



**EMPLOYEE START UP PACKET**

**To be completed by the Employer**

Client Company: \_\_\_\_\_ Client #: \_\_\_\_\_

Employee ID#: \_\_\_\_\_

**To be completed by the Employee**

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

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Employee Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Apt or Bldg #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relationship: \_\_\_\_\_

**VOLUNTARY EEO IDENTIFICATION**

Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, sex and type of position for which an individual applies. The information requested on this form is for compliance with certain record keeping requirements. The companies believe all persons are entitled to equal employment opportunities and do not discriminate against its employees or applicants for employment because of race, color, sex, religion, national origin, disability, veteran status, age, marital status, or any other protected group status.

Race / Ethnic Data:

- White (Non-Hispanic)       Asian or Pacific Islander       American Indian or Alaskan Native  
 Black (Non-Hispanic)       Hispanic

Regulations issued by the U.S. Department of Labor with respect to disabled individuals, disabled veterans and Vietnam era veterans require that federal contractors provide an opportunity for self-identification to candidates seeking employment. Such self-identification is submitted on a voluntary basis, on a confidential basis, for use only in accordance with regulations, and without subjecting the individual to adverse treatment.

Disabled / Veteran Classification(s):

- Disabled Person       Vietnam Era Veteran       Special Disabled Veteran  
(30% or more disability)

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



# ELITE

PAYROLL SOLUTIONS

## EMPLOYER START-UP PACKET

**All to be completed by the Employer**

Client Company: \_\_\_\_\_

Client #: \_\_\_\_\_

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

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Female  Male

**Employee Status:**

Full Time  Part Time

**Payment Type:**

Hourly  Salaried (Non-Exempt)  Salaried (Exempt)  Commissions

**Pay Frequency:**

Weekly  Bi-Weekly  Semi-Monthly  Monthly  Quarterly

**Rate of Pay:**

Standard Rate	\$	Per:
Shift Pay	\$	Per:
Piece Work	\$	Per:
Tipped Employee	\$	

Location:	Employee #:
Department:	W/C Code#:
Job Title:	Hire Date:
Job Category:	Ins. Waiting Period:
Job Code:	Other:

Company Authorized Signature \_\_\_\_\_

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



**ELITE**  
PAYROLL SOLUTIONS

**DIRECT DEPOSIT AUTHORIZATION**

I (print name) \_\_\_\_\_ employed at \_\_\_\_\_  
authorize Elite Payroll Solutions to electronically deposit, on my behalf to the account(s) below:

Add  Change  Delete

Attach Voided Check Here	<p>Bank Name: _____</p> <p>Bank Account Number: _____</p> <p>ACH Routing Number: _____</p> <p>\$ Amount or % Deposited per pay: _____</p> <p>Account Type:    <input type="checkbox"/> Checking    <input type="checkbox"/> Savings</p>
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Attach Voided Check Here	<p>Bank Name: _____</p> <p>Bank Account Number: _____</p> <p>ACH Routing Number: _____</p> <p>\$ Amount or % Deposited per Pay: _____</p> <p>Account Type:    <input type="checkbox"/> Checking    <input type="checkbox"/> Savings</p>
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*\*NOTE: You are allowed to make deposits to only two checking and two savings accounts. Most Credit Union deductions are considered one savings account. Attach a VOIDED check(s), copy of a check or a copy of the Financial Institution I.D. Card (for savings accounts) and verify the ACH bank routing number and bank account number for all of the account(s) listed above. **Please allow 2-3 pay periods for processing.***

I hereby authorize and agree that in the event that Elite Payroll Solutions deposits funds erroneously into my account, I authorize Elite Payroll Solutions to debit my account, not to exceed the original amount of the erroneous credit.

If I change bank or bank accounts, I am fully responsible for immediately notifying the Payroll Department of the change.

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

**\*\*\* Incomplete or invalid information will delay the start of your direct deposit or savings amount(s) \*\*\***

# Form W-4 (2016)

**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 2016 expires February 15, 2017. 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 \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

**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 2016. 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>	<u>      </u>
<b>B</b>	Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">{</span> <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> <span style="font-size: 2em; vertical-align: middle;">}</span> . . . . .	<b>B</b>	<u>      </u>
<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>	<u>      </u>
<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>	<u>      </u>
<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>	<u>      </u>
<b>F</b>	Enter "1" if you have at least \$2,000 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>	<u>      </u>
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have two to four eligible children or <b>less</b> "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child . . . . .	<b>G</b>	<u>      </u>
<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>	<u>      </u>
	For accuracy, <b>complete all worksheets that apply.</b> <span style="font-size: 2em; vertical-align: middle;">{</span> <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 \$50,000 (\$20,000 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> <span style="font-size: 2em; vertical-align: middle;">}</span>		

