



## **EMPLOYEE HANDBOOK**

Welcome!



For More Information  
Please contact:

Team Persona Human Resources Department  
Local: 925-932-9500 Toll-Free Phone: 866-982-TEMP  
Toll-Free Fax: 877-243-4036  
Email: [HR@TeamPersona.com](mailto:HR@TeamPersona.com)

## Table of Contents

<b>Introduction</b>	
Welcome to TeamPersona	Page iii
About TeamPersona	Page 1
Our Vision and Mission	Page 1
Office Hours	Page 1
<b>TeamPersona Employment</b>	
New Assignments	Page 2
Assignment Policies	Page 2-3
Communication Procedures	Page 4-5
Work Performance	Page 5
<b>TeamPersona Payroll</b>	
Timesheet Submittal	Page 5
TeamPersona Pay Schedule	Page 6
Overtime Laws	Page 6
Payroll Options	Page 6
<b>TeamPersona Benefits</b>	
Introduction	Page 7
Health Insurance Options	Page 7
401K	Page 7
Service Bonus	Page 7
Training and Education	Page 8
Other Benefits	Page 8
<b>Safety Information</b>	
Safety Policy	Page 9
Fit for Duty Program	Page 10
Workers' Compensation	Page 10-11
Injuries on the Job	Page 11
Return to Work Program	Page 11
<b>Miscellaneous Information</b>	
Unemployment Compensation	Page 12
<b>Policies</b>	
Equal Opportunity Employment	Page 12
Family and Medical Leave Act	Page 12-13
Non-Discrimination and Non-Harassment Policy	Page 13-14
Substance Abuse Policy	Page 14
Americans with Disabilities Act	Page 15
Confidentiality and Non-Compete Agreement	Page 16-17
<b>Employment Documents</b>	
Employment Application	Page 17
Applicant Statement	Page 18
W-4 Form	Page 19
Employment Eligibility Verification (I-9) Form	Page 20
Attachments A-G	

## Welcome to TeamPersona!

As one of the nation's premier Staffing Solutions provider, we are committed to making the right "matches" – matching your job preferences and skill level with our clients' needs. At TeamPersona, our temporary employees are just as important as our clients – in fact, you *are* our client. We are committed to making your work experience with TeamPersona rewarding and successful.

We offer both temporary and full-time opportunities, so TeamPersona can assist you with your employment needs at every stage of your professional career. We employ highly trained professionals to represent our employees. When you sign up to become a temporary employee, a TeamPersona Representative was assigned to you. Your representative will assist you in every aspect of the employment process.

We are committed to providing quality service to our employees and our clients. The TeamPersona Employee Handbook is a key component to creating a true partnership. Please read it thoroughly and use it as a guide to assist you throughout your assignment(s). If you have any questions or need assistance during your assignment, please contact your Representative. But if he or she is unavailable, don't hesitate to ask for help from any other TeamPersona staff.

We look forward to a great working relationship!

Best regards,



Ginny Velasquez  
Chief Executive Officer  
TeamPersona

## **ABOUT TEAMPERSONA**

Headquartered in Walnut Creek, California, TeamPersona (formerly known as Persona Computing, Inc.) is a nationwide full-service employment agency. Founded in 1995 by Ginny Velasquez, it is now one of the largest and most successful staffing companies in Northern California. We have received numerous awards and recognition, including being ranked as one of the largest staffing agencies in the San Francisco Bay Area and one of the largest Hispanic owned companies in the U.S. by Hispanic Business Magazine.

**We offer temporary, temp-to-hire, direct hire and payroll services in the following job categories:**

### **Administrative**

Administrative Assistant  
Executive Secretary  
Receptionist  
Call Center  
Data Entry Clerk

### **Information Technology**

Business Analyst  
Software Developer  
Project Manager  
Database Administrator  
Technical Writer

### **Professional**

Accountant  
Marketing Support  
Financial Analyst  
Graphic Designer  
Account Manager

and many more...

## **Our Vision**

To be the most well respected WMBE provider of temporary staffing solutions nationwide recognized for superior customer service.

## **Our Mission**

To deliver employment solutions which exceed our client's and employees' expectations by combining the best people, processes and technology with an obsession for service excellence.

Our approach is simple, at TeamPersona we aim to deliver employment solutions that exceed our client's and employees' expectations by **combining people, processes and technology with a passion for service excellence.**

## **Office Hours**

TeamPersona's standard operation hours are Monday thru Friday 8:00 AM to 5:00 PM Pacific Standard Time (PST). In addition, we have a 24-hour answering service, so you can leave a message at any time – day or night.

## **TEAMPERSONA EMPLOYMENT**

Once you begin an assignment, you become a TeamPersona temporary employee. Our standards for referring candidates to our clients are high. Be proud to be part of the TeamPersona family. Please always remember, you are our representative and your professionalism is critical to our mutual success.

### **Assignments**

At TeamPersona we pride ourselves on creating the best employment match. By joining our team, you have an established and respected company working toward one goal – helping you achieve the success you desire. We simply ask that you share your interests and needs so we can help you find what you are looking for.

Once our employment relationship begins, you are required to notify the TeamPersona office of your availability for work by contacting your Representative to update your status. Once you have notified TeamPersona of your availability, we will contact you if we have an assignment that matches your skills, experience and qualifications. We must have a working telephone number where we can reach you. Please make every attempt to return our calls on the same day – this increases your chances of being selected for an assignment. Go to our website at [www.teampersona.com](http://www.teampersona.com) to view and apply for jobs, and to keep your resume and profile updated. *Please see “Attachment A - TeamPersona Online Tools Guide for Candidates”.*

Prior to being submitted to our client as a candidate, you will be provided with the job description, location, pay rate, and duration of the assignment. Our recruiters will submit you once they have qualified you for the position, and you have agreed to the location, rate, and duration.

**When you accept an assignment, you will be making a commitment that you will work for the duration of the assignment at the rate originally provided to you.**

You will need to complete all of your paperwork – including the Applicant Statement, your payroll, and any client paperwork sent to you prior to beginning your assignment.

To prepare you for starting a new assignment make sure you have:

- The company’s name
- The location, hours, and length of assignment
- The specific tasks you will be doing
- The hourly rate
- The name of the person to whom you report
- Any other details that will help you on your assignment

### **Policies While on Assignment**

Your employment with TeamPersona requires you to comply with our policies and procedures.

- Always be professional, courteous and dress in a professional and business-like manner.
- Arrive on time and conform to your client’s lunch hour and break times.

- **Limit personal phone calls to your lunch hour and breaks. Do not make any personal phone calls using client equipment.**
- Ask questions on the job about the tasks you are performing. If you are unsure of something, check with your supervisor.
- If you find you have extra time, ask your supervisor for additional work and/or projects. Please inform your TeamPersona Representative of changes.
- Do not approach the client about full-time employment. If you have an interest in a position, let your TeamPersona Representative know.
- Follow the time submittal procedures provided during your TeamPersona Assignment Orientation to ensure we have the information we require to pay you.
- **The use of the internet for any activity other than relating to performing work as required by your client supervisor is prohibited and will result in immediate removal from your assignment.**
- TeamPersona and our clients reserve the right to conduct employee searches at any time while on TeamPersona or client property. These searches may include, but are not limited to, an inspection of your person, electronic communications (e-mails), locker, desk, bag, coat, purses, briefcase, tool box, or other such containers, as well as vehicles parked on TeamPersona or our client property. Therefore, you should have **no expectation of privacy** with respect to such items.
- All communications made with or on client systems or equipment is subject to client surveillance, use and disclosure, under our clients' sole discretion.
- The removal of property from the client premises without the prior written approval is prohibited. If approval is granted, please inform your TeamPersona Representative.
- The use of intoxicating beverages, illegal drugs or controlled substances at work will result in immediate removal from your assignment and potential legal action. **See our Substance Abuse Policy on Page 15 for further information.**
- Acts or threats of physical violence occurring on TeamPersona/Client property or during the conduct of TeamPersona business off TeamPersona property are prohibited. Any act/threat of violence should be immediately reported to TeamPersona. Violation of this policy is cause for immediate termination.
- Theft of any kind is prohibited and TeamPersona will prosecute to the full extent of the law.
- The possession, transfer, sale, or use of firearms, weapons, explosives or other improper materials with or without a valid permit is prohibited on TeamPersona or client premises. Employees in violation of this policy will be subject to disciplinary action up to and including termination.

- Conduct or intent deemed to pose a Security threat, including leaving secure access storage facilities open to public access and unauthorized use of building passes will result in immediate removal from your assignment.
- Any form of gambling at work is prohibited.

