



PHONE 713-975-7576
PHONE 800-701-4014
FAX 713-783-1566
FAX 800-765-0652
1616 S. VOSS, STE 700
HOUSTON, TEXAS 77057
www.TFIresources.com

INSTRUCTIONS

PLEASE FILL OUT AND RETURN

TFI RESOURCES IS THE EMPLOYER OF RECORD FOR TEMPORARY AND CONTRACT WORKERS REFERRED BY ELITE LEGAL SEARCH, LLC.

In order to process your time sheet and issue a payroll check, we will need the following items from you:

- Application for Employment/Employment Policies. Please read, initial page 1, sign and date page 2, and return ALL pages.
- Form W-4: Please complete, sign and return
- Form I-9: Please complete Section 1, sign and return
- Form DE-4 State withholding form: complete, sign and return
- Form SCIF 15306: Please complete, sign and return
- Copies of 2 forms of identification (See Form I-9 Attachment)
- Direct Deposit Authorization (optional)

PLEASE FAX THESE DOCUMENTS TO US AS SOON AS POSSIBLE: 800-765-0652. AFTER FAXING: PLEASE CALL TFI RESOURCES TO CONFIRM THAT WE HAVE ALL NECESSARY INFORMATION.

Included in the employment package is a time sheet for your use. Before filling out the time sheet, ***please make copies to use for future weeks.*** The time sheet should be faxed to our office ***before noon on Monday*** and it must be signed by an authorized supervisor. Your pay check can be mailed to your home, picked up at our office (in Houston), or you may request that your paycheck be directly deposited into your bank account, or into a temporary ATM account that we can set up for you.

As your employer for this temporary assignment, it is important that we have your correct home address.

NOTE: If your address should change at any time during the year, please notify us in writing so that we can send your W-2 form to you without delay.

For all weekly/bi-weekly and hourly employees: Pay day is Wednesday (every other Wednesday for bi-weekly employees) unless Wednesday is a holiday, in which case pay day will be Thursday. You should call the office of TFI Resources to confirm receipt of your time sheet.

For semimonthly or salaried employees: Pay periods are from the 1st through the 15th of each month and from the 16th through the last day of each month. Pay days are on the 17th and the 2nd of the month, respectively. You should call the office of TFI Resources to confirm the receipt of your timesheet.

NOTE: Your pay check cannot be picked up by anyone other than you without prior written consent to TFI Resources. TFI Resources is not responsible for lost, stolen, or mailed checks not delivered by the U.S. Postal Service. TFI requires a one (1) week waiting period before reissuing a pay check. If you request a check to be reissued before the waiting period has passed, there will be a \$15.00 replacement fee deducted from the paycheck.

If you have any questions, please feel free to call our office. We appreciate the opportunity to serve as your employer for this temporary work assignment.



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TFI RESOURCES

EMPLOYMENT POLICIES AND APPLICATION FOR EMPLOYMENT

TFI RESOURCES WILL BE THE EMPLOYER OF RECORD FOR YOUR CURRENT WORK ASSIGNMENT. Please read and complete this document carefully, then sign and return one copy to TFI Resources.

APPLICATION FOR EMPLOYMENT

Last Name _____ First Name _____
 Address (Number, Street, City, State, Zip Code) _____ Apt No. _____
 Social Security Number _____ Home Telephone _____
 E-mail Address _____ Mobile/Pager/Other # _____
 Referring Recruiter or Staffing Company **ELITE LEGAL SEARCH, LLC**

Job Title: _____ Job Description: Office/clerical Office/professional Other

If Other (please describe) _____

Are you legally eligible for employment in this country? (TFI subscribes to the DHS E-Verify program)..... Yes No
 Have you ever pled "guilty" or "no contest" to, or been convicted of a felony? Yes No
Answering "yes" to this question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account. Please attach a separate page providing additional information.

EMPLOYMENT POLICIES

ATTENDANCE

Please report to and leave from work at the times specified by the client company. Absenteeism and tardiness can be considered misconduct. In the event you will be late or absent, please notify the client company at least one (1) hour before your scheduled arrival time. Absences due to medically verifiable illnesses, jury duty, and military leave are acceptable in moderation with valid documentation.

CONFIDENTIAL INFORMATION/PRIVACY

Employees must exercise care in reference to all confidential information of the client company. Information may not be taken, copied or communicated to other parties. Office equipment and work areas are for business use and are subject to the rules and regulations of the client company.

DISCIPLINARY ISSUES

Failure to act appropriately is considered misconduct. You should follow the client company's "house rules" while on assignment. Use of offensive language, illegal drug or alcohol use, absenteeism, tardiness, harassment and/or violence are considered disciplinary issues and may result in termination.