----- 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  <span style="font-size: 2em; font-weight: bold;">2016</span>
1 Your first name and middle initial <span style="float: right;">Last name</span>		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)	5 <u>      </u>	
6 Additional amount, if any, you want withheld from each paycheck . . . . .	6 \$ <u>      </u>	
7 I claim exemption from withholding for 2016, and I certify that I meet <b>both</b> of the following conditions for exemption. • 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> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶		7 <u>      </u>
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 2016 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, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over \$311,300 and you are married filing jointly or are a qualifying widow(er); \$285,350 if you are head of household; \$259,400 if you are single and not head of household or a qualifying widow(er); or \$155,650 if you are married filing separately. See Pub. 505 for details . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,300 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<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 2016 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 2016 Form W-4</i> worksheet in Pub. 505.) . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2016 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 \$4,050 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 2016. 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 2016. 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 - \$6,000	0	\$0 - \$9,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
6,001 - 14,000	1	9,001 - 17,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 25,000	2	17,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
25,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,600		
44,001 - 55,000	6	75,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 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.



# 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.

<b>Section 1. Employee Information and Attestation</b> ( <i>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.</i> )						
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):

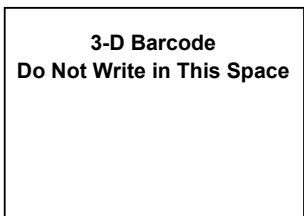
- A citizen of the United States
- A noncitizen national of the United States (*See instructions*)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A"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





**ELITE**  
PAYROLL SOLUTIONS

## EMPLOYEE NOTIFICATION

Client Company: \_\_\_\_\_ Client #: \_\_\_\_\_

The company for which you will provide services is a client of Elite Payroll Solutions (herein the client company may also be referred to as your Worksite Employer). Elite Payroll Solutions provides employee administrative services under an employee leasing agreement. Through this arrangement, Elite Payroll Solutions becomes an employer for the purposes of collecting and paying federal and state withholding taxes, including Social Security taxes, and for handling certain administrative duties.

Management and supervision in the workplace are conducted by the business owner or manager, while payroll and employment records are handled by Elite Payroll Solutions. All employees are covered by Workers' Compensation insurance. Any instance of injury on the job must be reported to your workplace supervisor immediately.

Your employment is at the mutual consent of the employer and the employee, so any party can terminate the employment relationship at any time with or without cause or notice.



**This is the entire notification relating to your employment, and no agreements shall be effective unless they are in writing.**

I agree that I have been hired as an at-will employee and there is no contract of employment which exists between me and my Worksite Employer, nor between Elite Payroll Solutions and me and Elite Payroll Solutions has no liability with regard to any employment agreement which may exist between my Worksite Employer and me.

I understand that all new and rehired employees work on a probationary basis for the first 90 calendar days after their date of hire.

I agree to abide by the substance abuse policy as stated in the Employee Handbook. I agree that I will abide by the policy as a condition of employment, and any violation may result in disciplinary action up to and including discharge. I agree to submit to testing for the presence of drugs or alcohol within 24 hours of a work-related injury. I understand that if I refuse to execute all forms of consent or refuse to consent to testing after a work-related injury, then Elite Payroll Solutions or the Worksite Employer have the right to implement disciplinary action up to and including discharge.

I further understand and agree that continued employment with the Worksite Employer is an essential requirement for employment with Elite Payroll Solutions and that if my employment with the Worksite Employer ends, my employment with Elite Payroll Solutions will also immediately end at that time. I also agree that while I am a leased employee of Elite Payroll Solutions, if Elite Payroll Solutions does not receive payment from the Worksite Employer for services which I perform as a leased employee, Elite Payroll Solutions may pay me the applicable minimum wage (or the legally required minimum salary) for any such pay period, and I agree to this method of compensation. I understand and agree that Elite Payroll Solutions has no obligation to pay me any other compensation or benefit unless Elite Payroll Solutions has specifically, in a written agreement with me, adopted the Worksite Employer's obligation to pay me such compensation or benefit. I understand that the Worksite Employer at all times remains obligated to pay me my regular hourly rate of pay if I am a non-exempt employee and to pay me my full salary if I am an exempt employee even if Elite Payroll Solutions is not paid by the Worksite Employer. I understand and agree that Elite Payroll Solutions does not assume responsibility for payment of bonuses, commissions, severance pay, deferred compensation, profit sharing, vacation, sick, or other paid time off pay, or for any other payment, where payment for such items has not been received by Elite Payroll Solutions from the Worksite Employer.

I have been informed and agree that if any assignment to the Work Site Employer ends for any reason, I must report back to Elite Payroll Solutions within seventy-two (72) hours (not including weekends) for possible reassignment and unemployment benefits may be denied me if I fail to do so. Failure to notify Elite Payroll Solutions within the seventy-two (72) hours will be considered as a voluntary resignation.

