

Employee New Hire Checklist - Colorado

Temporary Employees Don't Need Benefit Package

Pre-Hire

- _____ Resume if submitted
- _____ Application for Employment
- _____ Drug Test Results
- _____ Hire Approval Sheet **(Must be signed by EE)**

Hire Paperwork

- _____ Employee Hire Data Form
- _____ Form I-9 & 2 Forms of ID **Check Expiration Dates!**
(Original stays in CO)
- _____ Form W-4
- _____ Affirmation of Legal Work Status
- _____ Safety Quiz**
- _____ Direct Deposit Enrollment Form & Voided Check
- _____ Signature Page Employee Guidelines
- _____ Signature Page Safety Guidelines
- _____ Voluntary invitation to self identify a disability
- _____ Job Description (accnet / Human Resources)**

Benefit Guide/Enrollment Forms

- _____ Health Enrollment Form **(Original goes to CO)**
- _____ Sun Life Beneficiary Form **(Original goes to CO)**
- _____ 401(k) Enrollment Form **(rehires only)**

Post-Hire (Full Time Employees)

- _____ MVR

Optional

Mailstop?

An Application for Employment should be completed prior to hiring and must be submitted for the employee's file.

If an employee is a rehire and has previously participated in the 401(k) they may participate immediately. Please have them complete the Savings Plan & Trust Enrollment Form.

HIRE APPROVAL SHEET



TO BE COMPLETED BY HIRING MANAGER

Name: _____ Date: _____
 Division: _____ State Employed: _____ Manager: _____
 Anticipated Start Date: _____ Check Stop: _____ Rate of Pay: _____

DRIVING RESPONSIBILITIES: YES NO **CDL DRIVER** YES NO **CDL APPLICATION REQUIRED**

EMPLOYMENT STATUS:

<input type="checkbox"/> Permanent FT	<input type="checkbox"/> New Hire	<input type="checkbox"/> Hourly	<input type="checkbox"/> Union
<input type="checkbox"/> Seasonal FT	<input type="checkbox"/> Rehire (greater than 16 weeks) Must Complete <u>all</u> Paperwork	<input type="checkbox"/> Salary	Local #:
<input type="checkbox"/> Temporary			Classification:
<input type="checkbox"/> Part Time	<input type="checkbox"/> Rehire (within 16 weeks)**		

EMPLOYMENT CLASSIFICATION:

<input type="checkbox"/> Project Manager	<input type="checkbox"/> Foreman: (Type) _____	<input type="checkbox"/> Mechanic	<input type="checkbox"/> Carpenter/Concrete Crew
<input type="checkbox"/> Estimator	<input type="checkbox"/> Superintendent	<input type="checkbox"/> Operator	<input type="checkbox"/> Laborer - Construction
<input type="checkbox"/> Field Engineer	<input type="checkbox"/> CDL Driver (complete driver file)	<input type="checkbox"/> Pipe Crew	<input type="checkbox"/> Laborer - Landscape
<input type="checkbox"/> Other: (Type) _____		<input type="checkbox"/> Clerical: (Type): _____	

ADDITIONAL EMPLOYMENT DATA:

Benefit Group:	Company Assets Required:
<input type="checkbox"/> Not Benefit Eligible (Temp/Union/PT/VH)	<input type="checkbox"/> Cell Phone
<input type="checkbox"/> Administrative	<input type="checkbox"/> Fuel Card (Acknowledgment form)
<input type="checkbox"/> Field	<input type="checkbox"/> Truck <input type="checkbox"/> Building Keys
<input type="checkbox"/> Seasonal (Medical Only)	<input type="checkbox"/> Computer/Tablette <input type="checkbox"/> Aircard
<input type="checkbox"/> I will return my benefit paperwork before (due date) _____. <input type="checkbox"/> I completed my benefit paperwork today.	

Health Benefits will begin _____ if all forms are turned in and your employment continues.

I certify that I understand and agree with the above details of my hiring status and am responsible for the care and return of all property assigned to me or will be responsible for the cost of replacement/repair.

Employee Signature _____ Date _____

DOCUMENT CHECK LIST: ****Only forms required if rehired within 16 weeks**

<input type="checkbox"/> Drug test results	<input type="checkbox"/> Employee Guidelines
<input type="checkbox"/> Hire Data Form**	<input type="checkbox"/> Safety Guidelines
<input type="checkbox"/> I-9 + 2 ID's (Verify expiration date)	<input type="checkbox"/> Signed Job Description
<input type="checkbox"/> W-4**	<input type="checkbox"/> Signed Application
<input type="checkbox"/> Safety Quiz	<input type="checkbox"/> Health/Life Paperwork
<input type="checkbox"/> CO: HR Affirmation	<input type="checkbox"/> 401K Paperwork if a rehire **
<input type="checkbox"/> CA: EE Data, Designation of Dr., Med. Network (3)	<input type="checkbox"/> Direct Deposit Form + Cancelled Check

Manager Signature _____ Date _____

HR ONLY

Entered By: _____ E-Verify Completed: _____
 Employee #: _____ Date of Drug Test Results: _____



Instant Drug Test Confirmation

Donors Name

Date

C.O.C. Number (if +)

TEST RESULTS:

THC	COC	PCP	MOR	METH
Pos. (+)	Pos. (+)	Pos. (+)	Pos. (+)	Pos. (+)
Neg. (-)	Neg. (-)	Neg. (-)	Neg. (-)	Neg. (-)

I read the results of my instant drug test and agree that the results posted above reflect those on the test bottle. I understand that if I disagree with the results on the test bottle I can request that my sample be sent into the laboratory for further examination.

Yes, I want the sample retested

Donors Signature

Name of ACC Tester

Signature of ACC Tester

HR Only

- New Hire
- Rehire
- Post Accident

Employee Hire Data Form

Formulario de Datos Del Empleado



Confidential Personal Information/Informacio Personal Confidencial

Full Name/Nombre:		Last/Apelido:		First/Primer:		M.I./Inicial	
Address/Dirección:							
Street/Calle:				Apt./Apartamento #			
City/Ciudad:			State/£		Zip Code/Co.		
Telephone & Email/Numero de Telefono y Correo Electronico							
Home/Casa:				Cellular/Celualar:			
Email Address/Correo Electronico::							
Social Security/Numero De Seguro Social			Birth Date/Fecha De Nacimiento			Marital Status/Estado Civil	
Spouses Information/Information de su Conygue							
Spouses Name/Nombre de Conygue:							
Employer/Empleador:				Work Phone/Numero De Telefono: ()			
Emergency Contact Information/Contacto en Caso de Emergencia							
#1) Name/Nombre:				Relationship/Relacion al Empleado:			
Phone/Telefono: ()				Second Phone: Telefono Secundario: ()			
#2) Name/Nombre:				Relationship/Relacion al Empleado:			
Phone/Telefono: ()				Second Phone: Telefono Secundario: ()			
Motor Vehicle Release/Lanzamiento de MVR							

Because one of our greatest liabilities are the numerous vehicles on the street ACC, has implemented a set of criteria that must be met before you are allowed to operate a company or personal vehicle on company time. To verify that you meet this criteria we perform a verification of your motor vehicle records when you are hired and twice annually. By providing your license information below you have given us permission to request MVR's on your behalf. If you elect to not provide the information, or you do not have a license, you may not operate a vehicle on company time under any circumstances and it is your responsibility to let your manager know. If a person is hired for a position that requires them to drive on company time and a check of their MVR shows that they do not meet the driver's criteria, the company has the right to require training, reduce pay, change positions, or terminate the employee. Please refer to the safety guidelines for the driver criteria.

I am not eligible to drive.

 License Number: State: Date of Birth: Date of Expiration:

Siendo que una de las mas grandes responsabilidades que tenemos son la gran cantidad de vehiculos que tenemos sobre las carreteras, ACC ha implementado un set de criterios que debe cumplirse antes de ser permitido a operar un vehiculo de la compania o propio en horas de la compania. Para poder verificar que reunes los requisitos, nosotros hacemos una verificacion de tu record con el departamento de Motores y Vehiculos al ser contratado y dos veces al ano. Al proveer tu informacion de tu licencia, nos daras permiso de pedir un historial de tu record de Motores y Vehiculos. Si eliges no proveer la informacion o no tienes licencia de conducir, no podras conducir un vehiculo en horas de la compania bajo ningunas circunstancias y es tu responsabilidad dejarle a tu manager saber. Si alguna persona es contratada para un trabajo que se le requiere manejar en horas de la compania y su historial demuestra que no reunen los requisitos, la compania tiene el derecho de entrenar, reducir el salario, cambiar de puesto or despedir al empleado. Por favor de referirse a las guias de seguridad para criterios de conducir.

No soy elegible para conducir

 Numero De Licencia Estado: Fecha de Nacimiento Fecha de Expedicion:

I certify that all the information above are accurate and true and will provide changes to this information

Signature/Firma

Date/Fecha

Invitation to Self Idneity/Invitación a la identidad

Ethnic Classification (This information is for reporting purposes only and is not used to discriminate)

Hispanic White Black Asian/Pacific Islander American Indian/Alaskan native

Military Service

Yes No

If Yes: Veteran Vietnam Era Veteran (8/64 -5/75) Disabled Veteran W/in 3 Years

Raza/Origen Etnico (Para reportar solamente)

Hispanic Blanco Negro Asiático/otra Isla Pacifica: ndio Americano/Nativos de Alaska

Condicion de Vetrano

Si No

Si: Veterano Veterano de la Era De Vietnam Veterano Especial Discapacitado Ultimos Tres Anos

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][]-[][]-[][][][]		Employee's E-mail Address		Employee's 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 boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one)

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code





Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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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		Additional Information <div style="border: 1px solid black; width: 100%; height: 100%;"></div>		QR Code - Sections 2 & 3 Do Not Write In This Space <div style="border: 1px solid black; width: 100%; height: 100%;"></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	Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative		
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	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)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing 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	Today's Date (mm/dd/yyyy)	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"> 1. U.S. Passport or U.S. Passport Card 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 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (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. 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 	OR	<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 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 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.

Form W-4 (2017)

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 2017 expires February 15, 2018. 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 can't claim exemption from withholding if your total 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 don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't 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 2017. 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.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	<u> </u>
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	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (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 less "1" if you have two to four eligible children or less "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.	G	<u> </u>
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	<u> </u>

For accuracy, complete all worksheets that apply. {

- 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 are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 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.