DRUG POLICY

The use, sale, or possession of illegal drugs or alcohol on the premises of the client company is strictly prohibited. Random drug tests and/or reasonable searches for drugs may be conducted by the client company or TFI Resources. Refusal to submit to a drug test or search may be cause for termination.

PAY DAYS/PAY CHECKS

- *For all weekly/bi-weekly and hourly employees:* Pay day is Wednesday (every other Wednesday for bi-weekly employees) unless Wednesday is a holiday, in which case pay day will be Thursday. Checks can be mailed to your home, direct deposited into your bank account, or picked up at the office of TFI Resources after noon CST on Wednesdays. **Time sheets must be received by noon CST on the preceding Monday to guarantee timely check processing.** You should call the office of TFI Resources to confirm receipt of your time sheet.
- *For semimonthly or salaried employees:* Pay periods are from the 1st through the 15th of each month and from the 16th through the last day of each month. Pay days are on the 17th and the 2nd of the month, respectively. Checks can be mailed to your home, direct deposited into your bank account, or picked up at the office of TFI Resources after two (2) business days following the receipt of your time sheet. You should call the office of TFI Resources to confirm the receipt of your time sheet.
- **NOTE: Your pay check cannot be picked up by anyone other than you without prior written consent to TFI Resources. TFI Resources is not responsible for lost, stolen, or mailed checks not delivered by the U.S. Postal Service. TFI requires a**

one (1) week waiting period before reissuing a pay check. If you request a check to be reissued before the waiting period has passed, there will be a \$15.00 replacement fee deducted from the pay check.

FORM W-2

TFI Resources will issue a Form W-2 by January 31st of next year for your tax records. **If you move during the year, please notify us of your change of address.** If you need to change your W-4 or update your employment records with new information, please call our office.

COMPENSATION

Hours worked that require payment of overtime wages will be paid at time and one-half unless you are classified as exempt from overtime laws and regulations. **You should obtain your job site supervisor's approval to work overtime. Your time sheet must reflect actual hours worked.** Bonuses, severance pay, parking or toll reimbursements, vacation or holiday pay, and sick leave are not paid by TFI Resources except in instances where the client company agrees to reimburse TFI for these expenses. Deductions will not be made from pay checks unless authorized. In the event of time sheet error or miscalculation, pay checks may be adjusted to reflect actual hours worked.

BENEFITS

TFI Resources does not offer group insurance, a pension plan, paid holidays or paid vacations. Individual health plans, dental and vision discounts, and credit union membership are available to temporary and contract employees. TFI makes available to eligible employees a **Section 125 Premium Reimbursement Plan** and a **Transportation Reimbursement Plan**. Both plans allow you to set aside a portion of your wages on a pre-tax basis for certain insurance premiums and transportation costs. More information is available upon request.

USE OF MOTOR VEHICLES

Without prior written consent from TFI Resources, the driving of personal or company motor vehicles while on assignment is strictly prohibited. The use of personal or client company automobiles or trucks shall be solely at your risk and the client company. Consent from TFI Resources shall be contingent upon a review of your driving history and evidence of adequate liability insurance.

SAFETY/REPORTING INJURIES

It is the responsibility of each employee to become familiar with the safety and emergency procedures of the client company. Any job related injury should be reported immediately to the job site supervisor and to the office of TFI Resources. **If any job related injury or illness is not reported as soon as possible, reimbursement for medical claims may be denied.** It is important that you report any unsafe working conditions to the office of TFI Resources.

DISCRIMINATION

TFI Resources is an Equal Opportunity Employer and complies with all state and federal laws regarding discrimination. Please inform TFI Resources of any instance in which you believe that you may have been subjected to discrimination.

SEXUAL HARASSMENT

Inform TFI Resources promptly if you are sexually harassed or accused of harassment on the job.

EMPLOYMENT TERMINATION

Please be aware that your employment is "at-will." Either the employer (TFI Resources) or you may terminate employment at any time with or without cause. Termination may occur with little or no notice. **Before filing a claim for unemployment benefits, you are required by law to contact TFI Resources or your recruiter/staffing company regarding your availability for other assignments. Failure to do so may result in a denial of unemployment benefits.**

EMPLOYEE/EMPLOYER ACKNOWLEDGEMENT

I understand and acknowledge that TFI Resources is my employer of record for my current temporary or contract work assignment. TFI is responsible for all employment related responsibilities; including payroll, payroll taxes, unemployment claims, and workers' compensation insurance. I understand that I am not an employee of any recruiting firm who may have referred me to TFI Resources; and I am not an employee of any client company where I may perform a temporary or contract work assignment.