In addition, I also agree that if at any time during my employment I am subjected to any type of discrimination, including discrimination based on race, sex, marital status, age, genetic information, religion, color, retaliation, national origin, handicap, or disability, or if I am subjected to any type of harassment including sexual harassment, I will immediately contact an appropriate person of the Worksite Employer. In most instances, this appropriate person will be the president of the Worksite Employer. Should I choose not to contact the Worksite Employer for any reason, I may contact Elite Payroll Solutions's human resources director at 772-220-8600 in order to obtain assistance in the resolution of such matters. I understand and agree Elite Payroll Solutions does not have actual control over my workplace and as such, is not in a position to end or remediate any discrimination, harassment, or retaliation which may be occurring. The responsibility to resolve and/or end such inappropriate conduct rests with Worksite Employer; however, Elite Payroll Solutions will attempt to facilitate a resolution.

I further understand that any misrepresentation, falsification or omission on this or any other document shall be sufficient reason for refusal to hire me or dismissal of my employment. I hereby authorize investigation of all matters contained in this document and in any other applicable employment document. I agree that if the results of such investigation are not satisfactory, any offer of employment made by Elite Payroll Solutions and/or the Worksite Employer may be withdrawn or my employment with Elite Payroll Solutions and the Worksite Employer may be terminated immediately. I agree to conform and adhere to the rules and regulations that exist at my Worksite Employer.

Also, I understand and agree that this document and any other materials I may receive are not intended to be, nor shall be construed to be, a contract of employment and that my employment and compensation may terminate, with or without cause and with or without notice. I also understand and agree that as a condition of employment I may be required to sign and abide by a non-compete/restrictive covenant agreement.

Management and supervision of the workplace are conducted by the Worksite Employer, while payroll and employment records are managed by Elite Payroll Solutions.

I understand and agree that due to employee leasing licensure restrictions, if I am accepted as a leased employee of Elite Payroll Solutions, I am expressly prohibited from performing any work outside the state of Florida for Worksite Employer during my status as a leased employee without the prior written approval of Elite Payroll Solutions. If I work outside the state of Florida for the Worksite Employer or for anyone else without this approval from Elite Payroll Solutions, I understand that I will not be a leased employee of Elite Payroll Solutions while that work is performed.

I acknowledge receipt of an Employee Handbook. In consideration of employment, I agree to read and abide by the policies and rules contained in it including any changes communicated to employees from time to time.

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

**Print Name:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_



**ELITE**  
PAYROLL SOLUTIONS

**TESTING CONSENT FORM**

Employer: \_\_\_\_\_ Client #: \_\_\_\_\_

I, \_\_\_\_\_, understand that according to the Companies' Drug-Free Workplace Policy, which I have read and understand, as a condition of employment with the Companies', I may be required to submit a sample(s) of my urine, blood, and/or other legally approved specimen, for chemical analysis. I understand that this analysis will be conducted by a qualified state certified testing laboratory.

The PURPOSE of the analysis is to determine the absence or presence of illegal drugs and/or alcohol.

I CONSENT freely and voluntarily to the Companies' request for specimens. I hereby release and hold harmless the Companies' and its employees from any liability whatsoever arising from any request to furnish my specimens and the testing of my specimens. I further consent to the release of the result(s) of any analysis to the Companies and understand that in the event I refuse to be tested, refuse to execute this Testing Consent Form, or test positive, I will be disqualified for further employment consideration, or subject to disciplinary action up to and including termination of employment by the Companies. I also understand that, in the event I was injured in the course and scope of my employment, and refuse to be tested or test positive, I may, in addition to the above, forfeit all my Workers' Compensation medical and indemnity benefits.

I also CONSENT, in the event of a confirmed positive test, to the release by Elite Payroll Solutions/Work Site Employer of such result(s) to any person(s) with a need to know in connection with any administrative proceeding, lawsuit or other legal action or proceeding, including but not limited to claims for unemployment compensation insurance benefits, to which I am a party, where my test result(s) would be an issue or otherwise relevant to the outcome of the action/ proceeding.

I UNDERSTAND that all information derived from any test will be kept confidential and released only to the Medical Review Officer and/or those Companies' personnel with a need to know, except as authorized pursuant to state law and regulation, or my written consent. I also understand a documented chain of specimen custody exists to ensure the identity and integrity of my specimens throughout the collection and testing process.

*This consent form needs to be signed by every Work Site Employee elected to participate in pre-employment and post-accident drug testing or only post-accident drug testing, which is required for compliance with our Workers' Compensation program components of a Drug-Free Workplace Program.*

\_\_\_\_\_  
Employee or Applicant (Print Name)

\_\_\_\_\_  
Witness (Print Name)

\_\_\_\_\_  
Employee or Applicant Signature

\_\_\_\_\_  
Witness Signature

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

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



**ELITE**  
PAYROLL SOLUTIONS

**RELEASE FORM FOR CONSUMER REPORTS**

In connection with my application for employment (including contract for services), I understand that consumer reports or investigative consumer reports which may contain public record information may be requested or made on me including consumer credit, criminal records, driving record, education, prior employer verification, workers' compensation claims and others. These reports may include experience along with reasons for termination of past employment. Further, I understand that you will be requesting information from various federal, state, local and other agencies which contain my past activities.