### **Communication Procedures**

Please keep in mind that TeamPersona is your Employer. With this in mind, you must remember to keep us informed for any of the following reasons:

- **Physical limitation:** Prior to accepting an assignment, please inform TeamPersona of any physical limitation that would prevent you from performing your job function to its fullest extent. **See our Safety Policy on Page 9 for further information.**
- **Injured at the job:** Please report all injuries promptly to your client supervisor and your TeamPersona Representative. **See our Workers Compensation Policy on Page 10 for further information.**
- **Out Due to Illness or Tardy:** If you are going to be late for work or have an emergency or illness that prevents you from going to work, you must call your client supervisor *and* TeamPersona. Failure to call prior to the start of the assignment when you are late or when you cannot go to an assignment may result in disciplinary action up to and including termination.
- **Requesting Time Off:** If you need time off, make the request with your client supervisor. Once approved by your client supervisor you must inform TeamPersona immediately. Please keep in mind that TeamPersona pays for hours worked – any time off will not be paid.
- **Experiencing Work-Related Issues:** If you believe you are experiencing any type of harassment, unlawful discrimination or discrimination prohibited by TeamPersona policy while on assignment, please let us know immediately. We will listen to your situation and handle it appropriately. **See our Non Disclosure and Non Harassment Policy on Page 13-14 for further information.**
- **Personal Contact Information:** If you change your name, telephone number or address, let your TeamPersona Representative know immediately.
- **Offered a full-time position:** If a client offers you a full-time position, remind them that you are employed by TeamPersona. You may certainly accept the offer, but you must discuss it first with your TeamPersona Representative.
- **Completion of Assignment:** Upon completion of the assignment, contact your TeamPersona Representative right away by phone.
- **Changes to Your Assignments:**

#### **Assignment Length**

- Client: If your client supervisor informs you that your assignment is either ending early or being extended please call TeamPersona. We will

- Job Description Change: If you are requested to perform any duties other than the ones described to you when you accepted the assignment, be sure and notify your TeamPersona Representative immediately.

### **Work Performance**

All temporary employees are evaluated during and at the end of an assignment. This information is considered when making future work assignments. Negative evaluations are cause for dismissal from your assignment. Negative client feedback or unprofessional conduct also may adversely affect future assignments or result in dismissal.

### **Badges**

Clients may require you to wear ID badges. You may also be required to wear a TeamPersona badge. Please comply with requests by providing personal information and wearing the badge when required.

### **TEAMPERSONA PAYROLL**

Although you will be doing work for a variety of TeamPersona clients, we are your employer and we process your timesheets and paychecks. All questions or concerns regarding your pay should be directed to your TeamPersona Representative.

### **Timesheet Submittal**

You will be submitting your time worked on a weekly basis to the TeamPersona payroll department. Your TeamPersona Representative will provide you with instructions and access information for the timekeeping system for each assignment. This may change from one assignment to the next, depending upon the TeamPersona client. *Please see "Attachment C - TeamPersona Online Tools Guide for Candidates".*

Timesheets must be entered into the appropriate Online Timekeeping system by you and approved by your supervisor. If your timesheet is a manual timesheet, it must be completed and signed by both you and your supervisor. Manual timesheets are faxed to: **866-881-3737**.

**Timesheets are due every Friday by 5 PM.** If Friday is a holiday, timesheets are due the Thursday before.

- At the end of your work week, you must complete your timesheet for all hours worked.
- All overtime must be approved by the Client and authorized as part of your Assignment Agreement.
- Exempt positions will be paid straight time for all hours worked over 40 in one week (or hours worked over 8 in one day in California).
- It is your responsibility to complete the timecard fully and accurately before submitting it to your supervisor for approval.
- In order to ensure that your paycheck is accurate your time card must be complete and error free.
- If you work on the weekend you will have until midnight Sunday to submit your hours.
- Please retain a copy of the timecard for your records.

**Timesheet errors and corrections must be reported within 7 days of approval, and resubmitted to TeamPersona payroll.**

- If you work on the weekend you will have until midnight Sunday to submit your hours.
- Please retain a copy of the timecard for your records.

**TeamPersona Pay Schedule**

TeamPersona pays twice per month – on the 10<sup>th</sup> and 25<sup>th</sup> of each month, and you are paid as follows:

<b>Paychecks on the 10<sup>th</sup>:</b>	<b>Pay for the hours worked from the 16<sup>th</sup> to the end of the previous month.</b>
<b>Paychecks on the 25<sup>th</sup>:</b>	<b>Pay for the hours worked on the 1<sup>st</sup> to the 15<sup>th</sup> of the same month.</b>

Please keep in mind that your pay is calculated by *calendar days*, and not by the work week. However, **overtime** is calculated based on the number of hours worked in one work week or work day, depending on the laws of the state in which you are working. Therefore, you will be paid for overtime that is worked on the *day and/or week* it was actually worked. TeamPersona will comply with each state’s overtime laws.

If you have questions regarding payroll, please contact our Human Resources Administrator at:

[hr@teampersona.com](mailto:hr@teampersona.com)  
925-932-9500  
866-982-8367

**If pay day falls on a Sunday or Holiday, payday will be the Next Business Day.** Paychecks and/or pay stubs are mailed on payday by 4pm PST. The pay schedule is also located on our website.

Always contact your bank to verify that the funds were deposited to your account. Do this prior to attempting to use the funds, as TeamPersona cannot be responsible for overdrafts on your bank account, or late fees associated with your bills.

Please contact your TeamPersona Representative for assistance if you do not see the funds deposited as expected.

**Payroll Options**

**Direct Deposit**

**Highly Recommended**

Direct Deposit saves time and cost involved in cashing or depositing your paycheck. Your pay is deposited each payday without delay. Your pay is confidentially transferred to your bank account and can be separated between different savings and checking accounts. The danger and inconvenience of lost or stolen checks are eliminated. Please refer to “Attachment B - Direct Deposit Form” to apply.

**Rapid! PayCard**

**Recommended**

Rapid! PayCard is a prepaid MASTERCARD® or Maestro® Card account that *does not require a credit check*. It allows you to collect and spend your pay without hassle or

inconvenience. You can check your balance anytime by calling 1-866-MY RAPID or by visiting [www.rapidpaycard.com](http://www.rapidpaycard.com). (Please refer to “Attachment C – Rapid! PayCard Issuance Authorization Form” to apply).

### Check by Mail

#### Not Recommended

Paychecks will be kept in the office for pick up until 4pm, and then mailed by 4pm on payday to your home address (allow 2 or 3 days for delivery). It is your responsibility to provide TeamPersona with an accurate mailing address.

### **TEAMPERSONA BENEFITS**

TeamPersona understands that our temporary employees are our greatest asset. We are committed to providing you with the most comprehensive benefits possible which also meet each of our temporary Employee’s individual needs. Below you will find details on each of the benefits we offer. Benefits are subject to change at any time. Please check our website for the latest updates!

#### **Health Insurance Options**

You may apply for health benefits immediately upon accepting your first assignment. TeamPersona offers group medical, dental, life, and vision insurance to all of our temporary employees. This is an optional benefit that is offered to you when you start your first assignment with TeamPersona.

This benefit is available to you even between temporary assignments, for up to six weeks. The plan is **available** for individuals and families at extremely affordable rates, and is underwritten by one of the most experienced companies in the group insurance market. *Please refer to “Attachment G – Health Benefit Package” to enroll.*

#### **401(k) Retirement Plan**

We have chosen Paychex 401k Program to assist our employees with retirement savings. They may save from 1% up to 90% of their pay either on a pretax or after-tax (Roth 401K) basis. There are 14 different investment plans to choose from. TeamPersona employees are automatically enrolled at a 3% contribution rate after working 90 consecutive days for TeamPersona. They may opt out or change their contribution status and rate at anytime.

To discuss your enrollment options with a 401k professional call:

Customer Service: 877-244-1771

To access your 401k information online after enrollment, go to:

401k Online Access: <https://benefits.paychex.com>

**TeamPersona employees are automatically enrolled at a 3% contribution rate after working 90 days for TeamPersona.** However, you may change your contribution status and rate at anytime.

#### **Service Bonus**

TeamPersona rewards our employees each year on the anniversary of your assignment with us with a Service Bonus.

*Service Bonus Plan:*

<b>Years of Service</b>	<b>Bonus Amount</b>
One (1)	\$100.00
Two (2)	\$200.00
Three (3)	\$300.00

The following eligibility requirements apply:

- You must be continuously employed by TeamPersona with a break in service of no more than 30 days to qualify for the annual Service Bonus.
- You are eligible for one Service Bonus per year
- You must work full time (40 hours per week) to qualify
- Payment is automatic with no further action from you required!

**Training & Education**

We are interested in your desire to continue your education and strengthen existing work-related skills. Simply meet the minimum eligibility requirements listed below.