Employee Signature

Print Name

Date

NOTE: These employment policies are a guideline and are not intended to imply any contractual rights. They may be changed or modified by TFI Resources at any time without prior notice. Your signature constitutes understanding, acceptance and acknowledgment of the policies stated. Please keep a copy for your records. If you have any questions regarding these policies, please call TFI Resources at (713) 975-7576.



TFI RESOURCES

Addendum to Employment Policies and Application for Employment

MEAL AND REST PERIOD OBLIGATION ACKNOWLEDGEMENT

I understand that state law requires that I take a meal period of no less than 30-minutes whenever I exceed five hours in a work day. The meal period must begin before I exceed five hours of work. Unless I qualify for an exception and sign a waiver of my right to a meal period that is also signed by an authorized superior, I understand it is my obligation under the law and my employer's policies to take a meal period of at least 30-minutes within the time identified above. I understand that a violation of this rule constitutes a violation of the law and my employer's policies. I further understand that I may be subject to discipline, including the possibility of immediate termination, if I violate this policy.

I understand that I am entitled to a rest period at the rate of 10-minutes net rest for every four hours of work or major portion of four hours. I further understand that the rest period should be taken as close to the middle of each work period as possible and that no supervisor may ask or require me to give up my rest period.

I hereby certify that I fully understand the rules regarding meal periods and rest periods and will comply fully with those rules. If I am denied a meal or rest period to which I am entitled, or if I fail to take a meal or rest period as required by law and my employer's policies, I agree to notify my Employment Counselor or the Office Administrator within 24 hours, so that the matter can be fully and carefully investigated and appropriate corrective action can be taken.

Date

Type or Print Name

Signature

Form W-4 (2009)

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 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

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-earner/multiple job 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 may 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. 919, How Do I Adjust My Tax Withholding, 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. 919 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. 919 for details.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____			
B	Enter "1" if: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	}	B	_____
{	<ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	}				
C	Enter "1" for your spouse . 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.)	C	_____			
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____			
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____			
F	Enter "1" if you have at least \$1,800 of child or dependent care expenses for which you plan to claim a credit	F	_____			
(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)						
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children. 	G	_____			
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	_____			
For accuracy, complete all worksheets that apply. <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>				{	<ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	}
{	<ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	}				

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ 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.</p>	OMB No. 1545-0074 2009
1 Type or print 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. Note. 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 _____ 6 \$ _____
7 I claim exemption from withholding for 2009, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. 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.		
Employee's signature (Form is not valid unless you sign it.) ▶		Date ▶
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)

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 documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address <i>(Street Name and Number)</i>		Apt. #	Date of Birth <i>(month/day/year)</i>
City	State	Zip Code	Social Security #

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 #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date <i>(month/day/year)</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.*

Preparer's/Translator's Signature	Print Name
Address <i>(Street Name and Number, City, State, Zip Code)</i>	
Date <i>(month/day/year)</i>	

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on *(month/day/year)* _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address <i>(Street Name and Number, City, State, Zip Code)</i>		Date <i>(month/day/year)</i>

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name <i>(if applicable)</i>	B. Date of Rehire <i>(month/day/year)</i> <i>(if applicable)</i>
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date <i>(if any)</i> : _____
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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 <i>(month/day/year)</i>
--	------------------------------

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

**Documents that Establish Both
Identity and Employment
Authorization**

LIST B

**Documents that Establish
Identity**

LIST C

**Documents that Establish
Employment Authorization**

OR

AND

1. U.S. Passport or U.S. Passport Card	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	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	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	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	
	5. U.S. Military card or draft record	
	6. Military dependent's ID card	5. Native American tribal document
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
	9. Driver's license issued by a Canadian government authority	
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	For persons under age 18 who are unable to present a document listed above:	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

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

This form can be used to manually compute your withholding allowances, or you can electronically compute them at www.taxes.ca.gov/de4.xls (Microsoft Excel required).

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

Type or Print Your Full Name	Your Social Security Number
Home Address (Number and Street or Rural Route)	Filing Status Withholding Allowances <input type="checkbox"/> SINGLE or MARRIED (with two or more incomes) <input type="checkbox"/> MARRIED (one income) <input type="checkbox"/> HEAD OF HOUSEHOLD
City, State, and ZIP Code	

1. Number of allowances for Regular Withholding Allowances, Worksheet A _____
 Number of allowances from the Estimated Deductions, Worksheet B _____
 Total Number of Allowances (A + B) when using the California Withholding Schedules for 2009 _____
- OR
2. Additional amount of state income tax to be withheld each pay period (if employer agrees), Worksheet C _____

Under the penalties of perjury, I certify that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled or, if claiming exemption from withholding, that I am entitled to claim the exempt status.

