



DVCC, Inc.

### **New Hire Packet Checklist**

- Give these to your new employee
- Fax these to Human Resources: 410-810-1820
  
- Welcome
- New Hire Worksheet for Human Resources
- Federal and state tax form(s)
- Direct Deposit
- 401(k) Letter
- 401(k) Plan Automatic Enrollment Policy
- Pre-Screening Notice and Certification Request for the WOTC (“8850”)
- Health Ins. Marketplace Coverage Options and Your Health Coverage - 2 pgs
- Employment Eligibility Verification (“I-9”) - 3 pgs (send only 2)
- Confidentiality And Non-Disclosure Agreement
- Hazard Communication Standard
- The Material Safety Data Sheet (MSDS) Is Your Guide To Workplace Safety
- Tobacco, Alcohol and Drug Policy - 2 pgs
- Tobacco, Alcohol and Drug Policy Statement
- Sexual Harassment Policy
- Sexual Harassment Policy Statement
- Email System and Internet Policy - 2 pgs
- Email System and Internet Policy Statement
- Employee Handbook Acknowledgement Receipt
- DVCC Healthy Connections - 2pgs
- DV Employee Portal
- New Employee Checklist For Supervisor

# Welcome

Name	
Employee Number	
Start Time	
First Day of Work	
Schedule	
Location	
Report To	
Lunch Time*	
Dress Code	
Safety Equipment	
Rate of Pay	
Pay Period	
First Pay Day	

\*There are vending machines for drinks and snacks on location.  
A refrigerator is available if you pack a lunch.

**DO NOT SEND THIS PAGE TO HR.**



# DVCC, Inc.

## New Hire Worksheet for Human Resources

Employee Information		
<b>Name:</b>		<b>SSN #</b>
<b>Prefix:</b> Mr. Mrs. Ms. Miss		
<b>Birth Date:</b>	<b>Gender:</b> M F	<b>Marital Status:</b> Single Married Separated Divorced Widow(er)
<b>Ethnicity:</b> White Black Hispanic Asian Native Hawaiian or Other Pacific Islander American Indian/Alaskan Native		
<b>Hire Source:</b> Classified Ad Employment Agency Employee Referral Friend Online Posting Walk-In Other		
<b>Military Service:</b> Air Force Army Coast Guard Marines Navy Nat'l Guard None		
<b>Mailing Address:</b>		<b>Phone:</b> ( )
<b>City/Town:</b>		<b>Email:</b>
<b>State:</b>	<b>Zip:</b>	<b>County:</b>
		<b>T-Shirt Size:</b>
<b>Emergency Contact Name:</b>		<b>Phone:</b>

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

Job Information			
<b>Start Date:</b>	<b>Employee #</b>	<b>Pay Rate: \$</b>	
<b>Company:</b>	<b>Start Time:</b>	Circle One Per Category	Hourly Salary
<b>Division:</b>	<b>Stop Time:</b>		Exempt Non-Exempt
<b>Dept:</b>	<b>Lunch:</b> None 30 45 60 Auto?		Full-time Part-time
<b>Supervisor:</b>	<b>Job:</b>		Regular Temporary



## LOCAL EARNED INCOME TAX RESIDENCY CERTIFICATION FORM

### TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and/or taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes. This form must be utilized by employers when a new employee is hired or when a current employee notifies employer of a name and/or address change.

### EMPLOYEE INFORMATION - RESIDENCE LOCATION

NAME (Last, First, Middle Initial)			SOCIAL SECURITY NUMBER
FIRST LINE OF ADDRESS (If PO Box, please include actual street address)			
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER
MUNICIPALITY (City, Borough, Township)			
COUNTY	PSD CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		TOTAL RESIDENT EIT RATE

### EMPLOYER INFORMATION - EMPLOYMENT LOCATION

EMPLOYER NAME (Use Federal ID Name)			EMPLOYER FEIN
FIRST LINE OF ADDRESS (If PO Box, please include actual street address)			
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	PHONE NUMBER
MUNICIPALITY (City, Borough, Township)			
COUNTY	PSD CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		MUNICIPAL NON-RESIDENT EIT RATE

### CERTIFICATION

SIGNATURE OF EMPLOYEE		DATE
PHONE NUMBER	EMAIL ADDRESS	

For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES and EIT (Earned Income Tax) RATES, please refer to the Pennsylvania Department of Community & Economic Development website:

[www.newPA.com](http://www.newPA.com)

Select Get Local Gov Support, >Municipal Statistics

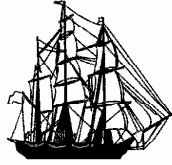
**DO NOT SEND THIS PAGE TO HR.**

## **Reminder**

Visit the Employee Portal to Print  
Federal and State Tax Withholding Forms

*(Note: Not all states require a separate tax withholding form.  
If you are unsure, contact Patti Carter x7599.)*

Tax withholding form(s) are a required  
part of the new hire packet.