In order to be reimbursed for a class, you must meet all of the following requirements:

- Work **500 Hours** on assignment for TeamPersona.
- Receive approval from your TeamPersona Representative before enrolling in the class or course.
- After successfully completing the course, you must provide your diploma, certificate of completion or proof of a grade of “C” or better and all receipts for tuition and books to your Representative.
- Work **120 hours** for TeamPersona after you complete each course.

You will receive a 10% bonus, up to \$500 annually to offset your work-related educational costs. *Please refer to “Attachment D - Training Reimbursement Form” to apply.*

**Commuter Checks**

Save money on your commute cost by purchasing Commuter Checks. These are vouchers purchased via pre-tax payroll deductions, which are redeemable for mass transit passes, tokens and tickets. *Please refer to “Attachment E - Commuter Checks Authorization Form” to apply.*

**BeyondWork**

TeamPersona is a member of BeyondWork, an exciting Employee Discount Shopping Program that offers you substantial discounts on a wide variety of goods and services. You can save money on: Travel, movies (i.e. AMC Theatres), entertainment, restaurants (i.e. Red Lobster), shopping (i.e. Banana Republic)

If you have any further questions please feel free to contact the BeyondWork support staff at 408-392-9780 or via email at: support@beyondwork.com. Enjoy!!!

**Zipcar Membership**

Zipcars for personal use - whether it's a trip to Costco or used as a backup to their normal mode of transportation in emergencies.

## **SAFETY POLICY**

### ***Purpose***

The Occupational Safety and Health Act of 1970, clearly states our common goal of safe and healthful working conditions to be the first consideration in operating business at TeamPersona. Safety and health must be part of every operation.

It is the intent of TeamPersona to comply with all laws. To do this, we must constantly be aware of conditions in all work areas that can produce injuries. No temporary Employee is required to work at a job he/she knows is not safe or healthful. Your cooperation in detecting hazards and, in turn, controlling, reporting them, is a condition of your employment. Inform your client supervisor and TeamPersona representative immediately of any situation beyond your ability or authority to correct.

The personal safety and health of each temporary Employee of TeamPersona is of primary importance. Prevention of occupationally induced injuries and illnesses is of such consequence that it will be given precedence over operating productivity, whenever necessary. TeamPersona's objective is to reduce the number of injuries and illnesses to an absolute minimum. Our goal is zero accidents and injuries.

### ***Code of Safe Practices***

- All persons shall follow these safe practice rules, render every possible aid to safe operations, and report all unsafe conditions or practices to their client supervisor or their TeamPersona Recruiter.
- Project Managers shall insist on employees observing and obeying every rule, regulation, and order as is necessary to the safe conduct of the work, and shall take such action as is necessary to obtain observance.
- Anyone known to be under the influence of drugs or intoxicating substances that impair the employee's ability to adequately perform the assigned duties shall not be allowed on the job while in that condition.
- Horseplay, scuffling, and other acts that tend to have an adverse influence on the safety or well being of the employees shall be prohibited.
- Work shall be well planned and supervised to prevent injuries in the handling of materials and in working together with equipment.
- No one shall knowingly be permitted or required to work while the employee's ability or alertness is so impaired by fatigue, illness, or other causes that it might unnecessarily expose the employee or others to injury.
- Employees shall not enter manholes, underground vaults, chambers, tanks, silos, or other similar places that receive little ventilation, unless it has been determined that is safe to enter.
- Employees shall be instructed to ensure that all guards and other protective devices are in proper places and adjusted, and shall report deficiencies promptly to their supervisor or TeamPersona recruiter.

- Employees shall not handle or tamper with any electrical/computer equipment or machinery in a manner not within the scope of their duties, unless they have received instructions/permission from their foreman.
- All injuries shall be reported promptly to their client supervisor so that arrangements can be made for medical or first aid treatment.
- When lifting heavy objects, the large muscles of the leg instead of the smaller muscles of the back shall be used.
- Inappropriate footwear or shoes with thin or badly worn soles shall not be worn.
- Materials, tools, or other objects shall not be thrown from buildings or structures until proper precautions are taken to protect others from the falling objects.

For more comprehensive look at TeamPersona's Safety Policy, see our website at [www.teampersona.com](http://www.teampersona.com).

### **Fitness for Duty Program**

"Fit for Duty" means the employee is able to perform all required duties of the job in a safe, secure, productive, and effective manner. Employees are responsible for managing their health in a manner that allows them to safely perform their job responsibilities.

Employees must come to work fit for duty and must perform their job responsibilities in a safe, secure, productive, and effective manner during the entire time they are working on an assignment.

Employees are responsible for notifying their supervisors when they are not fit for duty. In the event that an employee is found not fit for duty, TeamPersona will utilize the "Fitness for Duty" Program aimed at assisting the employee to return to "fit for duty" status through Healthcare Provider evaluations and other forms of treatment.

For more information on the "Fitness for Duty" Program, contact your TeamPersona Representative.

### **WORKERS COMPENSATION**

Workers' Compensation is defined by a set of rules determined by each State which outlines benefits to employees who have sustained work-related injuries/illnesses. The laws provide for payment of medical bills for treatment due to such injuries and illnesses and reasonable income benefits for employees who may lose time from work. Employees who are seriously injured on the job may be entitled to additional benefits.

Funds for these benefits are provided by TeamPersona through its workers' compensation claims administrator, as required by law. If you are injured on the job or suffer a work-related disability, certain procedures must be followed to ensure that you receive your benefits quickly. Follow the procedures outlined under "Injuries on the Job".

TeamPersona provides benefits, as required by law, to every employee injured during the course of their employment. However, if we determine that any employee has provided falsified information to TeamPersona, the physician, or to the claims administrator for the purpose of fraudulently obtaining workers' compensation benefits,

we will take the strongest possible action to prosecute that employee to the fullest extent of the law and such employee will no longer be eligible for employment with TeamPersona.

### **Injuries on the Job**

TeamPersona's Responsibilities:

- Report the incident to our claims administrator promptly.
- Require our claims administrator to contact you to ensure that you are receiving proper treatment and benefits.
- Monitor your progress and keep in contact with you.
- Find a new assignment for you as soon as the physician allows and an appropriate position based on your skills, qualifications and experience can be located.

**Should you be injured on the job, follow TeamPersona's system for workplace injuries.**

Your Responsibilities:

- Notify your TeamPersona Representative immediately, by phone or in person.
- Obtain the name of the designated clinic from our HR Administrator. You may jeopardize your benefits if initially treated by any other doctor, depending on your State's rule.
- If the physician indicates you cannot return to your regular job, notify your TeamPersona Representative immediately.
- Contact your Team Representative after each medical appointment to report on your progress.
- Provide a Doctor's Release Form to your TeamPersona Representative prior to returning to work.
- Keep your TeamPersona Representative up-to-date on your status. We make it a policy to get injured employees back to work subject to their current physical capabilities, as soon as the doctor permits it.
- Return to work as soon as your doctor provides the full or partial release to do so. If you fail to return to work (on either partial or full duty as allowed by your doctor) this may be considered a voluntary quit, or No Show No Call and you will be subject to termination.

### **Return to Work Program**

In the event that an injury occurs, TeamPersona is committed to establishing a successful method of returning employees to their work while investigating the causes of all work-related injuries. To ensure all requirements and needs are met, a return to work coordinator has been designated to manage this program.

The Return to Work program has been organized to provide transitional positions within our organization to enable an injured employee to gradually return to their regular working conditions.

For further information on our Return to Work Program, please contact your TeamPersona Representative or visit our website at [www.teampersona.com](http://www.teampersona.com).

### **Unemployment Compensation Insurance**

Unemployment compensation insurance is a temporary financial benefit to employees who have lost their jobs due to no fault of their own. The amount of the benefit is based on past work and earnings. Each State has its own amount, and TeamPersona complies with the State laws.

Funds to cover the cost of unemployment insurance benefits are paid by TeamPersona. Our HR Administrator responds to each State on TeamPersona behalf.

Your Responsibilities:

#### **If your assignment ends early or you decide to voluntarily end your assignment:**

- It is TeamPersona's policy that you must notify your TeamPersona Representative within 48 hours, unless this policy is inconsistent with your State's Unemployment Compensation laws.
- Failure to contact TeamPersona at the end of your assignment or within 48 hours may result in a voluntary quit and/or the loss of unemployment benefits.

#### **Upon separation TeamPersona will:**

- Notify our claims administrator of your reason for leaving, and provide documentation as needed.
- Respond to claim forms and requests for information from each State through our claims administrator.