----- Separate 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: 5px 0 0 20px;">▶ 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 2017
1 Your first name and middle initial Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withheld 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 <u> </u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u> </u>
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. • Last year I had 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 <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.		
Employee's signature (This 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)

Deductions and Adjustments Worksheet

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

- 1 Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details. 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 Subtract line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505) 4 \$ _____
- 5 Add lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2017 Form W-4* worksheet in Pub. 505.) 5 \$ _____
- 6 Enter an estimate of your 2017 nonwage income (such as dividends or interest) 6 \$ _____
- 7 Subtract line 6 from line 5. If zero or less, enter "-0-" 7 \$ _____
- 8 Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10 Add lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

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.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" 2 _____
 - 3 If line 1 is **more than or equal to** 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. **Do not** use the rest of this worksheet 3 _____
- Note:** If line 1 is **less than** 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.
- 4 Enter the number from line 2 of this worksheet 4 _____
 - 5 Enter the number from line 1 of this worksheet 5 _____
 - 6 Subtract line 5 from line 4 6 _____
 - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
 - 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
 - 9 Divide line 8 by the number of pay periods remaining in 2017. 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 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1

Table 2

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are--	Enter on line 2 above	If wages from LOWEST paying job are--	Enter on line 2 above	If wages from HIGHEST paying job are--	Enter on line 7 above	If wages from HIGHEST paying job are--	Enter on line 7 above
\$0 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 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 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 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 - 95,000	10	140,001 and over	10				
95,001 - 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.

Revision Date: 09/06/12
Expiration Date: 10/01/14



Affirmation of Legal Work Status
Pursuant to § 8-2-122, Colorado Revised Statutes

Employee Name: _____
Last First Middle Date of Birth

Social Security Number: _____ Date of Hire: _____ (MM/DD/YYYY)

In accordance with § 8-2-122, C.R.S., within 20 days after hiring the new employee listed above,

I affirm all four of the following by signing this form:

1. I have examined the legal work status of the above named employee.
2. I have retained file copies of the documents required by 8 U.S.C. sec. 1324a.
3. I have not altered or falsified the employee's identification documents.
4. I have not knowingly hired an unauthorized alien.

Print Name of Employer (or Designated Representative) Official Title

Signature of Employer (or Designated Representative) Date Signed by Employer (MM/DD/YYYY)

Business or Organization Name Employer Phone Number

The provision of false or fraudulent information on this form may subject the employer to a significant fine and/or additional penalties.

This form and the documents required by 8 U.S.C. sec. 1324 (copies or electronic copies) will be retained for the duration of the above named individual's employment.

§ 8-2-122(2), C.R.S.: On and after January 1, 2007, within twenty days after hiring a new employee, each employer in Colorado shall affirm that the employer has examined the legal work status of such newly-hired employee and has retained file copies of the documents required by 8 U.S.C. sec. 1324a; that the employer has not altered or falsified the employee's identification documents; and that the employer has not knowingly hired an unauthorized alien. The employer shall keep a written or electronic copy of the affirmation, and of the documents required by 8 U.S.C. sec. 1324a, for the term of employment of each employee.

ACC COMPANY

TITLE: SAFETY QUIZ



In construction it's impossible to avoid potentially dangerous activities. Instead we have to implement safety procedures that work hand in hand with productivity. The safety practices put in place at ACC are there to safeguard you from permanent injury, loss of income, and to promote safe thinking.

There are three sources of safety instruction which we expect each employee to adhere to at ACC. The Occupational Safety & Health Administration (OSHA) provides the framework for our program and each superintendent receives an 8-hour refresher course in OSHA annually. In addition to the OSHA standards, ACC has company specific standards that are found in our employee Safety Guidelines and job specific instruction provided by your Superintendent/Foreman.

Included in your safety guidelines are what we consider “the basics” of being a safe employee. Below is a list of some of the basics that we have highlighted as non-compliance could cause you to be sent home for the day.

- Employees must wear hard hats, safety vests and eye protection on all jobs – every day.
- Proper attire including work boots and sleeved shirts is mandatory. No tennis shoes.
- Seat belts must always be fastened in all equipment and in trucks.
- Every person must attend a daily safety meeting.
- Employees must wear the personal protective equipment required for their project per their superintendent
- Employees must be eligible to drive based on ACC's criteria before they drive on behalf of the company.
- No one comes to work, or works, under the influence of drugs or alcohol.
- All accidents and incidents must be reported immediately.
- If you are asked to operate equipment you are not familiar with – ask for instruction.
- All equipment and vehicles shall be operated with running lights on.

The site-specific safety issues are why each superintendent is required to hold a brief safety meeting daily. If your superintendent is not having these meetings please inform your safety manager who will assure you have the opportunity to participate at your jobsite. Your superintendent is also responsible for having the required MSDS (Material Safety Data Sheet) for chemicals used on site. The MSDS sheet provides information to emergency personnel so that they know how to handle chemicals if it is spilled, ingested or it comes into contact with someone.

Injured on the job? If you are injured on the job or cause damage to equipment or property it is your duty to immediately report the incident to your supervisor. If your injury requires medical attention you will be escorted to a medical facility by a co-worker. You must alert the company prior to seeking medical treatment for a work related injury except in the case of an emergency. You should contact either your superintendent or your safety manager via cell phone to coordinate treatment. All incidents must be reported within 24 hours to avoid a denial of the claim.

Return to work: ACC believes it's important for you to continue to earn 100% of your normal pay even while recovering from an injury. The company's Return to Work Program will accommodate most work restrictions and will continue to pay you at your normal pay rate (worker's compensation only pays you a percentage of your earnings if you are unable to work.) If you are injured and not hospitalized you should report to work the next day with a copy of your doctor's restrictions in hand.

Safety is your responsibility. You will be held accountable for understanding the guidelines outlined in the safety manual and following the direction of your superintendent. Please don't hesitate to contact any manager if you have a concern about safety or suggestions on how we can improve procedures.

SAFETY MANAGER: John Rovedo at 303-419-2434 – or Robert Bauma 720-940-1766
SUPPORT: Jody Randall at 303-730-4504

ACC COMPANIES
TITLE: SAFETY QUIZ



Name: _____ **Date:** _____

The answers for this quiz can be found in the text on the reverse side of this sheet. **This sheet does not contain all the safety guidelines** you will be held responsible for while employed with the ACC Companies so it is important to read the safety and personnel manuals.

- 1) **In addition to the OSHA standards, where should you go for understanding ACC's safety practices?**
 - a. _____
 - b. _____

- 2) **What personal protective equipment is required for every job - every day?**
 - a. _____
 - b. _____
 - c. _____

- 3) **List two other basic principles of Safety at ACC?**
 - a. _____
 - b. _____

- 4) **How often should you attend a safety meeting?** _____

- 5) **Who should you report a claim or incident to?** _____

- 6) **How much time do you have to report an on the job injury or accident?** _____

- 7) **If you are injured on the job and are not hospitalized when should you return to work?**

- 8) **Who is responsible for safety?** _____

- 9) **Does this sheet contain all of the safety guidelines for the ACC Company?** _____

Employee Signature

Checked By

ENROLL IN DIRECT DEPOSIT
BEFORE YOU HIT THE ROAD



In order to ensure your paycheck is received in a timely manner, ACC would like to encourage you to enroll in direct deposit. Along with the comfort of knowing you'll receive your check on time, it will also save you time and money. Enrolling is simple; just complete the form below and return it with a voided check or notice from your bank.

PLEASE NOTE:

All participants in DIRECT DEPOSIT OF PAY will receive a weekly check stub via email detailing earnings. If you do not provide an email account these check stubs will be available at your local office. It typically takes two payroll cycles after you submit an enrollment form for your paycheck to be directly deposited into your account. Your pay will continue to come on a check until that time. By submission of your email address, you have agreed to receive and acknowledge that you can access, receive and retain all check stubs electronically and acknowledge that you will no longer receive paper copies. The stubs will be a PDF attachment to an email that will leave our network if you are using a non ACC account.

DIRECT DEPOSIT OF PAY will normally occur on Friday of each week; however it is possible that on occasion, your bank may not record payments on that day due to a holiday or a computer problem. If this occurs, your bank should record the payment on the next business day. If you are ever in doubt about the recording of your deposit, you should contact your bank. Many banks have automated systems to verify deposit transactions. ACC's payroll department and ACC's bank will not be able to give you the status of your deposit.

EMPLOYEE'S AUTHORIZATION

I authorize ACC, ACC's bank and the financial institution listed below (employee's bank or credit union) to deposit my pay automatically to my bank and or credit union account each payday. Adjusting entries to correct errors are also authorized. This authority will remain in effect until I have canceled it in writing.

EMPLOYEE NAME: _____ EMPLOYEE #: _____

EMAIL ADDRESS FOR PAYSTUB DELIVERY: _____

SIGNATURE _____ DATE: _____

ACCOUNT #1:

Bank/Credit Union Name: _____ Checking Savings

Net Amount (your entire paycheck) Or Fixed Dollar Amount \$ _____

ATTACH VOIDED CHECK OR NOTICE FROM BANKING FACILITY

ACCOUNT #2:

Bank/Credit Union Name: _____ Checking Savings

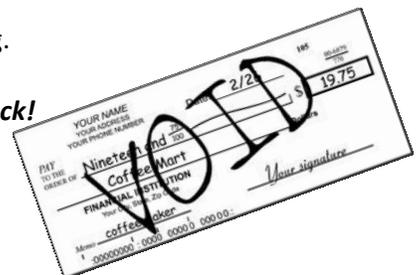
Net Amount (your entire paycheck) Or Fixed Dollar Amount \$ _____

ATTACH VOIDED CHECK OR NOTICE FROM BANKING FACILITY

OTHER:

- I wish to change my Direct Deposit of Pay. This authorization cancels my previous election and establishes the account(s) listed above for Direct Deposit of Pay.
- I wish to cancel my Direct Deposit of Pay and resume normal check printing.

Don't Forget to Attach Your Voided Check!





**American
Civil
Constructors**

Employee Guidelines

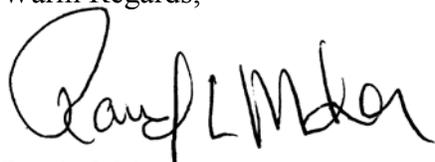
Welcome to The ACC Companies!

With over four decades of experience, The ACC Companies (ACC) performs construction services for the civil and landscape industries, serving our clients through offices in Denver, Phoenix, Nevada, Utah and the San Francisco Bay Area. ACC has built a reputation for exceptional service and a commitment to client satisfaction. By combining the resources of a national construction company with the personalized service of a hometown project partner, ACC goes to work every day offering the best of both worlds.