I hereby authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned reports at any time during my employment (or Contract).

**Please Print**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Driver's License Number: \_\_\_\_\_ License State: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**If address is different within the last 5 years please list additional locations:**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**For identification purposes:**

Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Gender:  Male  Female

Race:  White  Black  Hispanic  Asian

American Indian  Other (please specify): \_\_\_\_\_

Other Former Names: \_\_\_\_\_

Professional License: State: \_\_\_\_\_ Type: \_\_\_\_\_ Number: \_\_\_\_\_

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

## WELCOME

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

This handbook is designed to acquaint you with the company and to 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. It describes many of your responsibilities as an employee and outlines the programs developed by the company to benefit the employees. One of our objectives is to provide a work environment that is conducive to both personal and professional growth.

No employer handbook can anticipate every circumstance or question about policy. As the business continues to grow, the need may arise to change policies described in the handbook. The company therefore reserves the right to revise, supplement, or rescind any policies or portion of the handbook from time to time as it deems appropriate, in its sole and absolute discretion, employees will, of course, be notified of such changes as they occur.

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

## NATURE OF EMPLOYMENT

This handbook is intended to provide employees with a general understanding of our personnel policies. Employees are encouraged to familiarize themselves with the contents of the handbook, for it will answer many common questions concerning employment with the company.

However, this handbook cannot anticipate every situation or answer every question about employment. It is not an employment contract and is not intended to create contractual obligations of any kind. Neither the employee nor the company is bound to continue the employment relationship if either chooses, at its will, to end the relationship at any time.

In order to retain necessary flexibility in the administration of policies and procedures, the company reserves the right to change, revise, or eliminate any of the policies and/or benefits described in this handbook. The only recognized deviations from the stated policies are those authorized and signed by the chief executive officer of the company.

## EMPLOYEE RELATIONS

The company believes that the work conditions, wages, and benefits it offers to its employees are competitive with those offered by other employers in this area and in this industry. If employees have concerns about work conditions or compensation, they are strongly encouraged to voice these concerns openly and directly to their supervisors.

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

## **EQUAL EMPLOYMENT OPPORTUNITY**

In order to provide equal employment and advancement opportunities to all individuals, employment decisions at the company will be based on merit, qualifications, and abilities. Except where required or permitted by law, employment practices will not be influenced or affected by an applicant's or employee's race, color, religion, sex, national origin, age, or any other characteristic protected by law.

This policy governs all aspects of employment, including selection, job assignment, compensation, discipline, termination, and access to benefits and training.

Any employees with questions or concerns about any type of discrimination in the workplace are encouraged to bring these issues to the attention of their immediate supervisor or the Executive Office. Employees can raise concerns and make reports without fear of reprisal. Anyone found to be engaging in any type of unlawful discrimination will be subject to disciplinary action, up to and including termination of employment.

## **EMPLOYEE MEDICAL EXAMINATIONS**

To help assure that employees are able to perform their duties safely, medical examinations may be required.

After an offer has been made to an applicant entering a designated job category, a medical examination, if required, will be performed at the company's expense by a health professional of the company's choice. The offer of employment and assignment to duties is contingent upon satisfactory completion of the exam.

Information on an employee's medical condition or history will be kept separate from other employee information and maintained confidentially.

## **IMMIGRATION LAW COMPLIANCE**

The company is committed to employing only United States citizens and aliens who are authorized to work in the United States and does not unlawfully discriminate on the basis of citizenship or national origin.

In compliance with the Immigration Reform and Control Act of 1986, each new employee, as a condition of employment, must complete the Employment Eligibility Verification Form I-9 and present documentation establishing identity and employment eligibility.

Former employees who are rehired must also complete the form if they have not completed an I-9 with the company within the past three years, or if their previous I-9 is no longer retained or valid.

Employees with questions or seeking more information on immigration law issues are encouraged to contact the Executive Office.

Employees may raise questions or complaints about immigration law compliance without fear of reprisal.

## NON-DISCLOSURE

The protection of confidential business information and trade secrets is vital to the interest and the success of the company. Such confidential information includes, but is not limited to, the following examples:

- Customer lists
- Financial information
- Marketing strategies
- Pending projects and proposals

All employees may be required to sign a non-disclosure agreement as a condition of employment. Any employee who discloses trade secrets or confidential business information will be subject to disciplinary action, up to and including possible termination of employment, even if he or she does not actually benefit from the disclosed information.