Signature _____ Date _____

Employer's Name and Address	California Employer Account Number
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----- cut here -----

Give the top portion of this page to your employer and keep the remainder for your records.

YOUR CALIFORNIA PERSONAL INCOME TAX MAY BE UNDERWITHHELD IF YOU DO NOT FILE THIS DE 4 FORM

IF YOU RELY ON THE FEDERAL W-4 FOR YOUR CALIFORNIA WITHHOLDING ALLOWANCES, YOUR CALIFORNIA STATE PERSONAL INCOME TAX MAY BE UNDERWITHHELD AND YOU MAY OWE MONEY AT THE END OF THE YEAR.

PURPOSE: This certificate, DE 4, is for **California personal income tax withholding** purposes only. The DE 4 is used to compute the amount of taxes to be withheld from your wages, by your employer, to accurately reflect your state tax withholding obligation.

You should complete this form if either:

- (1) You claim a different marital status, number of regular allowances, or different additional dollar amount to be withheld for California personal income tax withholding than you claim for federal income tax withholding or,
- (2) You claim additional allowances for estimated deductions.

THIS FORM WILL NOT CHANGE YOUR FEDERAL WITHHOLDING ALLOWANCES.

The federal Form W-4 is applicable for California withholding purposes if you wish to claim the same marital status, number of regular allowances, and/or the same additional dollar amount to be withheld for state and federal purposes. However, federal tax brackets and withholding methods do not reflect state personal income tax withholding tables. **If you rely**

on the number of withholding allowances you claim on your Form W-4 withholding allowance certificate for your state income tax withholding, you may be significantly underwithheld. This is particularly true if your household income is derived from more than one source.

CHECK YOUR WITHHOLDING: After your W-4 and/or DE 4 takes effect, compare the state income tax withheld with your estimated total annual tax. For state withholding, use the worksheets on this form, and for federal withholding use the Internal Revenue Service (IRS) Publication 919 or federal withholding calculations.

EXEMPTION FROM WITHHOLDING: If you wish to claim exempt, complete the federal Form W-4. You may only claim exempt from withholding California income tax if you did not owe any federal income tax last year and you do not expect to owe any federal income tax this year. The exemption automatically expires on February 15 of the next year. If you continue to qualify for the exempt filing status, a new Form W-4 designating EXEMPT must be submitted before February 15. If you are not having federal income tax withheld this year but expect to have a tax liability next year, the law requires you to give your employer a new Form W-4 by December 1.

IF YOU NEED MORE DETAILED INFORMATION, SEE THE INSTRUCTIONS THAT CAME WITH YOUR LAST CALIFORNIA INCOME TAX RETURN OR CALL THE FRANCHISE TAX BOARD.

IF YOU ARE CALLING FROM WITHIN THE UNITED STATES

1-800-852-5711 (voice)

1-800-822-6268 (TTY)

IF YOU ARE CALLING FROM OUTSIDE THE UNITED STATES (Not Toll Free)

(916) 845-6500

The California Employer's Guide (DE 44) provides the income tax withholding tables. This publication may be found on EDD's Web site at www.edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm. To assist you in calculating your tax liability, please visit the Franchise Tax Board's Web site at: www.ftb.ca.gov/individuals/index.shtml.

NOTIFICATION: Your employer is required to send a copy of your DE 4 to the Franchise Tax Board (FTB) if it meets either of the following two conditions:

- You claim more than 10 withholding allowances
- You claim exemption from state or federal income tax withholding and your employer expects your usual weekly wages to exceed \$200 per week.

IF THE IRS INSTRUCTS YOUR EMPLOYER TO WITHHOLD FEDERAL INCOME TAX BASED ON A CERTAIN WITHHOLDING STATUS, YOUR EMPLOYER IS REQUIRED TO USE THE SAME WITHHOLDING STATUS FOR STATE INCOME TAX WITHHOLDING IF YOUR WITHHOLDING ALLOWANCES FOR STATE PURPOSES MEET THE REQUIREMENTS LISTED UNDER "NOTIFICATION." IF YOU FEEL THAT THE FEDERAL DETERMINATION IS NOT CORRECT FOR STATE WITHHOLDING PURPOSES, YOU MAY REQUEST A REVIEW.