These Guidelines, together with the Safety Guidelines, are intended to serve as a reference tool for use during your employment with ACC. Both documents provide important information that will help to ensure not just ACC's continued success but your success as a part of the ACC team. Please take a moment or two to read these Guidelines so that you can be assured of understanding the Company's expectations as well as its rich and varied benefit offerings. However, because these guidelines cannot answer every question or cover every issue, you are encouraged to consult with either your supervisor or leadership at your local office in an effort to gain a better understanding relative to life at ACC. Also, for those of you with internet access, you are encouraged to consult the ACC Intranet – ACCNET. There you will find answers to many questions broken out by Department headings. Your Human Resource team may also be contacted by sending an email to advice.line@accbuilt.com.

You have joined a group of people who proudly provide quality products and quality services to our customers. We are confident that we can continue to build on that reputation, and that's why we say, "We're glad you're here," and "Welcome to the Team".

Warm Regards,

A handwritten signature in black ink, appearing to read "Randy Maher". The signature is fluid and cursive, with a large initial "R" and "M".

Randy Maher
Chief Operating Officer

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Alcohol and Drugs

ACC is committed to an alcohol and drug-free work place based on Federal law, which protects the operation's most valuable resource – you - as well as the health and safety of the public. To that end, ACC has a zero tolerance policy prohibiting drugs illegal under state or federal law. Beyond passing a pre-employment drug test for these prohibited substances including the presence of marijuana, employees must continue to refrain from use of these substances as any evidence in the system would be in direct conflict with a zero tolerance policy.

ACC has a compelling interest in maintaining a safe, healthful and productive work environment. Therefore, the sale, purchase, use, consumption or possession of alcohol (except at, or in connection with, company-sponsored events) or controlled drugs or drug paraphernalia of any kind on ACC's premises or worksites is prohibited and may result in discipline up to and including termination. Likewise, reporting to work under the influence of alcohol or controlled drugs of any kind is prohibited, as is the use of alcohol or controlled drugs before work or during any break or mealtime so as to influence, in ACC's judgment, your ability to work. Prescription drugs may be used while at work only consistent with a physician's prescription and only when a physician has granted you permission to use or consume the drug in question while at work.

If you must use a medically prescribed drug, which is known or advertised as possibly affecting judgment or coordination, or which may adversely affect your ability to perform work in a safe and productive manner, you must notify your supervisor or other management official prior to starting work or entering the company facilities. Your supervisor, after proper inquiry, will decide if you can remain at work, on company premises or worksites, and what work restrictions, if any, are deemed necessary.

To promote a workplace free of substance abuse, ACC requires new hires to submit to a drug test as a precondition to employment. Once hired, any employee may be required to submit to a urinalysis screening or other drug test following an accident, or if ACC determines, in its sole discretion that reasonable grounds exist for requiring such a screening or test. Such screenings and tests will be conducted during working hours, and ACC will pay all costs. Failure or refusal to submit to such a screening or test, or attempt to alter the result of any such screening or test, may result in discipline up to and including termination.

ACC conducts business in multiple geographic areas throughout the United States. Drug testing will be administered in accordance with applicable laws and regulations for each state in which we operate.

Attendance and Punctuality

Regular attendance and timeliness are highly valued at ACC. You should be at your workstation or project site promptly at the scheduled start of your workday in the morning and at the end of your lunch period. Unexcused absences and tardiness may result in discipline up to and including discharge.

If you are absent due to illness, injury or other emergency, notify your supervisor by personal phone call as soon as possible, but not later than the first half-hour you are scheduled to work. This will allow your supervisor to make other arrangements for substitute help while you are

absent. Calls from relatives and friends are not acceptable. If an absence will last more than a day, the employee must call in every day.

Frequent absences for one-day and two-day periods are cause for review by management and may result in disciplinary action up to and including separation of employment. Failure to call in to report an absence for two consecutive days will automatically result in separation of employment.

Business Ethics & Antitrust

ACC is committed to a high standard of business ethics. To ensure that these high standards are not violated, the Company requires you to perform your job in a legal and ethical fashion.

You may have access to information, which is strictly confidential, which may not be discussed outside the work place. Similarly, you should not discuss confidential information with others in the work place except to the extent necessary to perform your job.

Classification of Employment

ACC utilizes the following employee classifications:

- **Permanent Full-Time Employees** – Regular full-time employees routinely work a minimum of 30 hours per week, and maintain continuous regular employment status with the company. These employees are eligible for benefits as outlined in the Benefits Summary and New Hire Enrollment Guide.
- **Exempt Employees** – Regular full-time employees whose duties are in the administrative, professional, executive or sales areas are exempt from the Fair Labor Standards Act. These employees do not receive payment for overtime and are eligible for benefits outlined in the Benefits Summary and New Hire Enrollment Guide.
- **Non Exempt Employees** – Regular full-time or Regular part-time employees whose duties include non discretionary responsibilities and direction and we are subject to the requirements of the Fair Labor Standards Act. These employees receive payment for overtime and can be eligible for benefits outlined in the Benefits Summary and New Hire Enrollment Guide.
- **Seasonal Full-Time Employees** – Seasonal Full Time Employees are hired to work full time during the construction season but should anticipate annual layoffs as the company adjusts the workforce for periods of reduced workload or inclement weather. These employees are eligible for benefits as outlined in the Benefits Summary and New Hire Enrollment Guide.

- **Temporary Employees** – Temporary employees are those employees whose services are intended for fewer than 3 months with no expectation of continued employment or job transfer after the specific project/position is complete (i.e. filling in for illness, vacations, internships, or a local hire at a remote job site). Temporary employees are only eligible for paid time off.
- **Part-Time Employees** – Part-time employees routinely work fewer than 30 hours per week in any given calendar year. Part-time employees are not eligible for company benefits.
- **Union Employee** - A Union Employee is an employee who is a member of a collective bargaining unit to which ACC is a signatory. Such employees will receive all benefits as health insurance, retirement and vacation from the union to which they belong.
- **Contract Labor** – A contract laborer is employed by contract through which ACC leaves the responsibility of employment, taxes, etc. to the contracted individual. Anyone engaged in contract labor will not be eligible for any ACC benefit programs. All field labor should have a clean drug test on file with the agency with whom they are employed or will submit to a drug screen with ACC. Upon request, all contract labor personnel are required to adhere to all ACC employee policies and guidelines.

ACC conducts business in multiple geographic areas throughout the United States. Overtime will be paid in accordance with applicable laws and regulations for each state in which we operate. If you have not received overtime guidelines for your geographic location please advise your supervisor, your local HR contact or Corporate HR telephonically or via email.

All overtime must be approved in advance by your manager. You are not eligible to receive compensatory time in addition to, or in lieu of, overtime pay for extra hours worked.

Closure for Inclement Weather

The Company may close due to a natural disaster or a weather related condition in your area. You should call the local company office or your manager before leaving for work if you believe the Company may be closed.

In the event that the Company is closed due to these conditions, non-exempt and exempt employees will be compensated in full for the day. When a weather-related condition does arise, and the Company remains open for business, employees are expected to report to work. Failure to report under these circumstances will result in no hours paid and could constitute a basis for infraction.

Contact your supervisor for information about weather or emergency closures in your area.

Company standards for conduct protect you, company property and business interests. Therefore, we ask that you:

- Observe work hours established for you unless otherwise requested by management;
- Take only the authorized amount of time for breaks and lunch;
- Give full time and attention to your work during working hours;

- Respect all time off and leave programs and their intent;
- Treat buildings and equipment you use with responsible care; and
- Display an attitude of willing cooperation toward your management and peers.

The company has also adopted safety guidelines, copies of which may be obtained from your local human resources representative or your local general manager. The company expects that you will be familiar with those safety guidelines and that you will follow them.

Dress Guidelines

As a representative of ACC, you are required to dress in a manner that will reflect a positive company image. Various jobs within our organization will warrant different standards of dress. ACC reserves the right to prohibit any employee from wearing any article of clothing, any hair style or other adornment that it deems, in its sole discretion, to be inappropriate and/or unsafe for the employee’s position. If the Company deems, in its sole discretion, that an employee’s appearance or grooming is inappropriate, the employee ordinarily will be sent home to correct the problem and may in addition be subject to discipline up to and including termination.

In general, ACC has “Business Casual” attire. Employees who meet with people from outside the Company must use good judgment in selecting their attire for a professional appearance.

Business Casual Dress Code

Men	Slacks, including washable cotton pants (Dockers) Jeans (no holes or tears) Shirts (Polo, button down, long or short sleeved) Sweaters
Women	Dresses or skirts Slacks, including washable cotton (Dockers) Jeans (no holes or tears) Shirts (blouses, polo, collarless, button down, long or short sleeved) Sweaters
Field	Jeans, overalls, slacks Cotton shirts long and short sleeved Substantial work boots Personal protective clothing as assigned or required by your supervisor, which should meet all OSHA guidelines.

Extreme dress of any sort will not be tolerated. Good judgment for professional business attire is the main guideline to follow. Employees should be well groomed and neat and dress appropriately according to job function. All employees should choose clothing suitable for business situations. In the event of a disagreement, the employee must follow the directive of the supervisor.

Emergencies

MEDICAL – If you become ill or have an accident at work, notify your manager immediately. You will be taken to the nearest medical facility if necessary. If immediate medical attention is not required, suitable arrangements will be made to send you home or to our company physicians.

FIRE – If a fire alarm sounds, you are asked to leave the building immediately by the shortest route available. Locate a member of your management outside and remain with them until further directions are given. Do not leave the area.

Do not re-enter the building or return to your work area until management or firefighters provide permission to do so.

If a work related emergency arises, it must be reported immediately to your direct supervisor and/or your local safety manager or Safety Director but in no event later than 24 hours after the event.

Equal Employment Opportunity

As required by law, seeks to make all personnel decisions without regard to race, creed, color, national origin, ancestry, religion, sex, age, veteran status, disability or marital status. ACC's personnel practices strive to comply with federal, state, and local laws regarding nondiscrimination in employment, including Title VI and Title VII of the Civil Rights Act of 1964; Title V, Section 504, of the Rehabilitation Act of 1973, as amended; the American with Disabilities Act; and the Age Discrimination in Employment Act of 1978, as amended. Such action shall include: employment, upgrade, demotion, transfer, recruitment, recruitment advertising, lay-off, termination wages, benefits, and selection for training including apprenticeship and on the job training.

Affirmative Action

It is the policy of ACC to recruit, hire, train, compensate, promote and otherwise make any employment-related decisions concerning its employees without discrimination on the basis of race, creed, religion, color, sex, national origin, sexual preference, disability or handicap, Vietnam-Era veteran status and disabled-veteran status, or as otherwise required in compliance with any applicable law.