### **EQUAL EMPLOYMENT OPPORTUNITY**

It is the continuing policy of TeamPersona to afford equal employment opportunity to recruit qualified individuals without regard to race, color, religion, sex, national origin, sexual orientation, marital status, age, disability, veteran status or any other basis protected by law.

This policy encompasses all aspects of the employment relationship, including application and initial employment, job assignment, selection for training opportunities and salary/benefits administration.

Employment decisions will be based on the principles of equal employment opportunity and with the intent to further TeamPersona's commitment to diversity. All applicants may exercise their rights under this policy or federal, state, or local laws at any time.

### **Family and Medical Leave Act**

The federal Family and Medical Leave Act (FMLA) provides an entitlement of up to 12 weeks of unpaid leave during any 12-month period for the following reasons:

- Birth and care of the temporary Employee's child, or placement for adoption or foster care of a child with the temporary Employee;

- Care of an immediate family member (spouse, child, parent) who has a serious health condition; or
- Care of the temporary Employee's own serious health condition.

In order for TeamPersona to determine your eligibility for FMLA leave, you must make a specific request for such leave. The criteria you must meet to qualify for FMLA leave are as follows:

- You must have been employed by TeamPersona for at least twelve (12) months and have worked at least 1,250 hours in the preceding twelve (12) months.
- You must submit appropriate documentation supporting your own serious health condition and the length of such condition (from a physician or practitioner), or documentation supporting your immediate family member's own serious health condition, and the length of such condition (from a physician or practitioner), or documentation supporting the adoption or foster placement of a child.

FMLA leaves are granted for a maximum of twelve (12) weeks in a rolling twelve (12) month period. (In the case of your own or a family member's serious health condition, leaves are granted for the length of disability only.)

If both parents/spouses are employed by TeamPersona and both are requesting FMLA leave in connection with the birth of a child, or placement of a child for adoption or foster care, the allowable duration of the leave may be reduced.

\*TeamPersona will comply with each state's FMLA laws

## **Non-Discrimination & Non-Harassment Policy**

### ***Purpose***

TeamPersona is committed to providing a work environment where:

- Temporary Employees are treated with dignity and respect
- The working environment is free from all forms of discrimination and harassment
- Constructive communication occurs between its temporary Employees so that they contribute the full measure of their talents and skills to the company and its clients.

### ***Policy***

It is the policy of TeamPersona to provide an environment where temporary Employees are treated with dignity and respect. TeamPersona does not condone and will not tolerate any form of discrimination, including harassment or abusive treatment of any temporary Employee on account of his or her sex, race, religion, color, national origin, ancestry, disability, medical condition, marital status, family care or medical leave status, age, veteran status or sexual orientation. All temporary Employees, clients, and vendors are expected to abide by this policy.

**Harassment:** Harassment is a form of misconduct that demeans another person and unreasonably interferes with a person's work performance and or/creates an environment that is intimidating, hostile or offensive to an individual based upon his or her sex, race, religion, color, national origin, ancestry, physical or mental disability,

medical condition, marital status, family care or medical leave status, age, veteran status or sexual orientation. Harassment may be verbal, physical, visual or sexual and includes, but is not limited to, derogatory comments, jokes, posters, abusive language, physical assault and/or unwelcome sexual advances which create hostile or offensive working environment.

**Sexual Harassment:** Sexual harassment refers to conduct or behavior of a sexual nature that is unwelcome and personally offensive to its recipient. Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitute "sexual harassment" when:

1. Submission to such conduct is made explicitly or implicitly a condition of an individual's employment; or
2. Rejection of such conduct is used as a basis for an employment decision affecting the individual; or
3. The harassment has the purpose or effect of unreasonably interfering with the individual's work performance or creating an environment that is unreasonably intimidating, hostile or offensive to a temporary Employee, client or vendor.

For example, unwanted physical contact, foul language, sexually oriented propositions, jokes or remarks, obscene gestures or the display of sexually explicit pictures, cartoons or other materials may be considered offensive to another and thus should not occur.

### ***Reporting Procedures***

Temporary Employees who believe they have been subjected to conduct in violation of TeamPersona's Non-Discrimination and Non-Harassment Policy should promptly report the matter to:

TeamPersona Human Resources Administrator  
Local: 925-932-9500 Toll-Free Phone: 866-982-8367  
Email: HR@TeamPersona.com

Using our reporting procedures does not prohibit temporary Employees from filing a complaint with the Federal Agency listed below.

The US Equal Employment Opportunity Commission (EEOC): 800-669-3362

This toll free number will put you in contact with your local EEOC office.

TeamPersona will not discriminate or retaliate against any temporary Employee for reporting what he/she believes is conduct in violation of this policy. Any reported incident of discrimination or harassment will be investigated. TeamPersona will endeavor to protect the privacy and confidentiality of all parties involved. If TeamPersona determines that harassment, unlawful discrimination or retaliation has occurred, we will take appropriate corrective action, which may result in disciplinary action up to and including termination of employment.

## **Substance Abuse Policy**

This policy is to ensure that TeamPersona employs a work force which is free from the adverse effects of alcoholic beverages, illegal drugs or legal drugs obtained illegally or taken for the purpose of abuse.

The following activities are prohibited under the policy and will result in disciplinary action up to and including termination:

- The use, abuse, purchase, possession or concealment of illegal drugs while on TeamPersona's or the client's premises or while performing an assignment.
- Any sale or distribution of illegal drugs.
- The unauthorized use of alcoholic beverages or the possession of an open container containing alcoholic beverages while on TeamPersona's or client's premises while performing an assignment.
- Work impairment due to the use of illegal drugs or legal drugs or an impermissible level of illegal drugs or legal drugs in the system while performing an assignment.
- The abuse of medications prescribed by a physician and over-the-counter medication to the extent that job performance or fitness for duty is adversely affected. Employees are required to notify their supervisor when taking any medication that interferes with their ability to perform the essential job functions of a particular assignment prior to or during an assignment at a client's facility.
- Involvement with illegal drugs or alcohol which has or may have an adverse impact on the client, where for example it has or may have an effect on any employee's ability to perform his/her duties, may endanger the safety of fellow employees or the public, or may damage the client's or TeamPersona's property, may damage the client's or TeamPersona's reputation for providing safe and dependable work, or may undermine the public's or government's confidence in TeamPersona or the client.
- Types of testing that may be requested include the following:
  - Pre-assignment
  - Return to Work
  - Post Accident
  - Random and Reasonable Suspicion [For Cause]
  - Where permissible by law, Post Accident drug testing is mandatory and refusal to comply will result in termination
- Should the client request a drug test for an assignment and the results of a drug and/or alcohol test are positive, the employee should discuss the following options with the appropriate TeamPersona Representative.
  - The right to request a copy of TeamPersona's "Release and Consent for Drug Testing" form signed by the employee.
  - The right to request a copy of his/her drug and/or alcohol test results.
  - The right to request an immediate re-test of the employee's original sample at the employee's expense (or as otherwise required by state law) and at a facility designated by TeamPersona.
  - If the re-test results are positive, the employee's employment with TeamPersona will be terminated.

- If the re-test results are negative, the employee will be eligible for assignment with TeamPersona.
- Failure to pass a drug test prohibits an employee from employment at TeamPersona for a period of (1) year.
- Reinstatement to TeamPersona employment may only be accomplished providing the employee has a negative result on a drug test at the end of the one (1) year waiting period.
- The test is to be completed at the employee's expense and at a facility designated by TeamPersona (or as otherwise allowed by state law).

### **Americans with Disabilities Act**

To comply with applicable laws ensuring equal employment opportunities to qualified individuals with disabilities, TeamPersona will provide reasonable accommodation to individuals with a known physical or mental disability if such accommodation would not impose an undue hardship on TeamPersona, and would enable the individual to apply for, or perform the functions of, the position in question.

- Any applicant or employee who requires an accommodation in order to perform the essential functions of the job should contact their TeamPersona Representative and request such an accommodation.
- The individual with disability should specify in writing what accommodation he or she needs to perform the job.
- If the accommodation is reasonable and will not impose an undue hardship, TeamPersona will make the accommodation.
- TeamPersona may also propose an alternative accommodation(s).

### **CONFIDENTIALITY**

Prior to starting your temporary assignment, you will need to review and comply with the Non-Compete & Confidentiality Agreement included in this handbook.

Please acknowledge that client confidentiality should be treated with the highest priority.

### **Non-Compete and Confidentiality Agreement**

1. Temporary Employee understands that TeamPersona has contractual arrangements with Clients whereby we will provide them with Temporary Employee's assistance, know-how, expertise, and experience. Temporary Employee specifically understands that TeamPersona's sole source of revenue derives from such arrangements with its Clients, and that we provides research and recommendations on Temporary Employees, and that TeamPersona would be significantly harmed if its Temporary Employees contracted with our Clients for employment or other services, through another agency, or otherwise.
2. During the term of your employment with our Client, Temporary Employee understands and agrees that they will not enter into an employment relationship with our Client through another agency, its subsidiaries, parents, agents, and employees, nor shall Temporary Employee provide any services directly to our Client, its subsidiaries, parents, agents and employees without TeamPersona's written consent otherwise.