# DVCC, Inc.

## Authorization Agreement for Direct Deposit of Payroll

**Please print all information:**

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

First

MI

Last

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

I hereby authorize my employer (division) \_\_\_\_\_  
to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit  
in error to my account(s) indicated below and the depository institutions(s) named below to  
credit and/or debit the same to such account(s). I may direct deposit my net pay, or a portion of  
my net pay, into up to three (3) accounts as follows:

Depository Name (Bank) \_\_\_\_\_

Transit/ABA number (9 digits) \_\_\_\_\_

Account number \_\_\_\_\_ Account type  Checking  Savings

Amount to Deposit (% or \$ amount) \_\_\_\_\_

Depository Name (Bank) \_\_\_\_\_

Transit/ABA number (9 digits) \_\_\_\_\_

Account number \_\_\_\_\_ Account type  Checking  Savings

Amount to Deposit (% or \$ amount) \_\_\_\_\_

Depository Name (Bank) \_\_\_\_\_

Transit/ABA number (9 digits) \_\_\_\_\_

Account number \_\_\_\_\_ Account type  Checking  Savings

Amount to Deposit (% or \$ amount) \_\_\_\_\_

This authority is to remain in full force until the Accounting Department has received written  
notification from me of its termination in such time and in such manner as to afford both  
Accounting and the Depository to act on it.

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

\*\* Checking Accounts please attach a voiced check...Savings Accounts a deposit slip



Dear Employee:

Welcome to the DVCC, Inc. Employees Retirement Plan. You will be receiving information at your home address from Vanguard explaining the enrollment process. You are eligible to participate in the retirement plan after completing three consecutive months of service.

To help you begin saving for your retirement, 4% will be deducted from your pay before taxes after you have met the required eligibility. If you do not have the time or expertise to select your investment funds, the money will be defaulted to a Vanguard Target Retirement Fund which is picked based on your retirement date. Please contact Vanguard directly if you would like to make any changes to your payroll deduction. Vanguard can be contacted as follows:

- Go to Vanguard's website at [www.vanguard.com](http://www.vanguard.com). You will be prompted to enter your Social Security Number, home ZIP code, date of birth, and your Plan #095935.
- Speak with a Vanguard Participant Service associate at 1-800-523-1188 Monday through Friday from 8:30 a.m. to 9:00 p.m. Eastern time.

Once you are enrolled in the plan, please go online and name beneficiaries to your account. After logging on to your account at [vanguard.com](http://vanguard.com), click **My Profile** and then **Beneficiaries**.

You can select to have Vanguard automatically increase your savings on an annual basis. You might be surprised by how fast your savings add up by increasing your contribution every year.

Please contact me at [twiltbank@dixonvalve.com](mailto:twiltbank@dixonvalve.com) or give me a call at 410-778-2000 ext. 1232 if you have any questions regarding the retirement plan.

Remember, saving through the DVCC, Inc. Employees Retirement Plan is one of the best ways to save on taxes today while investing for tomorrow.

Sincerely,

*Tammy Wiltbank*

Tammy Wiltbank

**DVCC, Inc.**

800 High Street  
Chestertown, MD  
21620

410-778-2000 phone  
410-778-7638 fax



DVCC, Inc.

**401(k) Plan Automatic Enrollment Policy**

The Pension Protection Act of 2006 (PPA) creates rules allowing employers to offer an automatic 401(k) plan which enrolls every employee, who does not consciously opt-out, in a retirement plan.

**NOTE:** A 401(k) plan is a defined contribution plan that is a cash or deferred arrangement. You will be eligible to make contributions to the 401(k) savings plan after 3 months of service.

As of January 1, 2013, ALL new employees will be automatically enrolled in the DVCC 401(k) plan at a rate of 4%.

As an employee of DVCC, I hereby acknowledge that I have received the DVCC 401(k) information regarding the DVCC 401(k) plan.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



## Pre-Screening Notice and Certification Request for the Work Opportunity Credit

OMB No. 1545-1500

▶ See separate instructions.

**Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.**

Your name \_\_\_\_\_ Social security number ▶ \_\_\_\_\_

Street address where you live \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

County \_\_\_\_\_ Telephone number \_\_\_\_\_

If you are under age 40, enter your date of birth (month, day, year) \_\_\_\_\_

- 1  Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
  
- 2  Check here if **any** of the following statements apply to you.
  - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
  - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
  - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
  - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
    - a Received SNAP benefits (food stamps) for the past 6 months, **or**
    - b Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
  - During the past year, I was convicted of a felony or released from prison for a felony.
  - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
  - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
  
- 3  Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
  
- 4  Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
  
- 5  Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
  
- 6  Check here if you are a member of a family that:
  - Received TANF payments for at least the past 18 months, **or**
  - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, **or**
  - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

**Signature—All Applicants Must Sign**

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ▶ \_\_\_\_\_

Date \_\_\_\_\_



## Health Insurance Marketplace Coverage Options and Your Health Coverage

Notice of  
Coverage  
Options  
IN2013

### **PART A: General Information**

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

### **What is the Health Insurance Marketplace?**

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### **Can I Save Money on my Health Insurance Premiums in the Marketplace?**

You may qualify to save money and lower your monthly premium, **but only if your employer does not offer coverage**, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### **Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?**

**Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan.** However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### **How Can I Get More Information?**

For more information about your coverage offered by your employer, please check your summary plan description or contact Kim Nicholson or Jay Goodman in Human Resources.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

## **PART B: Information about Health Coverage Offered by DVCC, Inc.**

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information.

Employer: DVCC, Inc.  
800 High Street  
Chestertown, MD 21620  
Phone: 410-778-2000

Employer Identification Number: 23-0529060

Health Insurance Information Contacts:

Kim Nicholson, Human Resources, 410-810-7598, [knicholson@dixonvalve.com](mailto:knicholson@dixonvalve.com)  
Jay Goodman, Human Resources, 410-778-1605, [jgoodman@dixonvalve.com](mailto:jgoodman@dixonvalve.com)

**Here is some basic information about health coverage offered by this employer:**

- As your employer, we offer a health plan to: **All full-time employees who have completed their probationary period.**
- With respect to dependents: **We cover spouses and children (and step-children) to age 26.**

**This coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.**

**NOTE:** Even though we have deemed this coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](http://HealthCare.gov) will guide you through the process.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.





# Employment Eligibility Verification

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

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

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

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

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other 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 □□□□-□□-□□□□	E-mail Address			Telephone Number		

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

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

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

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

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

**OR**

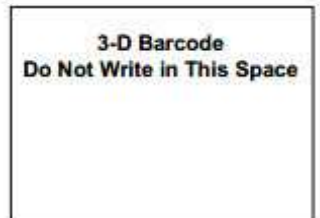
2. Form I-94 Admission Number: \_\_\_\_\_

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

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

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

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



Signature of Employee:	Date (mm/dd/yyyy):
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**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

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



Employer Completes Next Page



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

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

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

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

### Certification

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

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

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

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

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

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

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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**LISTS OF ACCEPTABLE DOCUMENTS**  
**All documents must be UNEXPIRED**

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		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. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (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.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
		<b>For persons under age 18 who are unable to present a document listed above:</b>		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
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				

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

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

**DO NOT SEND THIS PAGE TO HR.**

# CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT

I, \_\_\_\_\_, am employed by Dixon Valve and Coupling Corporation (“DVCC” or “the Company”) which I acknowledge has given and will give me access to Confidential Information as defined herein relating to the business, operations and clients of the Company and its agents and representatives. As an original and continuing condition of my employment, I agree to protect Confidential Information of the Company and to protect the Company from the competitive use of Confidential Information obtained by me during the course of my employment with the Company. Accordingly, I agree as follows:

Confidential Information Defined. For purposes of this Agreement, “Confidential Information” shall mean all information or material proprietary to the Company, or otherwise treated as Confidential Information by the Company and not generally known by non-Company personnel, whether such information or material is oral, written or in any other media. This definition of Confidential Information shall also include any information which the Company develops itself or obtains from another party and which the Company treats as proprietary or designates as Confidential Information, whether or not owned or developed by the Company, and information conceived, originated, discovered, or developed in whole or in part by me during the course of my employment with the Company.

Examples of Confidential Information include, but are not limited to, the following information (whether or not reduced to writing): information regarding customers, project specifications, project data, programs, costs, prices, systems, operating procedures, prospective and executed contracts, and product descriptions, software, research and development, ideas, concepts, designs, drawings, specifications, other techniques, models, data, documentation, diagrams, flow charts, processes, procedures, “know how,” marketing techniques and materials, marketing and development plans, customer names, personnel information, and other information related to customers, price lists, pricing policies, financial information, staffing, accounting and management methods.

Ownership Rights of Confidential Information. I acknowledge and agree that all Confidential Information, as defined herein, shall belong exclusively to the Company. I further agree that all documents that incorporate and/or reflect any Confidential Information, including, but not limited to, notes, data, computer files, reference materials, sketches, drawings, memoranda, documentation and/or records, shall belong exclusively to the Company.