It is also the policy of ACC to take affirmative action to ensure that all personnel actions such as hiring, termination, compensation, benefits, transfer, company-sponsored training, educational assistance and promotions shall be administered without regard to race, creed, religion, color, sex, national origin, sexual preference, disability or handicap, age, Vietnam-Era veteran status or disabled-veteran status or as otherwise required in compliance with any applicable law.

The Company has developed an internal procedure for resolving problems relating to possible discrimination. If you believe you have been the subject of discrimination, please contact your immediate supervisor and/or Human Resources. You may also report a complaint via email at Advice.Line@accbuilt.com.

Americans with Disabilities Act (ADA)

ACC follows the guidelines set forth in the Americans with Disabilities Act of 1990, as amended (ADA) and is committed to providing equal employment opportunities to otherwise qualified individuals with disabilities, which may include providing reasonable accommodation where

appropriate. In general, it is your responsibility to notify your supervisor or your local Human Resources Department of the need for an accommodation. Upon doing so, the Human Resources department may ask for your input about the type of accommodation you believe may be necessary or the functional limitations caused by your disability. Also, when appropriate we may need your permission to obtain additional information from your physician or other medical or rehabilitation professionals.

For further information or a copy of the guidelines, please contact Jody Randall at 303-730-4504, John Rovedo at 303-730-4527 or Norm Watkins at 602-325-1188, ACC's EEO Officers or send an email to Advice.Line@accbuilt.com.

Harassment

In compliance with applicable law, ACC strives to provide a working environment free from harassment of its employees based on race, color, religion, gender, national origin, sexual orientation, age, disability, or veteran or marital status. No employee shall make, as a condition of any person's employment, unwelcome sexual advances or requests for sexual favors, or other verbal or physical conduct of a sexual nature; use a person's submission to or rejection of such conduct as the basis for or as a factor in any employment decision; or otherwise create an intimidating, hostile, or offensive working environment by such conduct. Whether a particular event constitutes harassment may depend on the circumstances. Therefore, it is impossible to provide a complete list of all prohibited activities. However, behaviors that may be illegal or that would otherwise violate this Guideline or the Safety Manual will be subject to investigation.

Harassment is extremely serious misconduct and may result in discipline, up to and including termination. Harassment may also subject the harasser to personal legal and financial liability.

Anyone who believes that he or she has been subjected to harassment or who observes harassment of another employee should report the incident to a supervisor, another member of the ACC management team or contact Jody Randall at 303-730-4504, John Rovedo at 303-730-4527 or Norm Watkins at 602-325-1188, ACC's EEO Officers or send an email to Advice.Line@accbuilt.com.

To the extent possible, investigations will be handled in confidence. However, ACC cannot promise or guarantee anonymity to persons who report harassment or participate in any investigation. ACC will not tolerate retaliation against any individual who brings a harassment complaint in good faith. Knowingly making a false or bad-faith complaint, however, is also prohibited and may result in discipline up to and including discharge.

Employees have the right to file charges concerning certain forms of harassment, including sexual and racial harassment, with the Equal Employment Opportunity Commission, a federal agency, and may as well have the right to file a charge with a state civil rights agency.

Employees with questions concerning this Guideline or the Safety Manual are responsible for contacting a manager or human resources representative for clarification.

Equipment Use and Care

ACC spends a significant amount of money each year purchasing and maintaining equipment and machinery from the smallest calculator to the largest tractor-trailer rig. We ask that you treat this equipment with the same respect you would afford your personal possessions.

Hours of Work

Your normal work week is 40 hours – 8 hours per day Monday through Friday.

The work week is defined as each one-week period beginning at 12:01 a.m. on Sunday and ending at 12:00 midnight the following Saturday.

It is the employee's responsibility to confirm with his or her manager starting and ending time for each shift. Start times and ending times may vary from location to location within ACC. Management reserves the right to change the hours of work assigned to ensure smooth and continuous operations. Employees will be provided a lunch break of 30 minutes as well as morning and afternoon breaks. If you are not being afforded this time please contact HR at 303-730-4504 or email at Advice.Line@accbuilt.com.

To maintain the Company operations, you may be required to work overtime on occasion. Any and all overtime is calculated on actual hours worked. Please contact your local or Corporate HR contact person regarding overtime rules as they vary from state to state.

You will be compensated according to one of the employee status categories outlined in the Classification of Employment section. If you are unsure of your status, you should discuss it with your supervisor.

Payday and Paychecks

ACC employees are paid once a week, on Friday. If the regular payday occurs on a holiday, employees are paid on the last working day prior to the regular payday. It is the employee's responsibility to confirm your time on a daily basis by signature with your supervisor. Failure to sign a daily timecard may delay payment. **Direct deposit is encouraged as ACC has many remote worksites and delivery of a live paycheck by Friday is not guaranteed.**

Payroll Deductions

All paychecks are accompanied by a statement of your earnings, tax withholdings and other authorized deductions. Deductions from your paycheck fall into two groups – those required by law and those you specifically authorize.

The Company must deduct payments for federal, state and local taxes as well as your contribution to Social Security (FICA). The amounts deducted from your paycheck depend on your salary, marital status and the number of dependents you report on your form W-4.

Additionally, if the Company receives a garnishment or levy on your salary, it is required by law to make the necessary deductions.

Other deductions are made when outlined by you. These can include:

- Medical, dental and life insurance premiums for company sponsored programs;
- Savings and Investment Plan deferral contributions

ACC also reserves the right to deduct from any paycheck the fair market value of replacement cost of any company equipment in your possession that you fail to return upon request.

Performance and Wage Reviews

You will receive periodic Performance Evaluations conducted by your supervisor. The frequency of performance evaluations may vary depending upon length of service, job position, past performance, changes in job duties or recurring performance problems. As part of your evaluation, a copy of your job description will be reviewed and updated.

Your Performance Evaluation may review factors such as the quality and quantity of your work, your cooperation, knowledge of your job, safety performance and your attendance record. A positive Performance Evaluation does not necessarily imply an increase in your salary or a change in position. After the review you will be required to sign the Evaluation to acknowledge it has been represented to you and discussed with you by your supervisor and you are aware of the contents.

Employees should always feel free to discuss performance with supervisors at any time. A supervisor may from time to time initiate such a discussion. If at any time any employee believes that his or her performance evaluation is overdue, the employee is responsible for setting up a review schedule with a supervisor, or through human resources personnel.

Written performance appraisals and counseling documentation ordinarily is maintained as part of an employee's personnel file. The ACC Companies' preparation of a satisfactory or favorable performance evaluation shall not be construed as changing either the employee's or The ACC Companies' right to terminate the employment relationship at will, with or without reason, prior notice or formality, or as assuring the employee of continued employment for any term.

Promotions and Transfers

ACC strives to provide for employee career development and advancement consistent with each employee's abilities and the Company's needs. It is our goal to promote from within whenever possible. All interested and qualified employees will be considered for job openings. In cases where skill, ability and performance are essentially equal, company service will be considered.

The path to advancement depends on you. In order to advance, you need to perform your current job well, learn the skills required for the next job, and train someone to replace you. If you want to advance, let your supervisor know – he or she can help you succeed.

ACC has offices in multiple states. Sharing ideas and methods from other areas can be a valuable experience for the employee and the Company. If you desire to transfer to another location, inform your supervisor and as openings arise, your interests will be considered.

Personal Mail, Telephone, and Electronic Communications

Every employee, consultant, or contractor who is provided access to the Company's Information Systems (CIS) is responsible for using the Systems in accordance with these Guidelines. All electronic communication and information stored, transmitted, received or contained in the Company's electronic and manual Information Systems, including but not limited to, internal and external e-mail, Internet access, faxes and voicemail are the property of the Company, and are to be used primarily for business purposes.

The following paragraphs describe the Company's Guidelines with regard to access to and disclosure of electronic mail messages sent or received by the employees of the Company, access to the Internet using the CIS hardware and software policies. The Company respects the individual privacy of its employees; however, employee privacy does not extend to the employee's work-related conduct or to the use of Company-provided equipment. The following guidelines may affect the privacy of an employee in the workplace.

To ensure that the use of the Company's IS, equipment, and software is consistent with the Company's official business interests, authorized representatives of the Company will monitor the use of the systems, equipment and software.

Management's Right to Access Information

The CIS hardware and software has been installed by the Company to facilitate business communications. Although each employee has an individual password to access this system, the system belongs to the Company and the contents of e-mail communications and the record of Internet site histories are accessible at all times by the Company Management for any business purpose. These systems are subject to periodic unannounced inspections and should be treated like all other shared filing systems. All system passwords and encryption keys must be available to Company Management. An employee may not use any mode of encryption without prior consent of the IS Department or install encryption programs without the approval of the IS Department.

All e-mail messages and Internet site access histories are Company records. The contents of e-mail or records of Internet site access histories stored on the CIS may be disclosed within the Company and/or outside the Company where legally appropriate and/or necessary without your permission. Therefore, do not assume that messages or site access histories are confidential. Back-up copies of e-mails or access histories may be maintained and referenced for business and legal reasons.

E-mail messages do not disappear when they are deleted. Deleted e-mail messages may remain in the system, in the "trash", for example, and can be retrieved at a later time. As a guideline, nothing should be sent in an e-mail message that one would not put in Company documentation.

Employee Information System Obligations

In addition to complying with any and all other Company policies and procedures related to the Company electronic and manual information system, all employees and partners are required to maintain and enhance the integrity, reliability, confidentiality, security and usefulness of the CIS.

Personal Use of E-Mail and Internet Access

Because the Company provides the electronic mail system and Internet access to assist employees' performance, it should be primarily used for official Company business. Incidental and occasional personal use of e-mail and the Internet is permitted by the Company, but these personal uses will be treated the same as business uses. As necessary, the Company reserves the right to access and disclose all messages and Internet site access histories, without regard to content. Since any personal messages and Internet site access histories can be accessed by Company Management without prior notice, email should not be used to transmit messages, nor should any Internet sites be visited, that an employee would not want disclosed to a third party.

Intermittent personal use of CIS should not include, the following examples of prohibited use:

1. Publishing personal information about yourself and others;
2. Forwarding messages under circumstances likely to embarrass the sender, or including emotional responses to business correspondence or work situations;
3. Soliciting or proselytizing for commercial ventures, religious or personal causes or outside organizations or other similar, non job-related solicitations in any way that may be seen as insulting, disruptive or offensive by other persons, or harmful to morale;
4. Publishing, downloading, transmitting or viewing sexually explicit messages, videos, cartoons, jokes or similar material, or unwelcome propositions;
5. Publishing, downloading, transmitting or viewing ethnic or racial slurs; or any other message that can be construed to be harassment or disparagement of others based on their sex, race, sexual orientation, age, national origin, or religious or political beliefs.
6. Any use in violation of any Company guideline or procedure, including but not limited to, those set forth in these Guidelines.