## EMPLOYMENT CATEGORIES

It is the intent of the company to clarify the definitions of employment classifications so that employees understand their employment status and benefit eligibility. These classifications do not guarantee employment for any specified period of time. Accordingly, the right to terminate the employment relationships, at will at any time, is retained by both the employee and the company.

Each employee is designated as either NON-EXEMPT or EXEMPT from federal and state wage and hour laws. NON-EXEMPT employees are entitled to overtime pay under the specific provisions of federal and state laws. EXEMPT employees are excluded from specific provisions of federal and state wage and hour laws.

The company may classify your position as one of the following:

**REGULAR FULL-TIME** employees are those who are not assigned to a temporary or probationary status and who are scheduled to work not less than 40 hours per week. They do receive all legally mandated benefits (such as Social Security and workers' compensation insurance), and they are eligible for all of the company's other benefit programs.

**PART TIME** employees are those who work less than full-time and receive all legally mandated benefits (such as Social Security and workers' compensation insurance), and may be eligible for all of the company's other benefit programs.

**PROBATIONARY** employees are those whose performance is being evaluated to determine whether further employment in a specific position or with the company is appropriate. Employees who satisfactorily complete the probationary period will be notified of their new employment classification.

**TEMPORARY** employees are those who are hired as interim replacements, to temporarily supplement the work force, or to assist in the completion of a specific project. Employment assignments in this category are of a limited duration. Employment beyond any initially stated period does not in any way imply a change in employment status. Temporary employees retain that status unless and until notified of a change. While temporary employees receive all legally mandated benefits (such as Social Security and workers' compensation insurance), they are ineligible for all of the company's other benefit programs.

## COMPENSATION

It is the practice and policy to accurately compensate employees and to do so in compliance with all applicable state and federal laws.

### *Review Your Pay Check*

We make every effort to ensure our employees are paid correctly. Occasionally, however, inadvertent mistakes can happen. When mistakes do happen and are called to our attention, we will promptly make any corrections necessary. Please review your paycheck when you receive it to make sure it is correct. If you believe a mistake has occurred, or you have any questions please use the reporting procedure outlined below.

### *Non-exempt Employees*

If you are classified as a non-exempt employee, you must maintain a record of the total hours you work each day. You must accurately record your hours in accordance with the company's time keeping procedures. Your time recorded must accurately reflect all regular and overtime hours worked, any absences, late arrivals, early departures, and meal breaks. Employees are prohibited from performing any "off-the-clock" work. "Off-the-clock work means work you may perform but fail to report. Any employee who fails to report or inaccurately reports any hours worked will be subject to disciplinary action, up to and including discharge.

It is a violation of company policy for any employee to falsify or alter his or her or another employee's time. It is also a serious violation of company policy for any employee or manager to instruct another employee to incorrectly or falsify report hours. If any manager or employee instructs you to: 1) incorrectly or falsely under or over report your hours worked; or 2) alter another employee's time records to inaccurately or falsely report that employee's hours worked, you should report it immediately to your supervisor.

### *Exempt Employees*

If you are classified as an exempt, salaried employee, you will receive a set salary which is intended to compensate you for any hours you may work. This salary will be established at the time of hire or when you become classified as an exempt employee. The salary will be a predetermined amount that will not be subject to deductions for variations in the quantity or quality of the work you perform.

Under Federal and State law, your salary is subject to certain deductions. For example, absent contrary state law requirements, your salary may be reduced for the following reasons;

- Full day absences for personal reasons
- Full day absences for sickness or disability, if the company has a sickness or disability policy that provides for wage replacement benefits and you have exhausted or have not yet accrued enough leave time.
- Full day disciplinary suspensions for infractions of our written policies and procedures.
- Family and Medical Leave of absence (either full or partial day absences).
- To offset the amount received as payment for jury and witness fees or military pay.
- The first or last week of employment in the event you work less than a full week.



Your salary may also be reduced for certain types of deductions such as your portion of health, dental, or life insurance premiums; state, federal, or local taxes, social security or voluntary contributions to a 401 (k) or pension plan.

Your salary will not be reduced for any of the following reasons:

- Partial day absence for personal reasons, sickness or disability.
- Absences for jury duty, attendance as a witness or military leave in any week in which you have performed any work.
- Any other deductions prohibited by state or federal law.
- Please note, it is not an improper deduction to reduce an employee accrued vacation, personal or other forms of paid time off from an employee's leave bank for a full or partial day absences for personal reasons, or for sickness or disability if the employer has a sickness or disability policy that provides for wage replacement benefits.

Should you have any questions with respect to the company's policy, please contact your immediate supervisor.

#### *To Report a Concern or Obtain More Information*

If you have questions about deductions from your pay, please contact your supervisor. If you believe you have been subject to any improper deductions, you should immediately report the matter to your supervisor or any other supervisor in the company with whom you feel comfortable.