Covenant Not to Disclose. I agree during my employment with the Company and after the termination of my employment, to hold in confidence and not to directly or indirectly reveal, report, publish, disclose, or transfer, or cause to be revealed, reported, published, disclosed or transferred any Confidential Information to any person or entity, or utilize, or cause to be utilized, any Confidential Information for any purpose, except as the Company may expressly direct.

Return of Confidential Information. I agree to turn over all such materials and any copies of such materials (excepting only this Agreement) in my control to the Company upon request or immediately upon termination of my employment with the Company. I further agree to submit to an exit interview immediately upon the termination of my employment with the Company to account for all such materials.

Governing Law; Jurisdiction. This Agreement shall be governed by the laws of the State of Maryland.

I HAVE READ THIS DOCUMENT AND AGREE TO THE ABOVE TERMS.

I FURTHER ACKNOWLEDGE THAT MY EMPLOYMENT WITH DIXON VALVE AND COUPLING COMPANY IS AT WILL, AND THAT THIS AGREEMENT DOES NOT CONSTITUTE A CONTRACT FOR CONTINUED EMPLOYMENT OR A GUARANTEE OF ANY WAGE OR BENEFIT.

Signature: \_\_\_\_\_

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

Name (printed): \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_



## **Hazard Communication Standard Globally Harmonized System (GHS)**

### **Why do we need the hazard communication standard?**

There was no guarantee that workers would be told about the chemical hazards they might face on the job. Container labels and warning sheets, even when they were provided, didn't always give enough information on the potential hazards, what to do in an emergency, or where to turn for help. That's why the federal government decided to set a uniform hazard communications standard.

The Hazard Communication Standard affects everyone using chemicals in the workplace. Employers must develop a written hazard communication program. Employees have to do something to be safe too. They have to read labels and safety data sheets (SDS), and follow these instructions and warnings. You will find chemicals in a lot of unexpected places on the job. The truth is they are just about everywhere-including our homes. Examples of everyday chemicals are oven cleaner, corrosive cleansers, pesticides, printer toner, toxic and flammable solvents and chlorine in swimming pools.

### **How do you know if something is hazardous?**

The first place to look is on the container. There are many different types of labels, but if a chemical is hazardous, the label will tell you. Play it safe. Get in the habit of reading the labels on all containers and follow all instructions. Any questions ask your supervisor.

### **What goes on labels?**

Every container of hazardous chemicals is labeled by the manufacturer in accordance with the Globally Harmonized System (GHS). The label may use words or symbols to tell you:

1. **Product Identifier:** Common name for the product.
2. **Supplier Identification:** Name, address, and emergency phone number of the company that made or imported the product.
3. **Precautionary Statements:** Basic personal protective clothing, equipment, and procedures recommended when working with the product, proper handling, storage and disposal instructions, in case of fire and first-aid instructions.
4. **Hazard Pictograms:** Illustrated warning.
5. **Signal Word:** In order of seriousness, signal words are ranked: danger, warning, caution.
6. **Hazard Statements:** Principal hazards.
7. **Supplemental Information:** Directions for use, weight, lot#, expiration date.

The SDS gives you everything you need to work safely with chemicals. Read the SDS before you start a job to be PREPARED! If a container you are handling has no label, notify your supervisor and ask for instructions.



# The Safety Data Sheet

**Section 1: Identification** includes product identifier; manufacturer or distributor name, address, phone number; emergency phone number; recommended use; restrictions on use.

**Section 2: Hazard(s) identification** includes all hazards regarding the chemical; required label elements.

**Section 3: Composition/information on ingredients** includes information on chemical ingredients; trade secret claims.

**Section 4: First-aid measures** includes important symptoms/ effects, acute, delayed; required treatment.

**Section 5: Fire-fighting measures** lists suitable extinguishing techniques, equipment; chemical hazards from fire.

**Section 6: Accidental release measures** lists emergency procedures; protective equipment; proper methods of containment and cleanup.

**Section 7: Handling and storage** lists precautions for safe handling and storage, including incompatibilities.

**Section 8: Exposure controls/personal protection** lists OSHA's Permissible Exposure Limits (PELs); Threshold Limit Values (TLVs); appropriate engineering controls; personal protective equipment (PPE).

**Section 9: Physical and chemical properties** lists the chemical's characteristics.

**Section 10: Stability and reactivity** lists chemical stability and possibility of hazardous reactions.

**Section 11: Toxicological information** includes routes of exposure; related symptoms, acute and chronic effects; numerical measures of toxicity.

Section 12: Ecological information, Section 13: Disposal considerations, Section 14: Transport information, Section 15: Regulatory information and Section 16: Other information: includes the date of preparation or last revision.










A lot is up to you now! Your company and the government have gone to a lot of trouble to protect you. But the only person who can keep you safe every day on the job is you. Make these common sense rules part of you job.