It is important to remember that certain Internet services track use of the Internet by individual users. For example, when an individual visits a particular Web site, it is possible for the Web site owner to track the identity of the visitor. Visits from a Company computer to an Internet site unrelated to official Company business that could adversely reflect on the Company are strictly prohibited. If the Company discovers employee misuse of CIS, that employee will be subject to disciplinary action up to and including termination.

Internet Access and Software Installations

The Company provides IT resources, including Internet access and computer equipment for official Company business. Downloading of data and/or installation of programs to these Company resources is prohibited, unless a member of the IT Department has given prior express approval. The IT Department may re-image the Company's computer equipment including Company laptops and desktops.

Hardware Purchases

The Company has negotiated with certain vendors for IT equipment and services, and has become skilled in the procuring, troubleshooting, and maintenance of certain brands and models. For this reason, IT resources that are purchased outside the realm of these products are more difficult to support. Therefore, it is mandatory that any IT resources are purchased only after approval of the IT Department of the Company.

Use of the Company-provided Information Systems in violation of these Guidelines will result in disciplinary action, up to and including termination.

Personal/Recreational Use of Company Property

Company property is to be used for the sole purpose of conducting company business or company sponsored activities. This applies to all properties owned by ACC or any of its subsidiary companies.

Any employee who violates this policy will be subject to disciplinary action up to and including involuntary separation of employment, and will be held responsible for any damages that may result from these infractions.

Each operating division within the ACC group may have additional guidelines regarding the use of company property and personal vehicles and you are responsible for reviewing these guidelines.

Personnel Files

Your personnel file is maintained at the corporate payroll office in Arizona. As ACC property, your personnel file is confidential and contains legally protected information, which may be used only for personnel actions and verification of your employment.

You may review the records which contain personal data relating to you. You may review these records in the presence of a company representative and you may not mark on or make any changes to your records. You may, however, submit a written statement to be placed in your records if you disagree with information contained in the records.

Since these records are the property of ACC, it is our policy not to copy any part of these records for you.

Personnel File Updates

To assist us in making sure that your records are correct, we ask for your help in keeping us informed when any of the following changes occur by using the Change of Status Form available on the Intranet:

- **Email & Address Change** – Please stop by your local office and complete a new W-4 form after your address changes.

- **Phone Number Change** – Please notify your immediate supervisor and your local office if your home phone number changes.
- **Change In Legal Name or Number of Dependents** – If you undergo a legal name change (after marriage or divorce, for example), please let your local office know immediately. Any alternation in your marital status and number of dependents is vital information that must be reported on a new withholding tax form (W-4).

Reimbursement for Use of Personal Vehicles

Employees authorized for personal vehicles for business purposes will be reimbursed at the rate set by the Internal Revenue Service plus toll and necessary parking charges. No employee may use a personal vehicle on ACC business unless the employee and vehicle are properly licensed and the vehicle is covered by adequate liability insurance and is in safe driving condition. Whether driving a personal vehicle or an ACC vehicle, employees are responsible for payment of fines for traffic or parking expenses.

Company Vehicles/Auto Allowance Plans

Company vehicle plans and guidelines can vary from various ACC operating location-to-location. Employees who believe they are eligible for these plans should refer to local guidelines for company furnished vehicles or auto allowance plans.

Per Diem

Per Diem may be paid to employees assigned to a project located outside a 50-mile radius of their home office and project circumstances require employees to reside away from home. However, per diem is not paid to any employee on a project if the superintendent is commuting to and from the project unless specific arrangements are made and approved by management. In certain circumstances, ACC will only pay per diem until local hires have been identified. The amount of travel per diem, if any, will be determined in advance by management. Per Diem amounts are scheduled on a project-by-project basis and will vary.

Resolution of Problems

ACC stresses an open-door atmosphere. Any employee who has a problem or concern about his or her work environment, a co-worker, a safety issue or anything else that affects any term or condition of his or her employment, should discuss it with his or her supervisor, another member of ACC's management team, or a human resources representative, as may be appropriate. ACC will not tolerate retaliation against any employee who takes advantage of this problem-solving guideline in good faith.

ACC provides a channel of communication to assist you in solving job-related problems. The person in the best position to solve most problems is your direct supervisor. In many instances not involving a complaint against your supervisor, the supervisor is responsible for investigating the situation. Supervisors may request the assistance of HR in helping to resolve the problem, and communicate a decision back to the complainant within a reasonable time.

However, in some sensitive cases, you may not want to discuss a problem with your manager. In such cases, you may go directly to the next level of management or contact John Rovedo at 303-730-4527 or Norm Watkins at 602-325-1188, ACC's EEO Officers or send an email to Advice.Line@accbuilt.com.

If the problem is not resolved through these resources, or if the problem deals with a sensitive issue, you may discuss the problem with your local company general manager or president. Again, whenever you have a work-related problem, you have the responsibility of bringing the matter to the attention of your manager or another management person.

Separation of Employment

As an at-will employee, any employee may terminate his or her employment at any time, for any reason or no reason, with or without prior notice. ACC has the same right to separate employees, with or without cause or prior notice, procedure or formality.

It is customary for employees to provide employers with two weeks' advance notice of an intended resignation, to permit the employer to make arrangements to fill the vacancy created by an employee's departure. ACC appreciates and encourages the giving of such notice.

Upon discharge, an employee will be paid all wages earned through the date of separation, and compensated for all earned and unused vacation time. At the same time, the employee is expected to return all company property in his or her possession. ACC reserves the right to withhold from any employee's final paycheck the replacement value of all company property not returned on an employee's last workday. The affected employee will be notified of the amount of any reason for any such withholding. The withheld sums will be paid immediately upon the return of the Company property in question, less a reasonable deduction for any damage to the property (other than ordinary wear and tear).

ACC prefers to conduct exit interviews with departing employees to help identify conditions or circumstances that contribute to separations and thus improve conditions for remaining employees. Any thought offered at such an interview will be considered and appreciated.

Information about medical/dental benefit continuation, your 401k account and your retirement benefit status will be mailed to you if you participated in these Company programs.

Smoking

ACC is dedicated to providing a smoke-free environment; therefore, smoking is prohibited throughout Company facilities except in designated smoking areas.

The success of this policy depends on the thoughtfulness, consideration and cooperation of both smokers and non-smokers. In all cases, the right of the non-smoker to protect his or her health will take precedence over another employee's desire to smoke.

Employee Benefits & Paid Leave

ACC provides a very strong benefit plan that may include health benefits, life & disability, retirement savings and paid leave.

ACC has four distinct benefit groups. Administrative/Salaried, which includes all full-time office staff, superintendents, mechanics and field engineers. Permanent Full-Time Field, which addresses all full time field employees who work year-round. Seasonal Full-Time which is made up of full time field employees who work on a seasonal basis. Finally, ACC offers paid time off to Temporary employees. All other employees are considered Not Benefit Eligible. This classification is established at the time of hire.

ACC's benefits, specifically the health benefits, end on the last day of the month for which the employee last worked. ACC will deduct the full month of the employee's share of health benefits from the employee's final paycheck. Job attached employees may continue their benefits up to 16 weeks but must be available for work and must pay the employee portion of all benefits on a monthly basis.

To learn about these benefits and eligibility for the same, refer to the benefits guide provided to benefit eligible employees at the time of hire with a current version available at your local office or on the intranet. Please note that employee benefits are subject to change.

For information about ACC's HIPPA privacy policy please visit our website at <http://accbuilt.com/BenefitResourceCenter.htm> If you would like a printed copy of this policy please contact the benefits department.

Personal Time Off

Employees working a minimum of thirty (30) hours per week are eligible for personal time off (PTO) based on regional benefit guidelines. Accruals for PTO are based on an employee's original hire date and accrue any week for which the employee earned pay after. PTO hours begin to accrue on an employees' start date. ACC allows up to fifty-six (56) hours of accrued PTO to carry over into the new calendar year except where local laws apply. Employees will be paid out accrued but unused paid time off upon separation of employment. If an employee is rehired within 6 months of termination, they will maintain their original hire date as the basis of their accrual. If an employee is rehired more than 6 months after termination, they will be given a new original hire date.

Bereavement

ACC provides its full-time Salary and Administrative employees five (5) days of paid time off in an effort to help cope with the loss of an immediate family member or certified domestic partner.

Jury Duty:

ACC encourages its employees to participate in performance of their civic duties and will continue to compensate employees who are called upon to serve on a jury and/or who are subpoenaed as a trial witness. If called to serve, you must follow procedures as outlined in the Employee Guidelines. This benefit is capped at 2 weeks of regular pay.

Military Leave

If you volunteer for military service or you are called for an extended period of active duty in the United States Armed Forces, you will be granted a leave without pay.

You should give a copy of your official notice of induction to your manager as soon as possible to ensure adequate staffing in your absence.

If, within 90 days of your discharge, you apply for re-employment, you will be re-instated in accordance with the Veteran's Re-Employment and Re-Adjustment Act.

Reserve Training Assignments

If you belong to a branch of the United States Armed Forces Reserves which requires two weeks of training each year, you will be given that time off without pay. You should give a copy of your assignment orders to your supervisor as far in advance of the training date as possible to ensure adequate staffing in your absence. Any employee who expects a military leave to extend beyond the originally predicted return date, or who is discharged from military service, must notify ACC immediately.

Work Injury Leave

If you suffer any work-related injury, you should immediately report it to your manager. To be eligible for Worker's Compensation benefits, a first report of injury form must be given to the Safety Director no later than 24 hours after the injury.

If you suffer a work-connected injury that requires your absence from work, you are eligible for a two-step leave program.

- Work injury leave with pay to cover the waiting period before Worker's Compensation benefits begin.
- Work injury leave with or without pay after Worker's Compensation benefits begin.

When Worker's Compensation benefits in this program begin, you may use sick leave or salary continuance (if available) to bring you to normal salary, but you may not collect both Worker's Compensation benefits and full payment of salary under the sick leave or salary continuance programs.

Family and Medical Leave

ACC, in accordance with applicable law, may grant you a leave of absence so that you can be away from the job without a break in service.

Eligibility:

Under FMLA guidelines you may be eligible for Family and Medical leave if you are a regular full-time employee and have worked for ACC for at least one year, and for 1,250 hours over the previous 12 months. You must be employed at a work site where fifty or more employees are employed within 75 miles.