To do so, write to:

W-4 Unit
Franchise Tax Board MS F180
P.O. Box 2952
Sacramento, CA 95812-2952
Fax: (916) 843-1094

Your letter should contain the basis of your request for review. You will have the burden of showing the federal determination incorrect for state withholding purposes. The Franchise Tax Board (FTB) will limit its review to that issue. FTB will notify both you and your employer of its findings. Your employer is then required to withhold state income tax as instructed by FTB. In the event FTB or IRS finds there is no reasonable basis for the number of withholding exemptions that you claimed on your W-4/DE 4, you may be subject to a penalty.

PENALTY: You may be fined \$500 if you file, with no reasonable basis, a DE 4 that results in less tax being withheld than is properly allowable. In addition, criminal penalties apply for willfully supplying false or fraudulent information or failing to supply information requiring an increase in withholding. This is provided for by Section 19176 of the California Revenue and Taxation Code.

INSTRUCTIONS — 1 — ALLOWANCES*

When determining your withholding allowances, you must consider your personal situation:

- Do you claim allowances for dependents or blindness?
- Are you going to itemize your deductions?
- Do you have more than one income coming into the household?

TWO-EARNER/TWO-JOBS: When earnings are derived from more than one source, underwithholding may occur. If you have a working spouse or more than one job, it is best to check the box "SINGLE or MARRIED (with two or more incomes)." Figure the total number of allowances you are entitled to claim on all jobs using only one DE 4 form. Claim allowances with one employer. Do not claim the same allowances with more than one employer. Your withholding will usually be most accurate when all allowances are claimed on the DE 4 or W-4 filed for the highest paying job and zero allowances are claimed for the others.

MARRIED BUT NOT LIVING WITH YOUR SPOUSE: You may check the "Head of Household" marital status box if you meet all of the following tests:

- (1) Your spouse will not live with you at any time during the year;
- (2) You will furnish over half of the cost of maintaining a home for the entire year for yourself and your child or stepchild who qualifies as your dependent; and
- (3) You will file a separate return for the year.

HEAD OF HOUSEHOLD: To qualify, you must be unmarried or legally separated from your spouse and pay more than 50% of the costs of maintaining a home for the entire year for yourself and your dependent(s) or other qualifying individuals. Cost of maintaining the home includes such items as rent, property insurance, property taxes, mortgage interest, repairs, utilities, and cost of food. It does not include the individual's personal expenses or any amount which represents value of services performed by a member of the household of the taxpayer.

WORKSHEET A

REGULAR WITHHOLDING ALLOWANCES

- (A) Allowance for yourself — enter 1 (A) _____
- (B) Allowance for your spouse (if not separately claimed by your spouse) — enter 1 (B) _____
- (C) Allowance for blindness — yourself — enter 1 (C) _____
- (D) Allowance for blindness — your spouse (if not separately claimed by your spouse) — enter 1 (D) _____
- (E) Allowance(s) for dependent(s) — do not include yourself or your spouse x 3, = (E) _____
 E-1. Please enter the number of dependents for which you are claiming allowances:
 E-2. Please multiply the number entered in E-1 by 3 and enter on line E
- (F) Total — add lines (A) through (E) above (F) _____

INSTRUCTIONS — 2 — ADDITIONAL WITHHOLDING ALLOWANCES

If you expect to itemize deductions on your California income tax return, you can claim additional withholding allowances. Use Worksheet B to determine whether your expected estimated deductions may entitle you to claim one or more additional withholding allowances. Use last year's FTB 540 form as a model to calculate this year's withholding amounts.

Do not include deferred compensation, qualified pension payments or flexible benefits, etc., that are deducted from your gross pay but are not taxed on this worksheet.

You may reduce the amount of tax withheld from your wages by claiming one additional withholding allowance for each \$1,000, or fraction of \$1,000, by which you expect your estimated deductions for the year to exceed your allowable standard deduction.

WORKSHEET B

ESTIMATED DEDUCTIONS

- 1. Enter an estimate of your itemized deductions for California taxes for this tax year as listed in the schedules in the FTB 540 form 1. _____
- 2. Enter \$7,384 if married filing joint, head of household, or qualifying widow(er) with dependent(s) or \$3,692 if single or married filing separately - 2. _____
- 3. Subtract line 2 from line 1, enter difference = 3. _____
- 4. Enter an estimate of your adjustments to income (alimony payments, IRA deposits) + 4. _____
- 5. Add line 4 to line 3, enter sum = 5. _____
- 6. Enter an estimate of your nonwage income (dividends, interest income, alimony receipts) - 6. _____
- 7. If line 5 is greater than line 6 (if less, see below); Subtract line 6 from line 5, enter difference = 7. _____
- 8. Divide the amount on line 7 by \$1,000, round any fraction to the nearest whole number 8. _____
 Enter this number on line 1 of the DE 4. Complete Worksheet C, if needed.
- 9. If line 6 is greater than line 5; Enter amount from line 6 (nonwage income) 9. _____
- 10. Enter amount from line 5 (deductions) 10. _____
- 11. Subtract line 10 from line 9, enter difference 11. _____
 Complete Worksheet C