- ✧ Identify hazards before you start a job
- ✧ Respect all precautions – do not take chances
- ✧ Ask your supervisor when in doubt
- ✧ Know in advance what could go wrong, and what to do about it
- ✧ Know how and where to get help
- ✧ Learn basic first aid measures

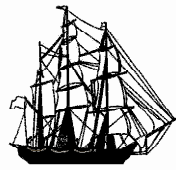
## Hazard Communication Standard Pictogram

As of June 1, 2015, the Hazard Communication Standard (HCS) will require pictograms on labels to alert users of the chemical hazards to which they may be exposed. Each pictogram consists of a symbol on a white background framed within a red border and represents a distinct hazard(s). The pictogram on the label is determined by the chemical hazard classification.

### HCS Pictograms and Hazards

<p><b>Health Hazard</b></p>  <ul style="list-style-type: none"> <li>• Carcinogen</li> <li>• Mutagenicity</li> <li>• Reproductive Toxicity</li> <li>• Respiratory Sensitizer</li> <li>• Target Organ Toxicity</li> <li>• Aspiration Toxicity</li> </ul>	<p><b>Flame</b></p>  <ul style="list-style-type: none"> <li>• Flammables</li> <li>• Pyrophorics</li> <li>• Self-Heating</li> <li>• Emits Flammable Gas</li> <li>• Self-Reactives</li> <li>• Organic Peroxides</li> </ul>	<p><b>Exclamation Mark</b></p>  <ul style="list-style-type: none"> <li>• Irritant (skin and eye)</li> <li>• Skin Sensitizer</li> <li>• Acute Toxicity (harmful)</li> <li>• Narcotic Effects</li> <li>• Respiratory Tract Irritant</li> <li>• Hazardous to Ozone Layer (Non-Mandatory)</li> </ul>
<p><b>Gas Cylinder</b></p>  <ul style="list-style-type: none"> <li>• Gases Under Pressure</li> </ul>	<p><b>Corrosion</b></p>  <ul style="list-style-type: none"> <li>• Skin Corrosion/ Burns</li> <li>• Eye Damage</li> <li>• Corrosive to Metals</li> </ul>	<p><b>Exploding Bomb</b></p>  <ul style="list-style-type: none"> <li>• Explosives</li> <li>• Self-Reactives</li> <li>• Organic Peroxides</li> </ul>
<p><b>Flame Over Circle</b></p>  <ul style="list-style-type: none"> <li>• Oxidizers</li> </ul>	<p><b>Environment (Non-Mandatory)</b></p>  <ul style="list-style-type: none"> <li>• Aquatic Toxicity</li> </ul>	<p><b>Skull and Crossbones</b></p>  <ul style="list-style-type: none"> <li>• Acute Toxicity (fatal or toxic)</li> </ul>

For more information:



# DVCC, Inc.

## **Tobacco, Alcohol and Drug Policy**

### General Statement

The Company has a deep concern in the quality of the working environment. We oppose illegal drugs and will take every reasonable measure to prevent illegal drugs from filtering into the Company and into the lives of you and your family. If you use illegal drugs you will be less productive, less reliable, and prone to higher absenteeism and work accidents. All of these factors result in increased cost and risk to each employee and to the Company.

Although not illegal, alcohol is considered a drug, which can be, and is abused. Alcohol abuse, like drugs, reduces productivity and increases absenteeism and accidents, and is not acceptable.

### Policy Statement and Penalties

You are prohibited from possessing, distributing, or using any alcoholic beverage or illegal drugs at Dixon Valve & Coupling Company. Under no condition will you report to work under the influence of illegal drugs or alcohol. Working while taking prescription drugs under a physician's care can be hazardous and should only be done with the consent of your physician and approval from your Division Manager. Penalties for violating this tobacco, alcohol and drug policy are as follows:

1. Tobacco Smoking or use of tobacco is not permitted inside any Company owned vehicle or within 100 feet of any Company-owned or leased building. Violation of this policy will result in disciplinary action up to and including discharge.
2. Reporting to work under the suspected influence of drugs or alcohol will result in Drug Testing and disciplinary action up to and including discharge. Reporting to work under the influence of alcohol will result in action up to and including termination.

3. The sale of illegal drugs or alcohol on the job or on Company property shall result in termination of employment on the first offense. The Company will exercise its right to notify the law.
4. If you are convicted of off-the-job drug or alcohol related activity you will be considered in violation of this policy and subject to disciplinary action up to and including termination.

## Testing

An integral part of this alcohol and drug policy is the testing for drug and alcohol abuse. Testing will be required of you as outlined below.