Unpaid leave may be granted for any of the following reasons:

- To care for your child after its birth or adoption;
- To care for your spouse, child or parent who has a serious health condition;
- Your own serious health condition that makes you unable to perform your job.

Advance Notice and Medical Certification

ACC requires that you give at least 30 days advance notice when the leave is “foreseeable”. When the leave is “unforeseeable”, you need to notify your supervisor within one or two days. This notification can be provided verbally.

You must also supply medical certification to support your request for leave if your leave is due to a serious FMLA qualified health condition, including the period of disability due to childbirth or related medical conditions.

- ACC reserves the right to ask for second and third medical opinions (at the Company’s expense).
- The Company may also require a fitness for duty report prior to allowing you to return to work from leave.
- ACC reserves the right to deny your request for leave if these requirements are not met.

Job and Benefits Protection

For the duration of your Family and Medical leave, ACC will maintain coverage under your group health plan. The Company will continue to pay its share of the premium and you will continue to be responsible for your portion of the premium payment. It is important that you contact Human Resources to make arrangements for a payment schedule.

Upon return from Family and Medical Leave, the Company will return you to your original or an equivalent job with equivalent pay, benefits and other employment terms. Employees who fail to return to work within or on the business day following the expiration of the twelve weeks or other specified leave period are not entitled to return to their same job or equivalent position. Such failure to return will be considered a voluntary resignation.

The use of Family and Medical leave cannot result in the loss of any employment benefit that accrued prior to the start of your leave. Contact your supervisor or Human Resources for additional information or for a copy of the Family and Medical Leave Act (FMLA) of 1993.

Education Refund Plan

ACC will reimburse full-time administrative or salaried employees for educational costs at an accredited institution for courses approved in advance by the Company. The approval for reimbursement will be dependent upon the course and its relevance to the employee’s current or future potential position. Approval must be obtained prior to commencement of each course per semester. Please review the criteria below:

- Reimbursement will be made at eighty percent (80%) for coursework related to the current position plus books, lab and building use fees with proper documentation. Courses related to potential future assignment(s) may be approved depending upon the perceived value to

the Company. Accordingly, submissions will continue to be reviewed on a course-by-course basis.

- Reimbursement will be capped at a maximum of two thousand five hundred dollars (\$2,500.00) per semester and a total reimbursement of twenty thousand dollars (\$20,000.00) per lifetime.
- There is no limit to the number of credit hours eligible for reimbursement per semester. Employees are encouraged to be prudent in the selection of the number of courses attempted each semester. Employees must be actively employed by ACC when reimbursement is sought.
- Employees must satisfactorily complete the course work with a grade of “C” or better.

Initial approval of a course study does not obligate the Company to future/continued approval of courses in that course of study. Approval is only valid for the course and semester given.



**Acknowledgement of Receipt
of the The ACC Companies
Employee Guidelines**

I acknowledge that I have received a copy of the The ACC Companies (“ACC”) Employee Guidelines. I also acknowledge that neither the ACC Employee Guidelines nor any employment-related policy materials provided to employees by ACC should be construed by any employee as an express or implied contract guaranteeing the rights of any employee permanently. I further acknowledge that ACC reserves the right, without notice to employees, to unilaterally modify, add to, suspend, interpret or cancel any of the provisions of its published or unpublished Employee Guidelines. Accordingly, unless I have executed written contract with ACC, I understand that employment with the ACC is terminable at will of either the employee or the ACC, at any time, without notice, cause or any specific disciplinary procedures.

I acknowledge that I have read the foregoing statement, that I understand that I am an at-will employee, and that my employment with ACC may be terminated at any time, without notice, cause or any specific disciplinary procedures.

EMPLOYEE SIGNATURE:

By: _____
Name: _____
Title: _____
Date: _____

**This must be signed and returned to Human Resources.

[Signature Page to Acknowledgement of Receipt of the The ACC Companies Employee Guidelines]



SAFETY & ENVIRONMENTAL GUIDELINES

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Appendix A: Accident Reporting Form

Appendix B: Equipment Safety

Appendix C: Hazardous Communication Written Program

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Introduction:

Welcome to American Civil Constructors, Inc. By now you understand that ACC is made up of many diverse operations with varying levels of exposure to injury. For this reason it is important that safety is not left up to one or two “safety officers” – safety needs to be a part of our productive work environment and is everyone’s responsibility. These guidelines include safety, health, and environmental concerns. ACC is not solely focused on company needs, but the needs of our employees and the communities in which we live. These guidelines give you a brief overview of what you should expect and what is expected from you with regards to safety on the job. ACC will depend on you to understand and practice these guidelines as well as those set forth by OSHA and MSHA . Every ACC employee is responsible to contribute to a safe work environment. If you recognize a potentially un-safe situation at your work location, immediately bring it to either your supervisor’s or Safety Manager’s attention. If the situation is potentially life threatening, take action immediately using your best judgment. ACC takes safety seriously; if you have questions that you would like to present to a Safety Manager, please feel free to call the ACC Corporate Office at our toll free number, 303-795-2582.

Employee Responsibility:

It is the responsibility of each employee to read and understand the ACC Safety Guidelines, the guidelines set forth by OSHA and MSHA for the construction industry, and to actively look to improve worksite safety. It is also important to recognize that you may receive training or guidelines specific to a job-site or task – although not in writing, these guidelines must also be followed. Disregard of safety rules or guidelines will be grounds for disciplinary action up to and including separation of employment. More importantly, injury can occur and in extreme cases death.

Personal Protective Equipment (PPE):

When reviewing accidents it is apparent that most could be avoided through the proper use of personal protective equipment. Employees are expected to wear suitable work clothes per company guidelines including work boots. The company will provide any additional equipment such as hard hats, safety glasses and safety vests. Any abuse of company provided safety equipment or excessive loss of provided equipment might result in the purchase of replacement equipment at the employees expense or disciplinary action. If an employee fails to come to work with proper work clothes or personal protective equipment assigned to them they may be placed on suspension until they return prepared to work. At a minimum the following guidelines should be followed with regards to PPE – your supervisor will direct you if additional equipment is necessary.

- All employees must wear hard hats, safety glasses and reflective safety vests.
- .
- Proper eye protection shall be worn by employees doing drilling, chipping, sawing, grinding, burning with any kind of tool, or other operations where exposure to eye injuries could occur.
- Respirators should be worn when required, without exception.
- When practical, safety harnesses will be worn where there is exposure to falls. At a minimum, the guidelines set forth by OSHA must be met – *please refer to the training supplement in this book for further fall protection standards.*
- At a minimum, orange safety vests will be worn when an employee is working on a site with any kind of exposure to traffic. In some work environments with traffic exposure, additional high visibility clothing or equipment may be required.

Reporting Accidents & Incidents:

If you should get hurt, if an accident should occur, or if an environmental incident occurs on your project you should immediately notify your supervisor and the safety department.

You must report all injuries and accidents, no matter how minor they may seem, as soon they occur. We do this to assure the proper steps are taken to handle and document the situation for your safety and that of the team members around you. Also, this will assure medical coverage as the need arises after the incident. For an incident requiring medical attention, the employee must not be allowed to drive him/herself to the medical provider; the jobsite supervisor or another employee should assist the injured person. It is also the responsibility of the job site supervisor, the injured party (if the incident involves one) and any other witnesses to document the incident on an

Accident/Incident Report within 24 hours. Upon completion the form can be faxed or delivered to the safety manager at 303-347-1844. If you are not near a fax please contact a safety manager and dictate your report to them via telephone. The toll-free number is 303-795-2582.

Should an accident involve a company vehicle or a privately owned vehicle while on company business, call the police. The driver must report this immediately to his or her supervisor and provide copies of any accident reports or police citations.

All injuries and accidents are followed by a post accident drug-test. The results of this test and improper documentation of an incident may affect the level of coverage by the worker's compensation insurance.

All injuries, environmental incidents and accidents, no matter how minor, are to be reported immediately to the Safety Department at 303-795-2582.

Substance/Alcohol Use:

ACC is committed to an alcohol and drug-free work place, which protects the operation's most valuable resource – you - as well as the health and safety of the public. To that end, ACC has a zero tolerance policy prohibiting drugs illegal under state or federal law. Beyond passing a pre-employment drug test for these prohibited substances, employees must continue to refrain from use of these substances as any evidence in the system would be in direct conflict with a zero tolerance policy.

ACC has a compelling interest in maintaining a safe, healthful and productive work environment. Therefore, the sale, purchase, use, consumption or possession of alcohol (except at, or in connection with, company-sponsored events) or controlled drugs or drug paraphernalia of any kind on ACC's premises or worksites is prohibited and may result in discipline up to and including termination. Likewise, reporting to work under the influence of alcohol or controlled drugs of any kind is prohibited, as is the use of alcohol or controlled drugs before work or during any break or mealtime so as to influence, in ACC's judgment, your ability to work. Prescription drugs may be used while at work only consistent with a physician's prescription and only when a physician has granted you permission to use or consume the drug in question while at work.

If you must use a medically prescribed drug, which is known or advertised as possibly affecting judgment or coordination, or which may adversely affect your ability to perform work in a safe and productive manner, you must notify your supervisor or other management official prior to starting work or entering the company facilities. Your supervisor, after proper inquiry, will decide if you can remain at work, on company premises or worksites, and what work restrictions, if any, are deemed necessary.

To promote a workplace free of substance abuse, ACC requires new hires to submit to a drug test as a precondition to employment. Once hired, any employee may be required to submit to a urinalysis screening or other drug test following an accident, or if ACC determines, in its sole

discretion that reasonable grounds exist for requiring such a screening or test. Such screenings and tests will be conducted during working hours, and ACC will pay all costs. Failure or refusal to submit to such a screening or test, or attempt to alter the result of any such screening or test, may result in discipline up to and including termination.

ACC conducts business in multiple geographic areas throughout the United States. Drug testing will be administered in accordance with applicable laws and regulations for each state in which we operate.

Safety Meetings:

It is ACC's goal to have zero incidents. To help us achieve this goal your supervisor spends extra time discussing and promoting safe working conditions at a daily tool box meeting. In addition to this, each project supervisor is required to conduct periodic full site safety meetings. All employees should attend these meetings, as your participation is essential for fully understanding site hazards and improving the team's safety performance.

If you have an idea for a safety meeting, ACC encourages you to let your supervisor know. Do not hesitate to share these ideas with company managers as well. If you are not receiving a chance to participate in weekly safety meetings, please notify your team manager immediately.

Safety Training:

ACC considers training in safe work methods, practices, and hazard recognition to be a priority to promoting a safe work environment. The following training objectives are established for your benefit so you can work in a safe manner.