Every report will be fully investigated and corrective action will be taken where appropriate, up to and including discharge for any employee(s) who violate this policy. In addition, we will not allow any form of retaliation against individuals who report alleged violations of this policy or who cooperate in the investigation of such reports.

Retaliation is unacceptable, and any form of retaliation in violation of this policy will result in disciplinary action, up to and including discharge.

Please note that where state law is more generous to employees, the state law will be followed.

#### **ACCESS TO PERSONNEL FILES**

The company maintains a personnel file on each employee. The personnel file includes such information as the employee's job application, resume, records of training, documentation of performance appraisals and salary increases, and other employment records.

Personnel files are the property of the company, and access to the information they contain is restricted. Generally, only supervisors and management personnel of the company who have a legitimate reason to review information in a file are allowed to do so.

With reasonable advance notice, employees may review their own personnel files in the company's offices and in the presence of an individual appointed by the company to maintain the files.

## **EMPLOYMENT REFERENCE CHECKS**

To ensure that individuals who join the company are well qualified and have a strong potential to be productive and successful, it is the policy of the company to check the employment references of all applicants.

When asked by an outside firm for a reference check on a company employee, the Executive Offices will respond in writing only to those reference check inquiries that are submitted in writing. Responses to such inquiries will be limited to factual information that can be substantiated by the company's records. No employment data will be released without a written authorization and release signed by the individual who is the subject of the inquiry.

## **PERSONAL DATA CHANGES**

It is the responsibility of each employee to promptly notify the company of any changes in personnel data. Personal mailing address, telephone numbers, number and names of dependents, individuals to be contacted in the event of emergency, educational accomplishments, and other such status reports should be accurate and current at all times.

## **PROBATIONARY PERIOD**

The probationary period is intended to give new employees the opportunity to demonstrate their ability to achieve a satisfactory level of performance and to determine whether the new position meets their expectations. Either the employee or the company may end the employment relationship at will at any time during or after the probationary period, with or without cause or advance notice.

All new and rehired employees work on a probationary basis for the first 90 calendar days after their date of hire. Any significant absence will automatically extend a probationary period by the length of the absence.

If the company determines that the designated probationary period does not allow sufficient time to thoroughly evaluate the employee's performance, the probationary period may be extended for a specified period.

Upon satisfactory completion of the probationary period, employees enter the "regular" employment classification.

During the probationary period, new employees are eligible for those benefits that are required by law, such as workers' compensation insurance and Social Security. After becoming regular employees, they may also be eligible for other company provided benefits, subject to the terms and conditions of each benefits program. Employees should read the information for each specific benefits program for the details on eligibility requirements.

## **EMPLOYMENT APPLICATIONS**

The company relies upon the accuracy of information contained in the employment application, as well as the accuracy of other data presented throughout the hiring process and employment. Any misrepresentations, falsifications, or material omissions in any of this information or data may result in the company's exclusion of the individual from further consideration for employment, or if the person has been hired, termination of employment.

## **PERFORMANCE EVALUATION**

Supervisors and employees are strongly encouraged to discuss job performance and goals on an informal, day-to-day basis.

Additional formal performance reviews are conducted to provide both supervisors and employees the opportunity to discuss job tasks, identify and correct weaknesses, encourage and recognize strengths, and discuss positive, purposeful approaches for meeting goals.

## **EMPLOYEE BENEFITS**

Eligible employees at the company are provided a wide range of benefits. A number of programs (such as Social Security, worker's compensation, state disability, and unemployment insurance) cover all employees in the manner prescribed by law.

Benefits eligibility is dependent upon a variety of factors, including employee classification, and your supervisor can identify the programs for which you are eligible.

Some benefit programs are funded by the company while others require contributions from the employee. A separate attachment provided by the Executive Office or your supervisor will provide specific details concerning the benefit choices and costs.

## **WORKERS COMPENSATION INSURANCE**

The company employees are covered by a comprehensive workers' compensation insurance program, where required by law, at no cost to employees. This program covers any injury or illness sustained in the course of employment that requires medical, surgical, or hospital treatment. Subject to applicable legal requirements, workers' compensation insurance provides benefits after a short waiting period or, if the employee is hospitalized, immediately.

Employees who sustain work-related injuries or illnesses should inform their supervisor immediately. No matter how minor an on the job injury may appear, it is important that it be reported immediately. In addition, it is advisable to also notify the company executive offices to verify coverage.

## **TIMEKEEPING**

Accurately recording time worked is the responsibility of every non-exempt employee. Federal and state laws require the company to keep an accurate recording of time worked in order to calculate employee pay and benefits. Time worked is all the time actually spent on the job performing assigned duties.

Those employees who record their own time on a recording device such as a time clock should accurately record the time they begin and end their work, as well as the beginning and ending time of each meal period. They should also record the beginning and ending time of any split shift or departure from work for personal reasons. Overtime work must always be approved before it is performed.