3. Temporary Employee further understands and agrees that they shall not provide similar services or expertise to our Client, its subsidiaries, parents, agents and employees through any other company, organization or agency that engages in the same or substantially similar business activities as TeamPersona.
4. Temporary Employee understands and agrees that the terms "Client" and "Clients" specifically include all customers of Client for whom Temporary Employee has been assigned to perform services through TeamPersona's relationship with Client, or to whom Temporary Employee has been introduced by way of employment with TeamPersona.
5. Furthermore, if any action or proceeding is instituted by or on behalf of TeamPersona to enforce any term in paragraphs 1 and 2 , Temporary Employee hereby waives any claim or defense thereto that TeamPersona has an adequate remedy at law or that the other has not been, or is not being, irreparably injured by the other's breach or default. The rights and remedies of the non-breaching party pursuant to this paragraph are cumulative, in addition to, and shall not be deemed to exclude any other right or remedy which the non-breaching party may have pursuant to this Agreement or otherwise, in law or in equity. Nothing herein shall be construed as preventing TeamPersona from securing a restraining order, or other form of restraint to prevent the disclosure of confidential information, trade secrets, and/or other proprietary information.
6. If Temporary Employee becomes aware, during the course of performing work for TeamPersona and its clients, of the potential opportunity for TeamPersona to provide additional personnel to any of its clients, Temporary Employee shall notify TeamPersona orally, at the earliest possible time, relating all pertinent information of which Temporary Employee is aware. Temporary Employee shall disclose such information to TeamPersona promptly and shall not disclose any such information to any other person.



## APPLICATION FOR EMPLOYMENT

Today's Date: \_\_\_\_\_

TeamPersona is an equal opportunity employer. TeamPersona does not discriminate in recruitment, hiring or terms or conditions of employment on the basis of race, sex, color, national origin, sexual orientation, religion, age, disability, medical condition as defined under state law or any other basis prohibited by applicable federal, state or local law. Persona also provides reasonable accommodations to disabled individuals to assist in the hiring process and to qualified individuals with disabilities in the performance of essential job functions, as required by federal, state or local law.

### PERSONAL BACKGROUND

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Last                      First                      Middle

Home Address: \_\_\_\_\_

Street    City    State                      Zip

Mailing Address (if different): \_\_\_\_\_

Street    City    State                      Zip

Email Address: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

In Case of Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How did you hear about us? (i.e., Hot Jobs, Craigslist, Monster, Referral, Other) \_\_\_\_\_

Desired Position: \_\_\_\_\_ Date Available: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Name of Current Employer: \_\_\_\_\_

Ever applied to this company before? \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

Are you willing to work overtime? (Please list any time restrictions) \_\_\_\_\_

U.S. Military Service: \_\_\_\_\_ Rank: \_\_\_\_\_

Are you able, at the time of employment, to submit verification of your legal right to work in the U.S.? Verification and completion of I-9 form must be submitted no later than 3 business days after date of hire.

Have you ever been convicted of a felony or a crime? (If so, please describe fully the conviction, listing nature of the offense and your rehabilitation since the conviction. A record will not necessarily be a bar to employment.) \_\_\_\_\_

Work History/Skills/Education: PLEASE PROVIDE YOUR CURRENT RESUME \_\_\_\_\_

### EMPLOYMENT REFERENCES

#	NAME	RELATIONSHIP/TITLE	COMPANY	PHONE/CITY/STATE
1				
2				
3				
4				

## Applicant's Statement

In signing TeamPersona's employee handbook or other contract of employment, I certify that all of the information specified is a complete and accurate statement of the facts and understand that if any misrepresentation, omission or falsification be discovered, it will constitute grounds for immediate dismissal. I hereby authorize you to conduct any investigation necessary concerning any part of my background, included but not limited to criminal history, credit check, or drug screening, as a condition of employment. I release all parties from any liability in connection with the provision and use of such information, including sharing of results with TeamPersona client.

I expressly agree and understand that, if employed; my employment is based upon mutual consent and may be terminated at WILL, with or without cause, by either party without prior notice to the other. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I further understand and agree that, if hired, upon termination of my employment, I will promptly return all property in my custody belonging to the employer, including, but not limited to office keys, company or building badges, key cards, manual, and equipment.

I understand and agree that, if employed by this organization; I will abide by both TeamPersona and its clients rules and regulations which I understand are subject to change. I further understand that, if hired, my employment is for no definite period of time and may be terminated by either party at any time. I authorize TeamPersona to mail my final paycheck.

I understand and accept TeamPersona's employee pay delivery process. I understand that if I choose to receive my check by mail that my check will be mailed on the designated paydays and that I will receive my check after said designated paydays.

Lastly, I have received a copy of the TeamPersona Employee Handbook. I understand it is my responsibility to read it thoroughly and ask questions or obtain any clarification I may need from my TeamPersona representative. I further understand that non-compliance with this Employee Handbook may result in disciplinary action up to and including termination of employment from my assignment.

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

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

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

Please initial your acceptance and agreement to comply with the following Policies and Agreements:

Policy/Agreement	Initials
Safety Policy	
Non-Discrimination & Non-Harassment Policy	
Non-Compete & Confidentiality Agreement	

# Form W-4 (2009)

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

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

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

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

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

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

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or

dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

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

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

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

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

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

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b></p>	OMB No. 1545-0074  <span style="font-size: 2em; font-weight: bold;">2009</span>
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____ 6 \$ _____
7 I claim exemption from withholding for 2009, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶		7 _____
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)

### Deductions and Adjustments Worksheet

**Note.** Use this worksheet *only* if you plan to itemize deductions, claim certain credits, adjustments to income, or an additional standard deduction

**1** Enter an estimate of your 2009 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2009, you may have to reduce your itemized deductions if your income is over \$166,800 (\$83,400 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) . . . **1** \$ \_\_\_\_\_

**2** Enter:  $\left\{ \begin{array}{l} \$11,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$ 8,350 \text{ if head of household} \\ \$ 5,700 \text{ if single or married filing separately} \end{array} \right\}$  . . . . . **2** \$ \_\_\_\_\_

**3** **Subtract** line 2 from line 1. If zero or less, enter “-0-” . . . . . **3** \$ \_\_\_\_\_

**4** Enter an estimate of your 2009 adjustments to income and any additional standard deduction. (Pub. 919) . . . . . **4** \$ \_\_\_\_\_

**5** **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919.) . . . . . **5** \$ \_\_\_\_\_

**6** Enter an estimate of your 2009 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 \$3,500 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 \$50,000 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 4–9 below to calculate 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 2009. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2008. 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**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$4,500	0	\$0 - \$6,000	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
4,501 - 9,000	1	6,001 - 12,000	1	65,001 - 120,000	910	35,001 - 90,000	910
9,001 - 18,000	2	12,001 - 19,000	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
18,001 - 22,000	3	19,001 - 26,000	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 26,000	4	26,001 - 35,000	4	330,001 and over	1,280	370,001 and over	1,280
26,001 - 32,000	5	35,001 - 50,000	5				
32,001 - 38,000	6	50,001 - 65,000	6				
38,001 - 46,000	7	65,001 - 80,000	7				
46,001 - 55,000	8	80,001 - 90,000	8				
55,001 - 60,000	9	90,001 - 120,000	9				
60,001 - 65,000	10	120,001 and over	10				
65,001 - 75,000	11						
75,001 - 95,000	12						
95,001 - 105,000	13						
105,001 - 120,000	14						
120,001 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. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. 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 also 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 using it 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.

**Form I-9, Employment Eligibility Verification**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

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

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

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

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

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

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) \_\_\_\_\_
- An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date (month/day/year)
----------------------	-----------------------

**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

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

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

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

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

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

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

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
-----------------------------	--

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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 (month/day/year)

## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

### LIST A

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

### LIST B

**Documents that Establish  
Identity**

### LIST C

**Documents that Establish  
Employment Authorization**

OR

AND

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

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



Direct Deposit Form

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

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I would like my wages deposited to the following financial institution(s) account(s):

\_\_\_ Checking/Money Market  
(Please attach voided check)

\_\_\_ Savings  
(Please attach Bank Letter or Specification Sheet)

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

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

I wish to deposit (Please mark one)

I wish to deposit (Please mark one)

\_\_\_ Entire Pay

\_\_\_ Entire Pay

\_\_\_ Specific Dollar Amount \$

\_\_\_ Specific Dollar Amount \$

Electronic Pay Stubs

TeamPersona now offers the ability to access your pay stubs online. By California State Law you have the right to opt-out of this benefit. Please initial the appropriate statement below.