*Due to recent legislation, beginning January 1, 2007, wages paid to registered domestic partners will be treated the same for state income tax purposes as wages paid to spouses for California personal income tax (PIT) withholding and PIT wages. This new law does not impact federal income tax law. A registered domestic partner means an individual partner in a domestic partner relationship within the meaning of Section 297 of the Family Code. For more information, please call our Taxpayer Assistance Center at 1-888-745-3886.

WORKSHEET C

TAX WITHHOLDING AND ESTIMATED TAX

1. Enter estimate of total wages for tax year 2009 1. _____
2. Enter estimate of nonwage income (line 6 of Worksheet B) 2. _____
3. Add line 1 and line 2. Enter sum 3. _____
4. Enter itemized deductions or standard deduction (line 1 or 2 of Worksheet B, whichever is largest) 4. _____
5. Enter adjustments to income (line 4 of Worksheet B) 5. _____
6. Add line 4 and line 5. Enter sum 6. _____
7. Subtract line 6 from line 3. Enter difference 7. _____
8. Figure your tax liability for the amount on line 7 by using the 2009 tax rate schedules below 8. _____
9. Enter personal exemptions (line F of Worksheet A x \$99) 9. _____
10. Subtract line 9 from line 8. Enter difference 10. _____
11. Enter any tax credits. (See FTB Form 540) 11. _____
12. Subtract line 11 from line 10. Enter difference. This is your total tax liability 12. _____
13. Calculate the tax withheld and estimated to be withheld during 2009. Contact your employer to request the amount that will be withheld on your wages based on the marital status and number of withholding allowances you will claim for 2009. Multiply the estimated amount to be withheld by the number of pay periods left in the year. Add the total to the amount already withheld for 2009 13. _____
14. Subtract line 13 from line 12. Enter difference. If this is less than zero, you do not need to have additional taxes withheld 14. _____
15. Divide line 14 by the number of pay periods remaining in the year. Enter this figure on line 2 of the DE 4 15. _____

NOTE: Your employer is not required to withhold the additional amount requested on line 2 of your DE 4. If your employer does not agree to withhold the additional amount, you may increase your withholdings as much as possible by using the "single" status with "zero" allowances. If the amount withheld still results in an underpayment of state income taxes, you may need to file quarterly estimates on Form 540-ES with the FTB to avoid a penalty.

THESE TABLES ARE FOR CALCULATING WORKSHEET C AND FOR 2009 ONLY

SINGLE OR MARRIED WITH DUAL EMPLOYERS				
IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER . . .	PLUS*	
\$ 0	\$ 7,168	1.0%	\$ 0	\$ 0.00
\$ 7,168	\$ 16,994	2.0%	\$ 7,168	\$ 71.68
\$ 16,994	\$ 26,821	4.0%	\$ 16,994	\$ 268.20
\$ 26,821	\$ 37,233	6.0%	\$ 26,821	\$ 661.28
\$ 37,233	\$ 47,055	8.0%	\$ 37,233	\$ 1,286.00
\$ 47,055	\$1,000,000	9.3%	\$ 47,055	\$ 2,071.76
\$1,000,000	and over	10.3%	\$1,000,000	\$90,695.65

MARRIED FILING JOINT OR QUALIFYING WIDOW(ER) TAXPAYERS				
IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER . . .	PLUS*	
\$ 0	\$ 14,336	1.0%	\$ 0	\$ 0.00
\$ 14,336	\$ 33,988	2.0%	\$ 14,336	\$ 143.36
\$ 33,988	\$ 53,642	4.0%	\$ 33,988	\$ 536.40
\$ 53,642	\$ 74,466	6.0%	\$ 53,642	\$ 1,322.56
\$ 74,466	\$ 94,110	8.0%	\$ 74,466	\$ 2,572.00
\$ 94,110	\$1,000,000	9.3%	\$ 94,110	\$ 4,143.52
\$1,000,000	and over	10.3%	\$1,000,000	\$88,391.29