1. As a prospective employee, you will be required to have a drug test and be drug-free, prior to employment.
2. Mandatory drug testing will be performed when an incident results in property damage, or an injury on the job requiring professional emergency medical attention.
3. All drivers of company equipment and motor vehicles will be tested.
4. Those enrolled in the Employees' Assistance Program in connection with the Company's Drug Policy, may be required to have periodic drug testing. The frequency and length of time that is required shall be determined by the Company. Positive test results after participating in this program will result in disciplinary action up to and including immediate termination.
5. The Company has the right to test for drugs on a random basis as it deems necessary. Refusal to submit to a drug test will be cause for immediate termination.
6. In the event of a positive test result, you have the right, *at your expense*, to have an independent test done on the reserve portion of the specimen.

If you are presently employed, you will be suspended until the retest. If the results are negative, you will be reinstated to your position. If the results are positive, your employment will be terminated.



DVCC, Inc.

**Tobacco, Alcohol and Drug Policy Statement**

As an employee of DVCC, Inc. I hereby acknowledge that I have received the Dixon Tobacco, Alcohol and Drug Policy.

Pursuant to the policy, I understand and consent to Management's right to substance screen at any time deemed necessary.

I also understand that in the event of an injury on the job, blood and urine tests will be performed by the attending facility.

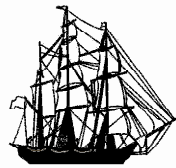
I also understand and agree that DVCC will be given the results of those tests, to be maintained in my personnel file.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



DVCC, Inc.

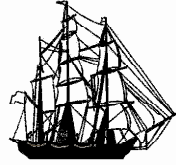
## Sexual Harassment Policy

The Company has a strict policy prohibiting unlawful harassment of employees, including implied or expressed forms of sexual harassment. As used here, sexual harassment means any verbal, written, visual, or physical acts that are offensive in nature, intimidating, unwelcome, or that could reasonably be taken as objectionable or produce a “hostile environment” in which to work.

There are two kinds of Sexual Harassment:

1. **“Quid Pro Quo”** which means “something for something”. This kind of sexual harassment usually involves supervisors who use:
  - Threats
  - Firing, blocking promotions, transferring, or giving a bad evaluation, if you *do not* go along with sexual advance(s).
  - Rewards
  - Hiring, promoting, or giving a raise if you *do* go along with sexual advance(s).
  
2. **“Hostile Environment”** covers regular and repeated actions or things displayed around the workplace that “unreasonably interfere” with job performance or create an intimidating, hostile, or offensive work environment. A hostile environment may include:
  - Sexual pictures, calendars, graffiti or objects
  - Offensive language, jokes, gestures or comments

If you feel that you have been subjected to sexual harassment of any type, you should promptly report the incident to your Division Manager, Supervisor or the Human Resources Department. If you have any questions concerning this policy you should contact the Human Resources staff for a confidential and frank discussion. You are assured that the utmost discretion will be used in the handling of such matters. Penalties for any type of harassment could lead to suspension or discharge.



DVCC, Inc.

**Sexual Harassment Policy Statement**

As an employee of Dixon Valve & Coupling Company, I hereby acknowledge that I have received the Dixon Sexual Harassment Policy.

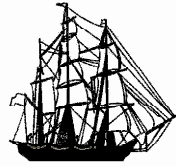
I understand that if I feel I have been subjected to sexual harassment of any type, that I should promptly report the incident to my Division Manager, Supervisor, or the Human Resources Department.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



# DVCC, Inc.

## **Email System and Internet Policy**

### **POLICY STATEMENT**

1. All electronic communications and stored information transmitted, received or archived in the company's information system is the property of the company. All equipment and technology is provided for business purposes only. The company reserves the right to access and disclose all messages sent by e-mail, all Internet activity and computer activity.
2. Any employee who wishes to send out an e-mail message to all employees must first have the message approved by a division manager.
3. Employees may only use software according to the software license agreement. The company prohibits the illegal duplication of software and its related documentation.
4. Use professional language. Never send abusive, harassing, threatening or ethnic oriented messages, even in jest.
5. Use common sense about what you say or send. You cannot control who will ultimately read it. Confidentiality is a misnomer and privacy does not exist. A good rule of thumb is never write anything to e-mail that you would not want to become public knowledge.

### **FORMAT & GENERAL USE GUIDELINES**

1. E-mail to a client should follow the same formality as a business letter. It should be treated as a formal document with proper business standards being followed. Spelling, grammar and punctuation should be checked.
2. Practice good housekeeping rules. Storage space on the computer is critical.
3. Create folders for received and sent messages. Use folders to save important information but make it a regular habit to review all folders and delete old or out-dated material. Delete unimportant messages as you read them.