\_\_\_\_\_ I authorize TeamPersona to electronically generate my paystubs for my records

\_\_\_\_\_ I would like to opt-out of the Electronic Paystub Service at this time, and request that all paystubs be kept in paper form to be mailed to the address on record with TeamPersona.

I \_\_\_\_\_ hereby authorize TeamPersona (Persona) to deposit any amounts owed me by initiating credit entries to my account at the financial institution(s) indicated above. Further, I authorize the financial institution(s) to accept and credit any credit entries indicated by Persona to my account. In the event that Persona deposits funds erroneously into my account, I authorize Persona to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Persona and the financial institution(s) have received notice from me of its termination in such time and in such manner as to afford Persona and the financial institution(s) a reasonable opportunity to act on it.

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

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

**DIRECT DEPOSIT and rapid! PAYCARD ISSUANCE AUTHORIZATION FORM**  
FORMATO DE AUTORIZACION PARA EL DEPOSITO DIRECTO Y LA EMISION DE LA TARJETA rapid! PAYCARD

I hereby authorize Team Persona to assign a rapid! PAYCARD and initiate credit entries and any correcting entries to my assigned rapid! PAYCARD account:

Your prepaid MasterCard card account and associated direct deposit account number cannot be used for direct debits. All pre-authorized direct debits will be declined and your payment to the biller will not be processed. The bank routing number and account number is for the exclusive purpose of initiating direct deposits to your prepaid account only.

Autorizo a Team Persona emitir la tarjeta rapid! PAYCARD e iniciar todo crédito y entrada correspondiente a la cuenta asignada de la tarjeta rapid! PAYCARD:

La cuenta de su tarjeta prepago MasterCard y el número de cuenta asociada al depósito directo no podrán ser utilizados para débitos directos. Todo débito directo pre autorizado será rechazado y el pago al proveedor no será procesado. Tanto el número de enrutamiento del banco como el número de cuenta sólo tendrán el propósito de iniciar los depósitos directos a su cuenta prepago.

Rapid! PAYCARD  
Prepaid MasterCard® Card



Rapid! PAYCARD  
Maestro® Card



Description / Descripción		
<input checked="" type="checkbox"/> Direct Deposit Depósito Directo	Type of Account: Tipo de Cuenta:	<input checked="" type="checkbox"/> rapid! Paycard (checking) rapid! Paycard (cuenta corriente)
Financial Institution Name: Nombre de la Institución Financiera	Capital City Bank	
Account No.: Número de Cuenta:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Net Pay Pago neto
To Be Assigned by Rapid! Financial Services, LLC and entered by Team Persona. Asignado por Rapid! Financial Services, LLC e ingresado por Team Persona.		
Routing Number: <b>063-115-194</b>		
		Or o <input type="checkbox"/> \$ _____

This authorization is to remain in effect until Team Persona has received written notification from me of its termination, in such time and in such manner as to afford Team Persona and Bank/Depository a reasonable opportunity to act on it.

Esta autorización quedará vigente hasta que Team Persona haya recibido una notificación por escrito de mi parte indicando su cancelación, en tal tiempo y de modo que Team Persona y el Banco/Depositorio tengan una oportunidad razonable para tomar acción.

Please Print Clearly / Favor de Llenar Claramente			
First Name/Nombre	MI/Inicial Segundo Nombre	Last Name/Apellido	
Address/Dirección		Apartment #/№ de apartamento	
City/Ciudad	State/Estado	Zip Code/Código Postal	County/Condado
Home Phone/Teléfono Residencia	Work Phone/Teléfono Trabajo		
Date of Birth/Fecha de Nacimiento	Social Security Number/№ de Seguro Social		
Employer/Empleado			
Signature/Firma			Date/Fecha

Note: Incomplete or unacceptable information will delay the start of your direct deposit(s).  
Nota: Información incompleta o inaceptable podría ocasionar la demora para iniciar su depósito directo.

PLEASE FAX FORM COMPLETED TO \_\_\_\_\_  
POR FAVOR, FAXEAR EL FORMATO COMPLETO A \_\_\_\_\_

The rapid! PAYCARD Prepaid MasterCard Card and rapid! PAYCARD Maestro Card are issued by BankFirst.  
Las tarjetas rapid! PAYCARD MasterCard Prepago y rapid! PAYCARD Maestro son emitidas por BankFirst.





## Get the flexibility and security of direct deposit, even without a bank account.

### The Easy Way to Manage Your Money.

The rapid! PAYCARD can help you control and spend your money. Because it is prepaid, you spend only what you have; no credit check required. The rapid! PAYCARD is not a credit card; it is a prepaid card.

Having your paycheck deposited directly to your rapid! PAYCARD account is a great way for you to control your money. By using the form on the reverse side you can enroll in the Team Persona direct deposit program with the rapid! PAYCARD and begin experiencing the following benefits:

- SAVE MONEY --- 50% less expensive than many check cashing charges
- Access to payroll as early as 9:00 a.m. on payday
- ATM access
- Increased safety and security by not carrying large amounts of cash
- No credit or background check
- Your private account will not be reported to credit bureaus
- No cost to enroll for direct deposit
- Safe, secure online purchases
- The power and convenience of a prepaid MasterCard card
- Purchase long distance; prepaid wireless, overdraft privileges and share money with a simple call to customer service

### Rapid! PAYCARD Employee Check Cashing Savings

Paychecks In A Year ..... 52  
Check Amount ..... \$350.00

Check Cashing Fees		Potential Savings	
A fee of \$5 equals a Yearly cost of: \$260.00	VS	The rapid! PAYCARD Typical Yearly Cost: \$125.40	= \$134.60
A fee of 3% equals a Yearly cost of: \$546.00	VS	The rapid! PAYCARD Typical Yearly Cost: \$125.40	= \$420.60

### The rapid! PAYCARD typical cost is the following:

Monthly Activity	Use in Month	Cost	Rapid! PAYCARD Total cost
Payroll Direct Deposit	4	\$0.50	\$2.00
Point of Sale	10	\$0.25	\$2.50
MasterCard Transactions	20	\$ -	\$ -
ATM Withdrawal	1	\$2.00	\$2.00
Bill Pay	1	\$1.00	\$1.00
Balance Inquiry Calls to Customer Service	15	\$ -	\$ -
Monthly Fee	1	\$2.95	\$2.95
Total Monthly Cost			\$10.45
Total Yearly Cost			\$125.4

### Get Started.

When you sign up, upon successful approval, you'll receive a prepaid MasterCard® card that can be instantly activated by calling 1-866-MY-RAPID. You should receive your prepaid MasterCard card within 7 to 14 days upon approval.



The rapid! PAYCARD. Another benefit brought to you by Team Persona.

## Obtenga la flexibilidad y seguridad del depósito directo, aún sin tener una cuenta de banco.

### Una Manera Fácil de Administrar Su Dinero.

La tarjeta rapid! PAYCARD puede ayudarle a controlar y gastar su dinero. Y porque es prepago, usted sólo gasta lo que usted tiene, no se requiere de un estudio de crédito. La tarjeta rapid! PAYCARD no es una tarjeta de crédito; es prepago.

Teniendo su cheque depositado directamente a la cuenta de su tarjeta rapid! PAYCARD, es una gran manera de controlar su dinero. Utilizando el formato al reverso usted podrá inscribirse en el programa del depósito directo de Team Persona a su tarjeta rapid! PAYCARD y empezará a experimentar los siguientes beneficios:

- AHORRAR DINERO --- 50% más económico que muchos de los cargos por el canje de cheque s
- Acceso a su paga el mismo día de pago tan temprano como las 9:00 a.m.
- Acceso a Cajeros Automáticos
- Aumentar su seguridad al no cargar grandes montos de dinero
- No se necesita un estudio de crédito
- Su cuenta privada no será reportada a centros de crédito
- La inscripción al depósito directo es totalmente gratis
- Seguridad en compras por Internet
- El poder y conveniencia de la tarjeta prepago MasterCard
- Adquiera minutos de larga distancia; minutos prepago, privilegios de sobregiros y comparta su dinero con una simple llamada al Servicio al Cliente

### Ahorro del Canje de Cheques para el Empleado con tarjeta rapid! PAYCARD

Cheques de pago en un Año ..... 52  
Monto del Cheque ..... \$350.00

Tarifas por Canje de Cheques		Su Potencial Ahorro	
Tarifa de \$5 equivale a costo por año: \$260.00	VS	Costo Anual Aproximado con rapid! PAYCARD: \$125.40	= \$134.60
Tarifa de 3% equivale a costo por año: \$546.00	VS	Costo Anual Aproximado con rapid! PAYCARD: \$125.40	= \$420.60

### El costo con la tarjeta rapid! PAYCARD es el siguiente:

Actividad Mensual	Uso al mes	Costo	Rapid! PAYCARD Costo Total
Depósito Directo del Sueldo	4	\$0.50	\$2.00
Punto de Venta	10	\$0.25	\$2.50
Transacciones MasterCard	20	\$ -	\$ -
Retiro de Cajero Automático	1	\$2.00	\$2.00
Pago de Recibos	1	\$1.00	\$1.00
Llamadas al Servicio al Cliente para Verificación de Saldo	15	\$ -	\$ -
Cargo fijo mensual	1	\$2.95	\$2.95
Costo Total al Mes			\$10.45
Costo Total al Año			\$125.4

### Empiece ahora.

Al inscribirse, luego de ser aprobado, usted recibirá una tarjeta prepago MasterCard® la cual podrá ser activada instantáneamente llamando al 1-866-MY-RAPID. Usted recibirá su tarjeta prepago MasterCard dentro de los 7 y 14 días una vez aprobado.