Altering, falsifying, tampering with time records, or recording time on another employee's time record may result in disciplinary action, up to and including termination of employment. If corrections or modifications are made to the time record, both the employee and the supervisor must approve the accuracy of the changes by initialing the time record.

Where supervisors are responsible for recording time worked by employees, an employee may wish to verify with the supervisor the hours worked as the end of each pay period before time sheets are submitted. If an employee feels that a report has been filed inaccurately by his/her supervisor, that employee should contact the Executive Offices of the company immediately.

## **EMPLOYMENT TERMINATION**

Termination of employment is an inevitable part of personnel activity within any organization, and many of the reasons for termination are routine. Below are examples of some of the most common circumstances under which employment is terminated:

*RESIGNATION*: employment termination initiated by an employee who chooses to leave the organization voluntarily.

*DISCHARGE*: employment termination initiated by the organization.

*LAYOFF*: involuntary employment termination initiated by the organization for non-disciplinary reasons.

*MEDICAL TERMINATION*: employment termination initiated by the employee or by the organization when an employee is unable, for health reasons, to continue to work.

*RETIREMENT*: voluntary retirement from active employment status initiated by the employee.

Since employment with the company is based on mutual consent, both the employee and the company have the right to terminate employment at will, with or without cause, at any time. Employee benefits will be affected by employment termination in the following manner: All accrued, vested benefits that are due and payable at termination will be paid. Some benefits may be continued at the employee's expense if the employee so chooses. The employee will be notified in writing of the benefits that may be continued and of the terms, conditions, and limitations of such continuance.

## **ADMINISTRATIVE PAY CORRECTIONS**

The company takes all reasonable steps to assure that employees receive the correct amount of pay in each paycheck and that employees are paid promptly on the scheduled pay day.

In the unlikely event that there is an error in the amount of pay, the employee should promptly bring the discrepancy to the attention of the company so that corrections can be made as quickly as possible.

Once under payments are identified, they will be corrected immediately and in no case later than the next regular paycheck.

## **PAY DEDUCTIONS**

The law requires that the company make certain deductions from every employee's compensation. Among these are applicable federal, state, and local income taxes. The company also must deduct Social Security taxes on each employee's earnings up to a specified limit that is called the Social Security "wage base." The company matches dollar-for-dollar the amount of Social Security taxes paid by each employee.

If you have questions concerning why deductions were made from your paycheck or how they were calculated, your supervisor can assist in having your questions answered or you may contact the Executive Offices of the company.

## **SAFETY**

The company believes in the importance of safety in the workplace, and that it is the responsibility of the company and its employees to strive to reduce hazardous conditions in the work environment. All workplace supervisors are expected by the company to observe all safety rules and regulations and to enforce policies designated to promote worker safety.

The company provides information to employees about workplace safety and health issues through regular internal communication channels such as supervisor-employee meetings, bulletin boards postings, memos, or other written communications.

Some of the best safety improvement ideas come from employees. Those with ideas, concerns, or suggestions for improved safety in the workplace are encouraged to raise them with their supervisor, or with another supervisor or manager, or bring them to the attention of the Executive Office of the company. Reports and concerns about workplace safety issues may be made anonymously if the employee wishes. All reports can be made without fear of reprisal.

Each employee is expected to obey safety rules and to exercise caution in all work activities. Employees must immediately report any unsafe condition to the appropriate supervisor. Employees who violate safety standards, cause hazardous or dangerous situations, or fail to report or (where appropriate) remedy such situations, may be subject to disciplinary action, up to and including termination of employment.

In the case of accidents that results in injury, regardless of how insignificant the injury may appear, employees should immediately notify their immediate supervisor.

## **WORK SCHEDULES**

Work schedules for employees vary throughout our organization. Supervisors will advise employees of their individual work schedules. 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.

## **USE OF EQUIPMENT AND VEHICLES**

Equipment and vehicles essential in accomplishing job duties are expensive and may be difficult to replace. When using property, employees are expected to exercise care, perform required maintenance, and follow all operating instructions, safety standards, and guidelines.

Please notify the supervisor if any equipment, machines, tools, or vehicles appear to be damaged, defective, or in need of repair.

Prompt reporting of damages, defects, and the need for repairs could prevent deterioration of equipment and possible injury to employees or others. The supervisor can answer any questions about an employee's responsibility for maintenance and care of equipment or vehicles used on the job.

The improper, careless, negligent, destructive, or unsafe use or operation of equipment or vehicles, as well as excessive or avoidable traffic and parking violations, can result in disciplinary action, up to and including termination of employment.

## **EMPLOYEE CONDUCT AND WORK RULES**

To assure orderly operations and provide the best possible work environment, the company expects employees to follow rules of conduct that will protect the interests and safety of all employees and the organization.