HEAD OF HOUSEHOLD TAXPAYERS				
IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER . . .	PLUS*	
\$ 0	\$ 14,345	1.0%	\$ 0	\$ 0.00
\$ 14,345	\$ 33,989	2.0%	\$ 14,345	\$ 143.45
\$ 33,989	\$ 43,814	4.0%	\$ 33,989	\$ 536.33
\$ 43,814	\$ 54,225	6.0%	\$ 43,814	\$ 929.33
\$ 54,225	\$ 64,050	8.0%	\$ 54,225	\$ 1,553.99
\$ 64,050	\$1,000,000	9.3%	\$ 64,050	\$ 2,339.99
\$1,000,000	and over	10.3%	\$1,000,000	\$89,383.34

IF YOU NEED MORE DETAILED INFORMATION, SEE THE INSTRUCTIONS THAT CAME WITH YOUR LAST CALIFORNIA INCOME TAX RETURN OR CALL FRANCHISE TAX BOARD:

IF YOU ARE CALLING FROM WITHIN THE UNITED STATES 1-800-852-5711 (voice)
1-800-822-6268 (TTY)

IF YOU ARE CALLING FROM OUTSIDE THE UNITED STATES (Not Toll Free) (916) 845-6500

*marginal tax

DE 4 information is collected for purposes of administering the Personal Income Tax law and under the Authority of Title 22 of the California Code of Regulations and the Revenue and Taxation Code, including Section 18624. The Information Practices Act of 1977 requires that individuals be notified of how information they provide may be used. Further information is contained in the instructions that came with your last California income tax return.

If I am injured on the job, I wish to be treated by my personal physician or personal chiropractor, who has treated me before and who has my medical or chiropractic treatment records.

Si me lesionara en el trabajo, quisiera que me atienda mi médico personal o mi quiropráctico personal; quien me ha atendido antes y tiene mi expediente médico o expediente quiropráctico.

EMPLOYEE'S INFORMATION:

NAME/NOMBRE: _____

YOUR DOCTOR'S INFORMATION:

DOCTOR: _____

ADDRESS/DIRECCION: _____ PHONE/TEL: _____

CITY/CIUDAD: _____ STATE/ESTADO: _____ ZIP/CODIGO: _____



EMPLOYEE'S SIGNATURE
FIRMA DEL EMPLEADO

DATE
FECHA

**EMPLOYEE AUTHORIZATION AGREEMENT
FOR AUTOMATIC PAYROLL DEPOSITS**

PLEASE TYPE OR PRINT CLEARLY.



Phone 713-975-7576
Phone 800-701-4014
Fax 713-783-1566
Fax 800-765-0652
1616 S. Voss, Suite 700
Houston, Texas 77057
www.TFIresources.com

Employee Name (Last, First & Middle Initial)

ELITE LEGAL SEARCH, LLC

Recruiter/Staffing Agency

Social Security Number

Contact Phone Number

Action Type
_____ New
_____ Change
_____ Cancel

I hereby authorize TFI RESOURCES to initiate and make credit entries and debit entries (for the purpose of adjusting any credit entries made in error to my account) at the indicated financial institution and I hereby authorize the indicated financial institution to accept and post such entries to my account. The forgoing authorization is solely for the purpose of facilitating automatic payroll deposit.

IMPORTANT: I understand it may take up to forty-eight (48) hours after TFI RESOURCES transmits my funds before they are posted to my account. Further, I understand that it is my responsibility to verify the crediting of funds by my financial institution prior to writing checks against my account.

This authorization is effective until I cancel my direct deposit, by delivering written notice of cancellation to TFI RESOURCES at least five business days prior to the desired termination date. However, I understand that this authorization will automatically terminate on the first of the month following sixty (60) consecutive days of inactivity. After becoming inactive, I will have to complete a new Authorization Agreement before TFI RESOURCES will initiate any further automatic payroll deposits. TFI RESOURCES may terminate this authorization agreement at any time.

I hereby authorize TFI RESOURCES to provide a copy of this authorization only as necessary for purposes of automatic payroll deduction.

NAME OF BANK: _____

CITY / STATE / ZIP: _____

PHONE NUMBER: _____

ACCOUNT NUMBER: _____

BANK ROUTING/TRANSIT #: _____

CHECK ONE: CHECKING ACCOUNT
 SAVINGS ACCOUNT

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 in a timely manner.

Employee Signature _____ Date _____

NOTE: Any time you change your bank account authorization, it may take seven (7) to ten (10) business days before payroll can be transmitted by direct deposit. Please let our office know if you would like that live check mailed to you or if you would prefer to pick it up at our office.