- A. It is the goal of ACC to instruct all new hires on the specific hazards that may be encountered on the project where they will be initially assigned to work.
- B. ACC will strive to emphasize the objective of eliminating or minimizing employee exposure to workplace hazards.
- C. Individual safety instructions may be requested for any assigned work task. If you are ever placed in a position where you feel you do not have the proper training, or if you believe an unsafe condition exists, notify your manager immediately.

We encourage all employees, especially new hires, to request an explanation of site-specific hazards, site layout, traffic flow patterns and the location of the first aid kit, phone or radio, MSDS information, emergency phone numbers and the proper procedure for summoning emergency assistance.

Environmental Responsibility:

The ACC Companies strive to maintain a high level of environmental awareness. We work closely with our clients and Federal, State and local environmental agencies to identify the potential environmental hazards and plan ways to mitigate the impacts of construction to sensitive ecosystems. Each employee plays a part in protecting our natural resources. Safe

operating procedures, job site organization, cleanliness, and actively identifying areas for improvement all help us to reach this goal. If an incident occurs on your job site that has the potential to be damaging to the environment, or public health, no matter how minor the situation, it must be reported to a Safety Manager immediately at 303-795-2582.

Driver Responsibility and Criteria:

As a company our greatest liability is the fleet of trucks we have on the road every day. The privilege to drive a company vehicle or your personal vehicle on company time comes with many responsibilities. Inability to live up to the responsibilities listed below will result in your removal from the eligible driver list and may result in a separation of employment if your position requires that you drive.

- You should only drive on company time or in a company vehicle if you meet the driver criteria listed below. If an incident occurs that removes you from the eligible driver list it is your responsibility to report such incident to the safety team.
- All passengers in the vehicle must wear a seat belt. If someone won't wear a seat belt than they need to be asked to leave the vehicle. It is the driver's responsibility to assure laws are being followed.
- Always maintain a clean vehicle, clear of debris, and make sure that the vehicle is being kept up with the maintenance program.
- Report problems with the vehicle immediately.
- Only operate the vehicle within your ability. Do not haul a trailer if you have not received the proper training or drive in conditions you are not familiar with.
- Never allow someone to drive your company assigned vehicle without first verifying that they are an eligible driver.

Driver Criteria:

- Minimum age – 21 years of age unless proof of certification is provided.
- Experience driving comparable equipment to the unit assigned.
- A safe driving record with:
 1. Not over one chargeable accident within the past year.
 2. No alcohol related charges within the last two years.
 3. Not over two moving violations in the last three years.
 4. No suspensions or revocations of drivers license within the last two years.

Drivers' license will be verified with the License Bureau before employment and semi-annually during employment.
- Good health and good eyesight.
- A current operators license of the type required by the state for the job assigned.

Expectations of DOT Drivers:

both the company and the department of transportation hold commercial drivers to an even higher standard. Aside from meeting all of the criteria to maintain your CDL license and meeting the company driver criteria, you will be expected to practice good common sense while performing your duties. If you do not exhibit this skill you will be removed from driving duty and may face a separation of employment.

Common Sense Guidelines include but are not limited to the following:

- Know the job and the hazards that may exist.
- Become familiar with the operations of the vehicle assigned to you. Get the feel of it. Know what it can and cannot do.
- Keep your vehicle mechanically sound. Defective horns, lights, tail lights, turn signals, brakes, hoses, steering mechanisms and any other mechanical deficiencies must be reported at once to your supervisor or the equipment manager.
- Do not drive or operate a vehicle you determine is not in safe working order. Management will always support your decision to refuse to drive or operate a vehicle that is unsafe.
- Have the right driving attitude. Be considerate and use common sense with respect to the protection and rights of other drivers and pedestrians. Keep your temper under control. Remember – you know the limitations of your truck. Most drivers do not.
- In congested areas, horn signals will be used when moving equipment – two blasts for forward, three for reverse. Look behind before backing, and back slowly. Never rely entirely on what you can see through the rear view mirror. When a truck spotter is being used, wait for a signal before backing.
- When mechanical trouble develops at night and you must stop on the side of the road, put out flares or other warning devices immediately in accordance with regulations.
- Adapt vehicle speed to weather, road conditions, traffic and visibility, and NEVER EXCEED POSTED SPEED LIMITS!
- Refrain from cutting in and out of traffic. Tap horn when in doubt as to the intentions of a motorist or pedestrian.
- Never “cowboy” on haul roads or elsewhere. Hot-rodding will be grounds for immediate discharge.
- Never drive if you are unduly tired or lack normal alertness for any reason.
- REPORT ALL ACCIDENTS PROMPTLY. You will be given instructions, in case of an accident, following them carefully.
- Never carry a heavier load than your truck will handle.

***Knowing a safe driving code is not enough.
Abide by it, remain alert and take time to be safe.***

Equipment Safety:

For the safety of all employees, productivity of our workforce, and the extended life of our most expensive resource (equipment), it is important that all ACC employees appreciate and live by the following equipment safety guidelines. For a more detailed guide for equipment safety please refer to the appendix of this booklet.

- Only operate equipment you are qualified to operate and have been introduced to by your supervisor. Ask to see the operators manual if you are unfamiliar with the model.
- Always perform daily walk-arounds on your equipment checking all points on the provided report.
- Walk the site you will be working in daily and look for obstructions or potential hazards.
- Do not remove or modify equipment without prior approval from the shop manager.

- On a daily basis assure that the equipment is sufficiently greased and all liquids are at safe operating levels.
- Tag equipment that is below operating standards and never operate equipment that has been tagged.

Hazardous Communication Written Program:

ACC's hazardous communication written program can be found in the appendix of this document. It was prepared to comply with the requirements of the Federal OSHA Standard 1926.59 and to insure that information necessary for the safe use, handling and storage of hazardous chemicals is provided and made available to employees. This program includes guidelines on identification of chemical hazards and the preparation and proper use of container labels, placards and other types of warning devices. Each employee is encouraged to read through this written program and understand its contents. Most importantly, always know where the Material Safety Data Sheets are on your project. Your immediate response with these guides could make a great difference in the treatment of one of your fellow employees.

Appendix: A Incident/Accident Report



Date of Incident	Witness Report by:			
ACC Team:	Employee(s) Involved			
Type of Incident:	Equipment ()	Injury ()	Environmental ()	Utility ()
Location:	Medical Treatment? Y () N ()			
Weather:	Treatment Provider:			
Time: AM/PM	Current Locates In Place? Y () N ()			
Description of damage:	Nature of Injuries:			

What was the employee(s) doing & where?

Describe what happened.

How will recurrence be prevented?

Action taken by supervisor?

Preparer's Signature: _____ **Date:** _____

Supervisor's Signature: _____ **Date:** _____

Appendix: B Equipment Safety

The procedures presented in this section are to be followed for all equipment utilized at ACC. If you have questions please contact the Equipment Manager.

- A. Pre-trip Inspection
 1. Inspect the unit before driving/operating
 2. All glass and mirrors
 3. Horn and Back up alarm
 4. Coupling devices
 5. Look for leaks
 6. Clean, uncluttered cab
 7. All lights
 8. Walk around equipment to check for safe starting and moving
 9. Check for any "OUT OF SERVICE" tags

- B. Mounting the equipment
 1. Walk-around equipment to check for surface hazards
 2. Clean boots of all material before climbing onto or into equipment
 3. Always face equipment when mounting or dismounting
 4. Do not attempt to mount equipment with any items in your hands
 5. Maintain three points of contact at all times
 6. Do not wear loose jewelry or clothing that may get caught or entangled when mounting or operating equipment
 7. All lights
 8. Walk around equipment to check for safe starting and moving
 9. Check for any "OUT OF SERVICE" tags

- C. Operating Equipment
 1. Only qualified operators are authorized to operate equipment
 2. Seatbelts are required to be utilized at all times
 3. No passengers on equipment if no seat or seatbelt is provided
 4. Refer to operations manual for safe operating procedures and maintenance information specific to equipment in operation
 5. Always operate within speed limits or a safe speed for conditions
 6. Do not drive over electrical drop cords.

- D. Parking Equipment
 1. Park in such a way as to insure safe free movement of other traffic
 2. Activate park/emergency brakes
 3. Lower all ground contact equipment to the ground
 4. Slow engine to idle, for cool down
 5. Clean operators compartment of all debris
 6. Perform post shift inspection, looking for damage and/or leaks
 7. Dismount the equipment maintaining three points of contact
 8. Report any and all damages/leaks to your supervisor immediately.

In order for damage and/or leaks to be repaired, the problem must be reported immediately and properly. Talk to your supervisor for the proper reporting procedures.

Appendix: C

Hazardous Communication Written Program

A. Chemical Inventory

1. American Civil Constructors, Inc. (ACC) maintains an inventory of all known chemicals in use on the work-site. A chemical inventory list is available from the Safety Manager.
2. Hazardous chemicals brought onto the work-site by ACC will be included on the hazardous chemical inventory list.

B. Container Labeling

1. All chemicals on site will be stored in their original or approved containers with proper label attached, except small quantities intended for immediate use.
2. Any container not properly labeled should be given to your supervisor or the Safety Manager for labeling or proper disposal.
3. Any chemical left after work is completed must be returned to the original container, to your supervisor, or to the Safety Manager for proper handling and storage.
4. No unmarked containers of any size are to be left in the work area unattended.
5. ACC will rely on manufacturer applied labels whenever possible, and will ensure that these labels are maintained. Containers that are not labeled or on which the manufacturer's label has been removed will be relabeled.
6. ACC will ensure that each container is labeled with the identity of the hazardous chemical contained and any appropriate hazard warnings.

C. Material Safety Data Sheets (MSDS)

1. Employees working with a hazardous chemical may request a copy of the material safety data sheets (MSDS). Requests for MSDS should be made to the Safety Manager.
2. MSDS, in addition to a standard chemical reference, should be available on the site to provide immediate reference to chemical safety information.
3. An emergency procedure to gain access to MSDS's information will be established.

D. Employee Training

Should you be required to work with hazardous materials, insure you have the appropriate training before handling hazardous materials from the company. Company training for handling of hazardous materials often includes, but is not limited to the following:

1. Methods that may be used to detect a release of a hazardous chemical(s) in the workplace.
 2. Physical and health hazards associated with hazardous materials.
 3. Protective measures to be taken.
-

4. Safe work practices, emergency responses and use of personal protective equipment.
5. Information on the Hazardous Communication Standard including:
 - a. Labeling and warning systems
 - b. an explanation of Material Safety Data Sheets

E. Personal Protective Equipment (PPE)

1. Required PPE is available from your supervisor or the Safety Manager. Any employee found in violation of PPE requirements may be subject to disciplinary actions up to and including dismissal.