La tarjeta rapid! PAYCARD. Otro beneficio que le brinda Team Persona.



**Education Reimbursement Form**

**Eligibility Requirement:** Available after 500 Hours of Service to TeamPersona. Please review all other eligibility requirements listed in the Employee Handbook. Only courses taken after the eligibility requirements are met will qualify for reimbursement.

**EMPLOYEE INFORMATION**

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

Date of Hire: \_\_\_\_\_ Client: \_\_\_\_\_

**COURSE INFORMATION**

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

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

Where Attended: \_\_\_\_\_

Course Date(s): \_\_\_\_\_

Grade Received: \_\_\_\_\_

*Please attach a copy of your report card.*

Course Cost: \_\_\_\_\_

*Please attach a copy of your payment receipt.*

10% Reimbursement Amount: \_\_\_\_\_

Annual maximum reimbursement of \$500.

Paid By:       Check       Cash       Credit Card \_\_\_\_\_

I certify that the above information is true and correct to the best of my knowledge. I authorize my employer, TeamPersona, to independently verify the information contained herein.

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

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

-----  
**FOR OFFICE USE ONLY**

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Check #: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Amount Paid: \_\_\_\_\_



Commuter Checks Authorization Form

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I hereby authorize my employer, TeamPersona, to deduct \$\_\_\_\_\_ from my monthly wages on a pre-tax basis, not to exceed \$230 per month to be used for the purchase of Commuter Checks consistent with provisions of Section 132 (f) of the Internal Revenue Code.

I will be using the benefit for commuting from home to work and return. **I will not give, barter, exchange, convey or otherwise transfer this benefit to any other person.** The monthly benefit that I receive does not exceed my average monthly commuting cost for public transportation or eligible vanpool.

I understand and agree that false certification may result in disciplinary action taken by my employer up to and including dismissal from employment and possible prosecution for Federal income tax evasion.

Signed: \_\_\_\_\_

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

---

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

Total Amount to be deducted: \_\_\_\_\_

Denominations to be ordered: \$ 20 \_\_\_\_\_

\$ 25 \_\_\_\_\_

\$ 30 \_\_\_\_\_

\$ 35 \_\_\_\_\_

**APPLICANT DATA RECORD**

Applicants and Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap/disability, or any other legally protected status.

We comply with government regulations, including affirmative action responsibilities where they apply.

Solely to help us comply with governmental record keeping, reporting and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment. YOUR COOPERATION IS VOLUNTARY.

PLEASE PRINT

Date \_\_\_\_\_

Position Applied For \_\_\_\_\_

Name \_\_\_\_\_ (\_\_\_\_\_) Phone \_\_\_\_\_  
Last First Middle Area CodeAddress \_\_\_\_\_  
Number Street City State Zip Code

Referral Source:

- Advertisement                       Friend                       Relative  
 Employment Agency               Walk In                       Other \_\_\_\_\_

***CONFIDENTIAL INFORMATION  
VOLUNTARY SURVEY***

Various government agencies request statistical information regarding our hiring practices. Your cooperation in completing this form is completely voluntary. Any information gathered is strictly confidential and will not subject you to coercion or intimidation relating to your status. Failure to provide this information will not adversely affect your application. Thank you for your cooperation.

Check One:

- Male                                       Female

Check One:

- Hispanic or Latino                       Not Hispanic or Latino

If not Hispanic or Latino check one of the following Race/Ethnic Groups:

- White                                       Black or African American  
 Native American Indian/Alaskan Native       Native Hawaiian or Other Pacific Islander  
 Asian                                       Two or more Races

# Health Insurance and Benefit Packet

---

- You **Must** Complete the Back of this Page for New Hire Process
  - You **Must** Elect or Decline Coverage, Back of Page
  - Tear off this Page and Return to Branch Manager
  - Keep the rest of the Packet for your Records and Plan Information
- 

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF INSURANCE FRAUD AND WILL BE PROSECUTED.



**Complete the back of this Page to Elect or Decline Coverage**

The Essential StaffCARE Medical/Rx, Dental and Vision Plans are underwritten by BCS Insurance Company, Oakbrook Terrace, Illinois, under Policy Series Numbers 24 220, 26 212, and 26 213. The Term Life, and Accidental Death and Dismemberment Plans are underwritten by BCS Life Insurance Company, Oakbrook Terrace, Illinois under Policy Series Number 62 200.

**EMPLOYEE INFORMATION (MUST BE FILLED OUT)**

225300-TEA

USE BLACK or BLUE INK ONLY

Social Security Number -- Date of Birth / /  Sex  M  F

Name  Home Phone --

Street Address  City  State  Zip

I have read the benefit packet and understand its limitations. I understand that open enrollment is only available for a limited time and I understand that making no medical selection is a declination of coverage.

Signature  Date / /

**MEDICAL BENEFIT SELECTION - 10k**

Semi-Monthly Rates

- \$46.20 Employee Only
- \$93.73 Employee Plus One
- \$125.19 Employee Plus Family

For AD&D and Term Life please write in your Beneficiary information.

LIFE INSURANCE BENEFICIARY

RELATIONSHIP

No to all benefits. If checked, stop! Go no further.

AD&D is part of the Term Life Benefits

- You **MUST** enroll in the Medical Insurance Plan before adding Dental, Vision, or Term Life.
- Your coverage level for Dental, Vision and Term Life will be identical to your medical plan selection.
- For questions regarding benefits, please call Essential StaffCARE Customer Service at 1-866-798-0803.

**DENTAL SELECTION**

Semi-Monthly Rates

- Yes \$11.33 Employee Only
- Yes \$22.66 Employee Plus One
- No \$37.40 Employee Plus Family

**VISION SELECTION**

Semi-Monthly Rates

- Yes \$5.09 Employee Only
- Yes \$8.67 Employee Plus One
- No \$12.22 Employee Plus Family

**TERM LIFE SELECTION**

Semi-Monthly Rates

- Yes \$1.30 Employee Only
- Yes \$1.95 Employee Plus One
- No \$3.90 Employee Plus Family

**Dependent Information**

Name  Date of Birth / /

Relationship  Sex  M  F Social Security Number --

Name  Date of Birth / /

Relationship  Sex  M  F Social Security Number --

Name  Date of Birth / /

Relationship  Sex  M  F Social Security Number --

**Medical/Rx Benefits**

Annual Maximum Benefit (per person, all expenses)	<b>\$10,000</b>
Annual Outpatient Limit	<b>\$1,500</b>
Annual Maximum on Other Hospital Services	\$1,500
Co-insurance (in-network or out-of-network)	80%
Doctor's Office Visits (deductible does not apply)	100% of bill after a \$15 co-pay (subject to Outpatient Limit)

**Beech Street Network [www.beechstreet.com](http://www.beechstreet.com)**

Individual Annual Deductible	\$200
Family Annual Deductible	\$500
Daily Room & Board Maximum	\$400
Daily ICU Room & Board	\$800

**Prescription Drug Benefits**

\$50 per Month (no carryover)  
 \$10 co-pay Generic  
 \$30 co-pay Branded

**Caremark Network [www.caremark.com](http://www.caremark.com)**

**Semi-Monthly Rates**

Employee Only	Employee Plus One	Employee Plus Family
<b>\$46.20</b>	<b>\$93.73</b>	<b>\$125.19</b>