It is not possible to list all the forms of behavior that are considered unacceptable in the workplace. The following are examples of infractions of rules 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 harassment
- possession of dangerous or unlawful materials, such as explosives or firearms, in the workplace
- excessive absenteeism or any absence without notice
- unauthorized absences 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

## **DRUG AND ALCOHOL USE**

It is the company's desire to provide a drug-free, healthful, and safe workplace. To promote this goal, employees are required to report to work in appropriate mental and physical condition to perform their jobs in a satisfactory manner.

While on the company premises and while conducting business-related activities off the company premises, no employee may use, possess, distribute, sell, or be under the influence of alcohol or engage in the unlawful manufacture, distribution, dispensation, possession, or use of illegal drugs. Violations of this policy may lead to disciplinary action, up to and including immediate termination of employment, and/or required participation in a substance abuse rehabilitation or treatment program. Such violations may also have legal consequences.

The company is committed to providing a safe, efficient, and productive work environment for all employees. In keeping with this commitment, employees and job applicants may be asked to provide body substance samples (e.g. blood, urine) to determine the illicit use of drugs. The company will attempt to protect the confidentiality of all drug test results. Drug tests may be conducted in any of the following situations:

**PRE-EMPLOYMENT:** As a pre-qualification to assuming any position, prospective employees are required to provide a body substance sample for drug testing. This occurs in connection with the pre-employment medical examination.

**POST-ACCIDENT DRUG TESTING:** To help ensure a safe and healthful work environment, employees who are injured on the job may be required to provide body substance samples (such as blood and/or urine) to determine the illicit or illegal use of drugs or alcohol. A positive test result or refusal to submit to drug testing may result in disciplinary action up to and including termination of employment and may result in a loss of a portion of your workers' compensation benefits as allowable under applicable state law.

The legal use of prescribed drugs is permitted on the job only if it does not impair an employee's ability to perform the essential functions of the job effectively and in a safe manner that does not endanger other individuals in the workplace.

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

Employees with questions on this policy or issues related to drug or alcohol use in the workplace should raise their concerns with their supervisor or the Executive Office without fear of reprisal.

## **SEXUAL AND OTHER UNLAWFUL HARASSMENT**

The company is committed to providing a work environment that is free of discrimination and unlawful harassment. Actions, words, jokes, or comments based on an individual's sex, race, ethnicity, age, religion, or any other legally protected characteristic will not be tolerated. As an example, sexual harassment (both overt and subtle) is a form of employee misconduct that is demeaning to another person, undermines the integrity of the employment relationship, and is strictly prohibited.

Any employee, who wants to report an incident of sexual or other unlawful harassment, should promptly report the matter to his or her supervisor. If the supervisor is unavailable or the employee believes it would be inappropriate to contact that person, the employee should immediately contact the Executive Offices. Employees can raise concerns and make reports without fear of reprisal.

Any supervisor or manager who becomes aware of possible sexual or other unlawful harassment should promptly advise the Executive Offices, who will handle the matter in a timely and confidential manner.

Anyone engaging in sexual or other unlawful harassment will be subject to disciplinary action, up to and including termination of employment.

## **PERSONAL APPEARANCE**

Dress, grooming, and personal cleanliness standards contribute to the moral of all employees and affect the business image the company presents to customers and visitors.

During business hours, employees are expected to present a clean and neat appearance and to dress according to the requirements of their positions. Employees who appear for work inappropriately dressed will be sent home and directed to return to work in proper attire. Under such circumstances, employees will not be compensated for the time away from work.

Consult your supervisor or department head if you have questions as to what constitutes appropriate attire.

## **RETURN OF PROPERTY**

Employees are responsible for all property, materials, or written information issued to them or in their possession or control. All property must be returned by employees on or before their last day of work. Where permitted by applicable laws, the company may withhold from the employee's check or final paycheck the cost of any items that are not returned when required. The company may also take all action deemed appropriate to recover or protect items not returned by the employee as required.

## **RESIGNATION**

Resignation is a voluntary act initiated by the employee to terminate employment with the company. Although advance notice is not required, the company requests at least two weeks written resignation notice from all employees.

Questions concerning the policies in this Employee Handbook or any of its supplements or its administration should be directed to the Executive Offices of the company.

## **EMPLOYEE ACKNOWLEDGMENT FORM**

The employee handbook describes important information about the company, and I understand that I should consult my supervisor regarding any questions not answered in the handbook.

I have entered into my employment relationship with the company voluntarily and acknowledge that there is no specified length of employment. Accordingly, either I or the company 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 describe here necessarily subject to change, I acknowledge that revisions to the handbook may occur, except to the company's policy of employment-at-will. All such changes will be communicated through official notices, and I understand that the revised information may supersede, modify, or eliminate existing policies. Only the Chief Executive Officer of the company 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 have received the handbook, and 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 Name** (printed) \_\_\_\_\_

**Employee Signature** \_\_\_\_\_ X

**Date** \_\_\_\_\_