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For Account Verification:
ATTACH VOIDED CHECK – (not a deposit slip)
Please Do Not Use Staples

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PHONE 713-975-7576
 PHONE 800-701-4014
 FAX 713-783-1566
 FAX 800-765-0652
 1616 S. VOSS, STE. 700
 HOUSTON, TX 77057

DATE _____
 EMPLOYEE NAME _____
 CLIENT COMPANY _____
 WORK PHONE _____

NK

PAYROLL SERVICE FOR:

EMPLOYEE TIME SHEET

ELITE LEGAL SEARCH, LLC

DAY	DATE	START	LUNCH		END	REG HOURS	OT HOURS	REMARKS	
			OUT	IN					
MONDAY									
TUESDAY									
WEDNESDAY									
THURSDAY									
FRIDAY									
SATURDAY									
SUNDAY									
TOTALS:	_____>								

Express hours worked in decimals & round to the nearest quarter hour.
 For example: (7 hrs 15 min = 7.25 hrs) (7 hrs 45 min = 7.75 hrs)
 (7 hrs 35 min = 7.50 hrs) (7 hrs 40 min = 7.75 hrs)

THIS WEEK'S TOTAL HOURS WORKED

PAY CHECK DISTRIBUTION	STATEMENT OF ACCURACY	APPROVAL OF HOURS WORKED
Fax time sheets by noon C.S.T. on Monday. Pay checks will be mailed on Tuesday evening. Any other arrangements should be explained on time sheet below <u>and</u> confirmed by phone with a payroll administrator of TFI Resources. <input type="checkbox"/> Please distribute my pay check as follows: _____	I attest that the hours stated on this time sheet were worked by me during the time period shown above and that these hours were properly certified by an authorized representative of the client company.	Execution of this form by the client company constitutes a certification that the TOTAL hours listed are correct as stated, that the work was performed in a satisfactory manner, and that the applicable fees are due and payable to TFI Resources upon receipt of invoice.
	Employee Signature	Authorized Client Company Rep/Mgr Signature
	My Assignment Will Continue Next Week: YES <input type="checkbox"/> NO <input type="checkbox"/>	Print authorized representative name _____ Title _____

IMPORTANT NOTES - PLEASE READ:

1. Fees relating to the cost of collecting amounts due per this time sheet including attorney's fees, court costs, and interest at the maximum non-usurious rate shall be reimbursed by the client company. Any litigation arising due to non-payment of an invoice shall be conducted in Harris County, Texas, which shall have exclusive jurisdiction over such proceedings.
2. Hours worked that require payment of overtime wages shall be billed at 1.5 times the regular hourly billing rate.
3. Employee acknowledges that he/she has received meal and rest periods as mandated by state law.
4. Employee acknowledges that he/she has not been injured or suffered an on-the-job illness during the time period covered on this time sheet.
5. Client company shall not authorize, request or cause any temporary employee to operate machinery, automobiles, trucks or other vehicles, regardless of ownership, without obtaining prior written consent from TFI Resources. Temporary employees shall not be authorized, requested, or allowed to drive on client company business without prior written consent from TFI Resources. Job duties shall be limited to office tasks.
6. Client company agrees to provide a safe worksite free from unlawful harassment or discrimination.
7. Client company shall not authorize any temporary employee to handle cash, credit cards, negotiable instruments, or other valuables without prior written consent from TFI Resources. Temporary employees shall not have access to unattended premises and shall not approve, submit, or process invoices for payment or authorize expenditures of any kind without strict supervision by client company and written approval from TFI.
8. Client company shall not authorize or request any temporary worker to undertake foreign or offshore travel without prior written consent from TFI.
9. As the employer of record for temporary or contract workers provided by Elite Legal Search, LLC, TFI Resources makes no representations, express or implied, as to the background or qualifications of any worker furnished by Elite Legal Search, LLC or to the accuracy of any facts or information provided by Elite Legal Search, LLC. Background checks and drug screens are not performed by TFI or Elite Legal Search, LLC on temporary or contract workers unless specifically requested in writing by the client company. TFI Resources disclaims any responsibility for any actions taken by a temporary or contract worker while under the direct control and supervision of the client company.

HIRING POLICY: Elite Legal Search, LLC refers personnel on the basis that all fees are paid by the client company. Unless otherwise agreed to in writing, a temporary or contract worker hired in any capacity by a client company within one year from the last date of a temporary or contract assignment shall cause a standard personnel placement fee to be due Elite Legal Search, LLC. Elite Legal Search, LLC shall furnish a standard fee schedule to client company upon request. A client company who refers a temporary or contract worker to an affiliated company, associate, friend, or other entity shall be liable for a standard personnel placement fee if the worker is hired within one year of such referral.