**Dental Benefits**

Annual Maximum Benefit **\$750**

**DenteMax Network [www.dentemax.com](http://www.dentemax.com)**

Deductible **\$50**

	<i>Waiting Period</i>	<i>Co-insurance</i>	
Coverage A	None	80%	Exams, Intraoral Films and Bitewings
Coverage B	3 months	60%	Fillings, Oral Surgery, and Repairs for Crowns, Bridges and Dentures
Coverage C	12 months	50%	Periodontics, Crowns, Bridges, Endodontics and Dentures

**Semi-Monthly Rates**

Employee Only	Employee Plus One	Employee Plus Family
<b>\$11.33</b>	<b>\$22.66</b>	<b>\$37.40</b>

**Vision Benefits**

**Cole Managed Network [www.colemanagedvision.com](http://www.colemanagedvision.com)**

	<i>Frequency</i>	<i>Co-insurance</i>	<i>Deductible</i>	<i>Maximum Benefit</i>
Eye Examination for Glasses	1 visit per 12 months	80%	\$5 per visit	\$25
Choice A: Eye Glasses				
Lenses	2 lenses per 12 months	75%	\$15 per purchase	\$35-\$75
Frames	1 pair per 12 months	75%	\$15 per purchase	\$25
Choice B: Contact Lenses	2 lenses per 12 months	75%	\$15 per purchase	\$95
Choice C: Disposable Lenses	Up to a 12 month supply per 12 months	75%	\$15 per purchase	\$75

**Semi-Monthly Rates**

Employee Only	Employee Plus One	Employee Plus Family
<b>\$5.09</b>	<b>\$8.67</b>	<b>\$12.22</b>

**Term Life Benefits**

Employee Amount	\$10,000/Reduces to \$7,500 at 65, \$5,000 at age 70
Spouse Amount	\$ 5,000/Terminates at age 70
Child Amount (6 months to 24 years old)	\$ 5,000
Infant Amount (15 days to 6 months)	\$ 1,000

**Accidental Death and Dismemberment Benefit (part of the Term Life Benefits)**

Employee Amount	\$10,000/Reduces to \$7,500 at 65, \$5,000 at age 70
Spouse Amount	\$ 5,000/Reduces to \$3,750 at 65, \$2,500 at age 70
Child Amount (6 months to 24 years old)	\$ 5,000
Infant Amount (15 days to 6 months)	\$ 1,000

**Semi-Monthly Rates**

Employee Only	Employee Plus One	Employee Plus Family
<b>\$1.30</b>	<b>\$1.95</b>	<b>\$3.90</b>

To receive additional information, obtain answers to your questions, or to enroll in this plan, call 1-866-798-0803.

To ACCESS DOCTORS or VERIFY COVERAGE before receiving your ID card, supply your provider with the following information:

- Your Name
- ESC Customer Service number: 1-866-798-0803
- Member ID# (your Social Security Number)
- Claims mailing address –

PAI, P.O. Box 6702 Columbia, SC 29260

Your Doctor may call Essential StaffCARE at 1-866-798-0803 to receive information on your benefits, deductibles and benefit maximums.

### 24-Hour Nurse Advisor 1-866-645-0309

When a member selects medical coverage through Essential StaffCARE, it includes access to a 24-hour Nurse Advisor call line. When a member or dependent is sick, hurt or in need of medical advice, the answer may be as close and convenient as the phone. The 24-hour Nurse Advisor is a voluntary service that eligible Essential StaffCARE members can call at anytime, 24 hours a day, 7 days a week. A registered nurse will assess the member's symptoms and help them make good healthcare decisions.

### Important Information

This is a limited benefit medical insurance plan, renewable at the option of the insurer. This is not major medical insurance. Please read this benefit packet in its entirety. You will receive your Health Insurance ID card in the mail along with your Summary Plan Description (SPD) at your home address. This plan is only available as an employer sponsored benefit. It cannot be purchased as an individual policy. All members may receive additional deductions and additional weeks of coverage from their date of cancellation. Coverage begins the Monday following your first premium deduction. To avoid a break in coverage you may make direct payments to PAI. After six consecutive weeks without a payroll deduction or direct premium payment, employees will receive COBRA information. If you are age 65 or older or if you or your dependents are eligible for Medicare and you are enrolled in the Essential StaffCARE employee benefits program, you need to obtain an important notice regarding Medicare-part D Prescription Drug Coverage. For the Medicare-part D notice, contact your Human Resource Department.

### How To Make Changes & Cancel Coverage by Telephone

After your initial enrollment form has been submitted, you may make changes or cancel coverage by telephone. Changes can be made within 30 days after completing your enrollment form. If you do not have an assignment during the first 30 days, you can make changes to your coverage within 30 days from the pay check date of your first assignment. You will be prompted to enter your PIN CODE plus the last four digits of your social security number.

Call 1-800-269-7783 (toll free) to make changes or cancel coverage by telephone. You may cancel or reduce coverage at any time unless your deductions are pre-tax. Remember, it will take up to two or three weeks for the changes or cancellation to be reflected on your paycheck. Coverage will continue as long as you have a paycheck deduction.

**PIN CODE : 142 \_ \_ \_ \_**

Last four digits of your social security number.

### Limited Benefit Medical Plan

This benefit packet is intended as a brief summary of the Essential StaffCARE Limited Benefit Medical Plan. The group policy issued to your employer is the official document governing the provisions of this plan. State mandated benefits that apply to this plan will be included even if they are not described in this benefit packet. When you enroll, you will be issued a Summary Plan Description that includes more detailed information. For questions regarding plan specifications, please call 1-866-798-0803.

#### **Covered Medical Expenses**

Hospital Bills, Doctor Bills, Lab and X-ray, Home Health Care, Medical Equipment and Supplies, Prescription Drugs, Therapy (see Summary Plan Description for specific therapy coverage)

#### **Rules**

For medical expenses to be covered they MUST:

- Be administered and ordered by a physician
- Be medically necessary for the diagnosis and treatment of sickness or injury
- Not be excluded by the group policy

#### Exclusions and Limitations

##### **Medical**

The following exclusions and limitations apply to expenses incurred by all participants. The exclusions and limitations may vary by state.

No benefits will be paid for loss caused by or resulting from expenses used to meet any deductible, or in excess of the percentage payable, or in excess of Usual and Customary, work-related injury or sickness, mental or nervous disorders, alcoholism or substance abuse treatment, intentionally self-inflicted injuries, suicide or any attempt threat while sane or insane, declared or undeclared war, serving on full-time active duty in the Armed Forces, commission of a felony, flying as a pilot or crew member of any aircraft, eye examinations, hearing examinations, hearing aids, normal health checkups (except as noted), dental care, treatment other than care of natural teeth and gums resulting from an accident, cosmetic surgery, and services provided by an immediate family member.

##### **Pre-existing conditions:**

No benefits will be paid for a pre-existing condition (one you had within the six month period ending the day before your enrollment date) for the first 12 months of your coverage. This does not apply to pregnancy nor to a newborn or adopted child covered from birth or adoption. The exclusion period may be reduced by most previous medical expense coverage ("creditable coverage"), if there is no more than a 63 day break in coverage. You should give us a copy of any certificates of creditable coverage. If you do not have a certificate, but have prior health coverage, we will help you obtain one from your prior plan. There are also other ways to demonstrate you have creditable coverage, so contact us if you need help. All questions about the pre-existing condition exclusion and creditable coverage should be directed to Essential StaffCARE Unit Supervisor, Planned Administrators, Incorporated (PAI), P.O. Box 6702, Columbia, South Carolina 29260, or call us at (866) 798-0803.

##### **Dental:**

The plan will pay only for procedures specified on the Schedule of Covered Procedures in the Group Policy. Many procedures covered under the plan have waiting periods and limitations on how often the plan will pay for them within a certain time frame. For more detailed information on Covered Procedures or limitations, please contact PAI.

##### **Vision:**

No benefits will be paid for any materials, procedures or services provided under Workers' Compensation or similar law, non-prescription lenses, frames to hold such lenses, or non-prescription contact lenses, any materials, procedures or services provided by an immediate family member or provided by you, charges for any materials, procedures, and services to the extent that benefits are payable under any other valid and collectible insurance policy or service contract whether or not a claim is made for such benefits.

##### **Term Life and Accidental Death and Dismemberment:**

No Life Insurance benefits will be payable under the Policy for death caused by suicide or self-destruction, or any attempt at it, whether sane or insane, within 24 months after the person's coverage under the Policy became effective.

Applicable only to Accidental Death and Dismemberment, no benefits will be paid for bodily or mental infirmity, disease of any kind, or medical or surgical treatment for that infirmity or disease, not including bacterial infection or viral infection that is the result of an accidental bodily injury or accidental, involuntary or unintentional ingestion of a contaminated substance.

The exclusions, limitations, and pre-existing condition exclusion may vary by state. Please refer to your Summary Plan Description for information.