## **Email System and Internet Policy continued...**

4. Keep your “In” and “Sent” boxes clean. We recommend that all employees purge their files every 60 days.
5. Use Professional Courtesy and Business Etiquette. Always use a short information subject line. This gives the receiver some indication of the importance of the message.
6. Be careful when using sarcasm or humor. Without the personal interaction, your joke could be viewed as criticism.
7. Sign your messages.

## **COMPUTER AND E-MAIL MONITORING**

- ◆ Monitoring will be conducted to maintain a workplace free of harassment and discrimination and to ensure quality control, employee safety, security and customer satisfaction.
- ◆ Contents of computer and e-mail communications are the property of the company. Excessive personal use of computer, e-mail and voice mail systems is prohibited.
- ◆ Dixon Valve & Coupling Company is sensitive to the legitimate privacy rights of employees and every effort will be made to guarantee that workplace monitoring is done in an ethical and respectful manner.

## **ADMINISTRATION**

- ◆ This policy will be administered through the Data Processing Department. This policy can only be changed in writing by the President of Dixon Valve & Coupling Company.
- ◆ Employees who violate this policy will be subject to disciplinary action up to and including termination of employment.

## DVCC Healthy Connections

One of the “basic truths”  
of continuous improvement is that  
prevention is better than cure.

The Healthy Connections Wellness Program stresses the importance of eliminating health risk factors. We honor our employees and encourage you to enjoy the many benefits of a long & healthy life.

### DVCC Employees Enjoy Many of the Best Health Benefits Available Including...

- Medical Care
- Dental Care
- Vision Care
- Prescription Drug Coverage
- Aflac
- FirstHelp Free Health Care Advice Line
- InforMed Personal Health Management
- Health Bucks Gym Reimbursement
- Kent Athletic & Wellness Center Discount
- Flexible Medical Spending Account
- COBRA Continuation Coverage
- On-Site Benefit Coordinator
- On-Site Medical Physician, Registered Nurse AND Certified Physical Therapists available part-time
- Employee Wellness Team
- Return-to-Work Physical Therapy
- Annual Health & Wellness Contests
- Monthly Wellness Works Newsletter
- Teladoc 24-Hour Licensed Physician
- Healthy Vending Options

### Medical, Dental, Vision and a Whole Lot More

CareFirst Blue Choice offers several medical plans to fit your lifestyle. Preventative dental care and prescription drug coverage are included in basic medical coverage. Additional dental coverage is available in optional buy-up plans through Delta Dental. VSP vision care is also optional. Refer to your [DVCC, Inc. Benefit Guide](#) for specific plan details and restrictions.

### Employee Wellness Team

Ask your department's Wellness Team representative about quarterly wellness contests. Activity suggestions are welcome and employee participation is encouraged.

### Personalized Wellness Coaching

Kelly Moriarty, A.C.E., is your full-time Healthy Connections Wellness Coordinator at Ext.1275

- FREE 45-Min Boot Camp cardio training at lunchtime & after work twice a week\*
- FREE 30-Min Toning classes weekly\*
- \* Held at KAWC, employees, friends and family work out for free when an employee attends!
- FREE Personalized workout program
- FREE Lunch & Learn seminars on stress, men's health, women's health, smoking cessation & diabetes upon request.
- FREE Nutrition & wellness counseling
- Health Bucks Coordinator

# Numbers 2 Know

## Nurse Help Line

FirstHelp (800) 535-9700

## Physician Help Line

Teladoc (800) TELADOC

## Health Plan Questions & Advice

Danielle Herndon (443) 474-0532

## DVCC Benefit Coordinator

Kim Nicholson Ext. 7598

## Medical

CareFirst (877) 691-5856

## Dental

Delta Dental (800) 932-0783

## Vision

VSP (800) 877-7195

## Prescription

CVS/Caremark (800) 241-3371

### Commuters: Health Bucks is for You

Employees who work/reside 50 miles or more outside of Chestertown may submit a paid gym membership contract to Kelly Moriarty, Human Resources, for \$25.00 monthly reimbursement in pay.

### DVCC Healthy Connections is Available Online 24/7

Did you lose your Benefits Guide book? Find full version copy online. Visit [www.dixonvalve.com](http://www.dixonvalve.com) and click DV Employee Portal for a direct connection to DVCC Healthy Connections vendors' websites. Find a physician or create an online account to review benefits, manage prescriptions, sign up for newsletters or to receive benefit information by email.

- First Help
- Teladoc
- CareFirst
- Annual DVCC Wellness Form
- Delta Dental
- VSP
- Hirsch Financial
- Services Flex
- Spending
- CVS Caremark
- Aflac
- Lincoln Financial
- Voluntary Life Insurance
- Blue365
- InforMed
- Printable Health Benefit Q&A's

Move into online Wellness for healthy opportunities designed to improve your mind & body. First time at the gym? have a family at home? or are you a regular athlete? Take a look at the broad spectrum Wellness offerings designed with you in mind to help you lead a long and happy life...

