,001 - 26,000	3	25,001 - 30,000	3	200,001 - 345,000	1,290	175,001 - 385,000	1,290
26,001 - 30,000	4	30,001 - 40,000	4	345,001 - 385,000	1,370	385,001 and over	1,540
30,001 - 42,000	5	40,001 - 50,000	5	385,001 and over	1,540		
42,001 - 48,000	6	50,001 - 70,000	6				
48,001 - 55,000	7	70,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 75,000	9	95,001 - 120,000	9				
75,001 - 85,000	10	120,001 and over	10				
85,001 - 97,000	11						
97,001 - 110,000	12						
110,001 - 120,000	13						
120,001 - 135,000	14						
135,001 and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.