F. Emergency Response

1. Any incident of over exposure or spill of hazardous materials must be reported to your supervisor and/or the Safety Manager immediately.

G. Hazard of Non-Routine Tasks

1. Supervisors will inform employees of any special tasks that may arise which would involve possible exposure to hazardous materials.
2. Review of safe work procedures and use of required PPE will be conducted prior to the start of such tasks. Where necessary, areas will be posted to indicate the nature of the hazard involved.

H. Informing Other Employers and/or Subcontractors Working on all Projects or Sites.

1. Other on site employers are required to adhere to the provisions of the Hazard Communication Standard.
2. Information on hazardous materials known to be present will be exchanged with other employers. Employers will provide necessary information regarding hazardous materials to their employees.
3. Other on site employers will be provided with a copy of ACC's hazard Communication Program. Further information may be obtained from the ACC main office.

I. Posting

1. ACC will post information for its employees at each job site on the Hazardous Communication Program. Further information may be obtained from the ACC Safety Manager.
-

Appendix: D Confined Space Entry

Definition:

A confined space is any space big enough for a person to work in, but difficult to enter or leave, and not intended for nor designed for full time occupancy.

It is a **CONFINED SPACE** if:

1. The area is not designed for human habitation or
2. There is a lack of, or little natural ventilation or
3. The area has limited or difficult means of entry/exit.

If **ANY** of the above applies, treat the area as a **CONFINED SPACE**.

A review of all possible confined spaces shall be conducted at all company yards, projects and any sites where ACC Companies employees are assigned to work. This review will be done once yearly for ACC owned property and **prior to work start on every project**.

Identification of **CONFINED SPACES**: There are two types of confined spaces.

- Those requiring an entry permit and
- Those that do not require an entry permit

PERMIT SPACES:

A PERMIT IS REQUIRED IF ANY ONE OF MORE OF THE FOLLOWING CONDITIONS ARE PRESENT:

- A. The space contains or has the potential to contain a hazardous atmosphere: Examples would be methane gas in a sewer manhole or a vault with less than 19.5% oxygen content and any trench where heavier than air gases could collect.
- B. The space contains a material that could engulf a person: Examples would be a vault full or filling with water or a sewer manhole.
- C. A space that is so confined that a person could be trapped or does not receive enough ventilation to sustain breathing: Examples would be a truck mounted water tank or a mixer drum.
- D. A space that contains any other serious safety health hazards: Examples would be a small enclosure for storing hazardous chemicals or a small space found on large machines.

IDENTIFIED CONFINED SPACES:

- A. If any of the four definitions of a permit apply or there is a potential for them to develop, post the space with an **ENTRY PERMIT REQUIRED** sign.
-

- B. Notify your immediate supervisor and/or company safety coordinator of the locations of the confined spaces and possible entry requirements.
- C. Survey the area surrounding the confined space for possible sources of hazardous atmospheres, fluids, or engulfing materials.
- D. Barricade the entry area so that **NO** employee or any other person can enter the confined space.
- E. The Company Safety Coordinator shall maintain a list of currently known confined spaces on company owned, leased, or rented property. The safety coordinator shall, also, maintain a current list of entry permits for temporary (project encountered) confined spaces.

PERMITS

- A. Confirm that the proper equipment is available and in good working order for a confined space entry.
- B. Fill out a Pre-entry/entry checklist and relay this information to the designated entry supervisor for entry. A list of supervisors authorized to issue entry permits will be issued yearly and updated as necessary.
- C. Obtain an entry permit from the designated entry supervisor.
- D. Monitor and document entry on entry permit.
- E. Cancel entry permit by verbal and written communication to issuing supervisor. All entry permits **MUST** be cancelled regardless of amount of work performed! Provide copy to Safety Coordinator at the main office.

TRAINING:

- A. All designated entry supervisors shall receive training in hazard recognition; permit issuing process, OSHA standard 1910.146, operation and maintenance of equipment needed for confined space entry.
 - B. All employees designated to serve as attendants for a confined space entry shall receive training in OSHA standard 1910.146 hazard recognition, rescue operations, use of PPE, first aid, CPR and communications.
 - C. All authorized confined space entrants shall be trained in OSHA standard 1910.146 and safe entry procedures including:
 - Hazard recognition
 - Pre-entry and entry requirements
 - Use of PPE
 - Rescue methods
 - Communications
-

Appendix: E

Excavation & Shoring

ACC's company practice assumes all soils are classified as Type C and should either have a layback of 1 ½:1 or other excavation protection. Excavations over five feet in depth, unless in solid rock, hard shale, hardpan, cemented sand and gravel, or other similar materials, shall be either shored, sheeted and braced, or sloped to the angle of repose. All shoring and bracing shall be designed so it is effective to the bottom of the excavation. Sheet piling, sheet piling, bracing, shoring, trench boxes, and other methods of protection (including sloping) shall be based upon calculation of pressures exerted by and the condition and nature of the materials to be retained, including the surcharge imparted to the sides of the trench/excavation by equipment and stored materials.

Material used for sheet piling and sheet piling, bracing, shoring, hand underpinning shall be in serviceable condition, and timbers used shall be sound and free from large or loose knots.

Excavated or other material shall not be stored nearer than two feet from the edge of any excavation, and shall be so stored and retained to prevent its falling or sliding back into the excavation and to prevent excessive pressure on the sides of the excavation.

Sides and slopes of excavations shall be maintained in a safe condition by scaling, benching, or barricading.

Foundations adjacent to where the excavation is to be made; below the depth of the foundation shall be supported by shoring, bracing, or underpinning as long as the excavation remains open.

Additional precautions, such as shoring and bracing, shall be taken to prevent slides or cave-ins when excavations or trenches are made in locations adjacent to back-filled excavations that are subjected to vibrations from railroad or highway traffic, the operation of machinery or other sources.

Temporary guardrails, barricades and/or lights shall be placed at all excavations that are exposed to paths, walkways, sidewalks, driveways, or thoroughfares.

Where employees are required to be in trenches four feet deep or more, ladders extending from the trench floor to at least three feet above the top of the excavation shall be provided and located to provide an exit without more than 25 feet of lateral travel.

Trenches, ditches, etc., that employees or equipment are required or permitted to cross, shall be provided with walkways or bridges with guardrails.

Tunneling shall be performed in accordance with local, state and federal laws as applicable and Bulletin No. 439, Bureau of Mines, U.S. Department of Interior (Essential Safety Factors in Tunneling).

BE CAREFUL – your life depends on it! If at any time you are in doubt about excavation safety, stop and ask your supervisor! You must attend a safety meeting once a week. We hope you have a safe and profitable period of employment with ACC.

The above excavation and shoring guidelines are not intended to cover all situations, but only some of the more common exposures. If you are not sure, consult with your supervisor or company safety manager before beginning an excavation.

To prevent workers from falling from heights, and to protect workers in case of falls:

- A. ACC requires the use of fall protection equipment whenever an employee is working at heights of six feet or greater from any location to a surface below, or at lesser heights as required by federal, state, local and ACC client regulations.

The following procedures are to be implemented at ACC job sites:

An approved safety belt/harness with one or two lanyards is to be worn at all times. To include but not limited to: An incomplete building/structure that may present potential fall hazards, all ladders, elevated platforms and vessels under construction, and scaffolds regardless of their completion status.

- B. At least one of the lanyards is to be tied off at all times when working. This includes but is not limited to ladders, elevated work platforms and scaffolds/lofts.
- C. There is to be no walking of open structural steel or pipe, unless the worker is secured to the structure or a horizontal lifeline.
- D. ACC fall protection guidelines regarding steelwork requires all workers to be tied-off at all times, as follows:
- Connectors-Connectors are to be tied off when receiving steel and when bolting up.
- Walking beams – When walking or cooning beams, workers are to tie-off to the beam, horizontal lifelines, or other appropriate anchorage.
 - Climbing and descending columns – When climbing or descending columns, workers are to be tied off at all times. This may be accomplished by the use of vertical lifelines and rope grabs, or other acceptable means of fall protection.
- E. Job site management should work closely with field personnel to identify potential fall hazards and should solicit field personnel's ideas on how to provide the best safety solution.
- F. If a situation occurs where tie-off may not seem possible, the site manager is to review the fall hazards and tie-off capability with an ACC Safety Manager and Division Manager to determine an acceptable solution to meet ACC guidelines as well as federal, state, local, and client regulations.

Fall Protection Planning

Proper planning in advance of working at heights where fall exposure exists is key to preventing accidents. The following points at a minimum should be considered in the fall protection planning process.

- Identification of fall hazards in the work area.
 - Identify work areas where tie-off and use of fall protection may be difficult.
 - The type of fall protection, which will be used.
 - The correct procedures for the assembly, maintenance, inspection and disassembly of the fall protection system.
 - The correct procedures for handling, storage and securing of tools and materials.
-

- Training needed for employees working in areas where fall exposure exists on the use and inspection of fall protection equipment.
- The method of providing overhead protection for workers who may be in, or pass through, the area below the work site.
- The method to be used for prompt, safe removal of injured workers.

Special State Regulatory Requirements

Some states have specific regulatory compliance requirements regarding fall protection equipment and guidelines. Before work commences check with your supervisor to determine if any special state or local requirements apply. Supervisors should always check with company safety managers to confirm special requirements.

Recommended Practices and Equipment for Fall Protection

- Lifelines: The use of horizontal and vertical lifelines may provide greater mobility for workers.
 - Lanyards: Lanyards are to be chosen for their specific application, using rope, nylon webbing, wire rope, and various lengths as appropriate for their use.
 - Rope Grabs: Rope grabs and vertical lifelines are to be used for climbing and descending columns, vessels, or other vertical structures where other means are not available.
 - Retractable Lifelines and Lanyards: These portable, self-contained devices are fixed to an anchorage point above the work area. The rope, webbing, or cable is attached directly to the worker's safety belt/harness.
 - Portable Catwalks: Commercially manufactured portable catwalks or ladder platforms may be constructed on the ground, and lifted into position to provide a working platform.
 - Mechanical Equipment: The use of personnel lifting equipment, including man lifts, JLG's spiders, scissor lifts, sky climbers, etc., may, in certain instances, provide solutions for effective tie-off and fall protection.
-



Employee Safety Guidelines

Issued To: _____
(Please Print Your Name Here)

I have read, understand and agree to follow the safety and environmental guidelines of the ACC Companies as contained in this manual.

Employee Signature:

(Please Sign Your Name Here)

Date: _____

This must be signed and turned in to Human Resources with your Hire Packet

Left Intentionally Blank