- 10 Ways to Improve Your Day in 5 Minutes
- Diabetes Risk Test
- Gain Good Desk Posture
- How to do the Perfect Pushup, Squat, Etc.
- Get Some Exercise!
- Motivational Images
- How to Ease Back Pain
- Letting GO of Stress
- Lunch & Learn Recipes
- 1-800-Quit Smoking
- 20 Best Fitness Tips from SELF Magazine
- Join a Gym: Health Bucks
- Kids Nutrition
- Daily Exercises for the Whole Family
- Health Bucks How-To
- Couch-to-5K Training Schedule, Apps and more
- Your Child's Dental Health
- Visit Kelly's Korner To-

"We are what we repeatedly do. Excellence, then is not an act, but a habit."

# Make The Right Connection with the Employee Portal

All DVCC employees have 24/7 access to a wealth of information in one easy to use online resource. Review policies, benefits, company news and employee community service achievements. Give your ideas a voice by making a suggestion for improvement or complete the employee satisfaction survey. Stay current on safety and internet-based trainings and wellness contests. Best of all, the portal is accessible 24/7 with an internet connection.

**How to Login:** Visit [www.dixonvalve.com](http://www.dixonvalve.com) and use the Resource Center to jump to the DV Employee Portal. Use your clock number (found on your id badge) as the username and password. (You will create your own password the first time you log in.)

[Event Calendar](#) [Employee Handbook](#) [Financial Benefits](#) [Health Benefits](#) [News Room](#) [Novatime](#) [Phone Directory](#) [Safety](#) [Training](#) [Wellness](#)

<a href="#">Event Calendar</a>
<a href="#">Employee Handbook</a>
<a href="#">Financial Benefits</a>
<a href="#">Health Benefits</a>
<a href="#">News Room</a>
<a href="#">Novatime</a>
<a href="#">Phone Directory</a>
<a href="#">Safety</a>
<a href="#">Training</a>
<a href="#">Wellness</a>
<a href="#">Logout</a>

[Home](#) [Have a suggestion on how we can improve?](#) [Employee Survey Coming Soon](#) [Help ?](#)

Welcome to the DVCC Employee Portal

**DVCC Employees  
enjoy many benefits...  
Learn all about them in the  
Employee Portal**

## Financial Benefits

- Vanguard 401(k)
- Retirement Calculator
- Federal Credit Union
- Tuition Reimbursement
- Verizon Wireless Discounts
- Direct Deposit
- Health Club Discounts
- Social Security Handbook
- W-4 and State Tax Forms
- DVCC Supported Charities

## Health Benefits

- 24 Hr FirstHelp Nurse
- Danielle Herndon R.N.
- CareFirst and InforMed
- Blue365 Discount Program
- VSP (Vision) & Delta Dental
- Argus (Prescription)
- Aflac
- HFS (Flex Spending)
- Voluntary Life Insurance
- Health Insurance Talk Video\*

## And More!

- Time & Attendance Records
- DVCC Phone Directory
- Online Computer Courses
- Monthly Safety Training
- DVCC Healthy Connections
- Holiday Calendar
- Leadership Graduates
- Employee Handbook
- DVCC in the News
- Wellness Tips & Contests

\*YouTube access is required to view the video.



DVCC, Inc.

New Employee Checklist  
For Supervisor

EMPLOYEE'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

- \_\_\_\_\_ 1. Demonstrate the log in / log out procedure.
- \_\_\_\_\_ 2. Introduction to fellow employees.
- \_\_\_\_\_ 3. Tour of facility.
- \_\_\_\_\_ 4. Location of restrooms.
- \_\_\_\_\_ 5. Explained job description.
- \_\_\_\_\_ 6. Explained safety training program and schedule.
- \_\_\_\_\_ 7. Explained work schedule and importance of maintaining good attendance.
- \_\_\_\_\_ 8. Explained importance of operating equipment safely.
- \_\_\_\_\_ 9. Explained company policy on telephone usage.
- \_\_\_\_\_ 10. Explained standards of performance and conduct.
- \_\_\_\_\_ 11. Tobacco use policies explained.
- \_\_\_\_\_ 12. Required work clothing, footwear, and safety protection.
- \_\_\_\_\_ 13. Familiarization with Employee Handbook and its importance.
- \_\_\_\_\_ 14. Familiarization with evacuation route.
- \_\_\_\_\_ 15. Reviewed Hazardous Communication Handouts and Safety Procedures.
- \_\_\_\_\_ 16. Explained DVCC Employee Portal.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor