



FREE STATE STAFFING SERVICES, Inc.
2170 West State Road 434, Suite 386
Longwood, FL 32779
(800) 293-2362
Fax (888) 302-9347
www.freestatestaffing.com

CHECK LIST – (These forms must be signed, dated, and returned BEFORE you start a new position)

PLEASE FAX ALL REQUIRED FORMS TO (888) 302-9347

- Application to Commence Assignment (5 pages)
Includes: At-Will Employment Agreement, Drug Testing Form, Harassment Policy, Overtime Policy, Cell Phone/Hand Held Device Policy, Weapons Policy, Confidentiality Agreement, Consent to Background Check Form, Vehicle Information Policy, Acknowledgement of Temporary Employee Benefits, Your Responsibilities and Instructions for Completing Timesheets
- W 4 - Follow instructions for completion. Sign, date and return the signature page only.
- I-9 Form - Complete section 1. Sign and date it. For Section 2, please refer to page 2 for a list of Acceptable Documents. You are required to provide either one Document from List A *or* one from List B *and* one from List C. Submit legal copies of these document along with this paperwork *before* you begin your assignment. The completion of Section 2 is our responsibility. Return the signature page only.
- 2 forms of ID or Passport as per instruction from the I9 form.
- Direct Deposit Form for Paychex
- Voided Check

FORMS FOR YOUR USE (these do not need to be returned but are included in the Acknowledgement of Receipt of Company Policies statement).

- Instructions for completing timesheets
- Temporary Employee Benefits
- Your Responsibilities

**APPLICATION TO COMMENCE ASSIGNMENT**

Today's Date: _____

Employee: _____ SS# _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip: _____ Birth date: _____

Cell Phone: _____ Home Phone: _____

Email address: _____

To be completed by your Staffing Specialist:

Job Description: _____ Hire Date: _____

Job Location: _____

Pay Rate: \$ _____

Pay Type: HourlyPay Frequency: Weekly

The undersigned employee, in the consideration of my hiring by Free State Staffing Services, Inc. (Free State), as an at-will employee of Free State, acknowledge and agree to the following:

- I understand and agree that I am employed in a temporary relationship where the duties and responsibilities applicable to me, are set forth in a service agreement entered into between the client for which I am working and Free State.
- I have been hired as an at-will employee of Free State Staffing. There is no contract of employment that exists between me and the client of Free State Staffing, for which I am working, nor between Free State and me, and Free State has no liability with regard to any employment agreement.
- I understand and agree that either Free State or I can terminate our employment relationship at any time as I am an at-will employee.
- I understand and agree that Free State does not assume responsibility for payment of bonuses, commissions, service pay, deferred compensation, profit sharing, vacation, sick or other paid time off or for any payment, where payment for such items has not been received by Free State from the client for which I am working for. Free State does assume this responsibility where such payment has been received from the client.
- I understand that if I am accepted as a temporary employee of Free State Staffing, I am expressly prohibited from performing any work outside the state in which I am currently performing services for Free State during my status as a temporary employee except as may be allowed in writing by Free State and the applicable workers comp carrier. If I work outside the home state originally assigned to, without first securing written approval, I understand that I will not be a temporary employee of Free State and may not be provided workers compensation benefits through Free State or the applicable workers comp carrier. My employment with Free State will be considered terminated upon commencement of my trip outside the home state where I have performed work for the client where prior written approval has not been received.
- I have been informed and I agree that if my assignment with any Free State Staffing client to which I am assigned, ends for any reason, I must report back to Free State immediately.

INITIALS _____

DATE: _____

FREE STATE STAFFING

Continued.....

STATEMENT OF UNDERSTANDING REGARDING BLOOD TEST AND URINALYSIS FOR DRUG TESTING

As a condition of employment, I understand that if I am injured during my employment with Free State Staffing Services, and seek medical attention, I will be required to undergo blood test and/or urinalysis. The results of this test will be provided to the workers comp carrier for consideration when assessing the validity of the claim. I further understand that if a test is positive, I will be terminated immediately.

I also understand it is my responsibility to report any injury directly and immediately to Free State Staffing. The undersigned further states he or she has read and fully understands the forgoing ***Statement of Understanding Regarding Blood Test and Urinalysis for Drug Testing*** and know the contents thereof and further signs the statement of his or her own free will.

INITIALS: _____

DATE: _____

HARASSMENT POLICY

FREE STATE STAFFING SERVICES, INC. believes that a work environment free of discrimination, intimidation and harassment is essential for a productive and efficient work force. FREE STATE STAFFING SERVICES, INC. prohibits discrimination based on race, color, sex, pregnancy, religion, national origin, age, citizenship status, marital status, sexual orientation, parental status or disability, and any forms of intimidation either physical or verbal.

Sexual Harassment includes: (1) unwelcome sexual advances and other verbal or physical conduct where submission to the advances or conduct is made a term or condition of the employment or is used as the basis of employment decisions; and (2) unwelcome verbal or physical conduct of a sexual nature that interferes with an employee's work or creates a hostile, intimidating or offensive work environment.

Other prohibited harassment includes verbal or physical conduct that denigrates or shows hostility or dislike toward an individual because of his or her race, religion, color, national origin, age, disability, citizenship status, sexual orientation and (1) creates a hostile, intimidating or offensive work environment; (2) unreasonably interferes with an individual's work performance.

I have read and understand this Harassment Policy:

INITIALS: _____

DATE: _____

OVERTIME POLICY

As a temporary employee and/or independent contractor, you are required to obtain prior authorization from your supervisor before working any hours over forty (40) during any workweek. Should the state you work in require overtime payment for hours exceeding eight (8) in one day, the same policy applies to the prior approval requirement. Free State's work week pay period runs from Monday through Sunday. In addition to that, prior verbal notification must be made to your Staffing Specialist at Free State Staffing before working said overtime hours.

Overtime is paid at time and a half. Timesheets require your supervisor's initials in the designated section.

I understand and will adhere to this Overtime Policy:

INITIALS: _____

DATE: _____

FREE STATE STAFFING

Continued.....

CELL PHONE / HAND HELD DEVICE POLICY

Temporary Employees and independent contractors must adhere to all federal, state or local rules and regulations regarding the use of cell phones and/or wireless communication devices while driving. Hand held cell phones and/or wireless devices are prohibited from being used by temporary employees and/or independent contractors to perform ANY Free State Staffing Services, Inc. related business while driving. This also includes contacting Free State Staffing regarding current, pending or possible future employment opportunities.

Should a temporary employee and/or independent contractor need to make or receive any communication through a hand held cell phone or wireless device while driving, he/she should locate a lawfully designated area to park before making or receiving the communication.

I understand and will adhere to this Cell Phone/Hand Held Device Policy:

INITIALS: _____

DATE: _____

WEAPONS POLICY

Free State Staffing Services, Inc. strictly prohibits the possession of firearms, concealed or not, loaded or not, on our premises, on all client premises and at any company related functions. This policy pertains to illegal knives or any device that could be considered a weapon if carried with intent to be used as such.

In compliance with House Bill 503, known as the *Preservation and Protection of the Right to Keep and Bear Arms in Motor Vehicles Act of 2008*, passed July 1, 2008, - Free State Staffing Services, Inc. does not restrict the right of its employees (temporary and permanent staff) to possess a legally owned firearm in their locked vehicle, provided it is concealed and is covered by a concealed weapons license. Any Free State Staffing Services, Inc. client's specific policy will override and take precedence over this policy when on their premises.

This policy applies to any Free State Staffing Services staff employees, temporary employees, independent contractors, business invites and social visitors. Persons found in violation of this policy are subject to immediate removal from the premises and/or discharged from employment. Any employee with knowledge of a violation of this policy is subject to disciplinary action up to and including discharge.

I understand and will adhere to this WEAPONS POLICY:

INITIALS: _____

DATE: _____

FREE STATE STAFFING

Continued.....

CONFIDENTIALITY AGREEMENT

During my temporary employment with FREE STATE STAFFING SERVICES, Inc., I understand that I will have access to confidential client, company and claim information. I agree to never communicate, disclose or use any confidential business information obtained while under assignment with any Free State Staffing Services, Inc. client, customer or business associate. This includes the business information of Free State and its clients, customers, vendors, and business associates that is not readily available to the public. As exception to this policy is when such information is absolutely necessary to conduct the business for which I was hired.

I will, at all times, handle myself in a professional and ethical manner even in the event of any conflict that may arise over the process in which a case/claim is handled. Such conflict may require my removal from involvement in aforementioned case/claim and will be discussed with my supervisor. I will advise Free State Staffing of any potential difficulties, if this should occur.

I also agree to NOT remove or retain any property, customer lists or proprietary company information from any assignment I may be on. I understand and further agree that this Policy applies even after the assignment has ended and there is no end date to maintaining this confidentiality. Any violation of this agreement may result in disciplinary action, up to and including termination.

I understand and will adhere to this CONFIDENTIALITY Agreement:

INITIALS: _____

DATE: _____

CONSENT TO BACKGROUND CHECK FORM

I hereby authorize FREE STATE STAFFING SERVICES, Inc. to receive any criminal history record or driver's history record information pertaining to me, which may be in the files of any State or local criminal justice agency.

Further, I hereby release all employers, schools, hospitals, Workers Compensation repositories, law enforcement officials and Federal, State and Local government information repositories, financial and credit agencies, and any other person contacted – from all liability in responding to inquiries in connection with my application. This will be handled in accordance and compliance of the Fair Credit Protection Act, Public Law 91-508, Title VI, as amended, as well as any other Federal and State guidelines.

I understand that any false or misleading information given in my application or interview may result in discharge and therefore understand I am required to abide by all company rules and regulations. I also understand that FREE STATE STAFFING SERVICES, INC. and its employees may disclose any criminal history to their clients in an effort to obtain employment for me.

****ALL INFORMATION, EXCEPT YOUR SIGNATURE, MUST BE PRINTED CLEARLY AND NEATLY****

Drivers License # and State Issued: _____ Social Security #: _____ - _____ - _____

Printed Name: (First, Middle, Last): _____

Address: (including city, state, zip): _____

Previous Cities you have lived in: _____

RACE: _____ SEX: _____ D/O/B: _____

SIGNATURE: _____ DATE: _____

FREE STATE STAFFING

Continued.....

VEHICLE INFORMATION POLICY

It is not the intention of Free State Staffing Services to have a temporary employee use their personal vehicle for any business use. If you are requested by the client to run an errand, transport another employee, visit a claim site or use your personal vehicle in any way, you must contact FREE STATE immediately and PRIOR to any required use. Special written exception may be made for use of your personal vehicle as requested by the client, however, without that authorization Free State maintains denial of any liability of resulting injury or damage.

FREE STATE STAFFING SERVICES policy is that all employees and/or independent contractors must use a **FOUR WHEEL VEHICLE**, not a motorcycle or any other 2 wheeled vehicle for any work purposes, at any time. Permission will not be given, at any time, for the use of a motorcycle or any other 2 wheeled vehicle to be used.

The following information is required for any temporary employee who uses or may use their vehicle for work purposes at any time. Failure to provide this information to Free State assumes that you will be responsible for any and all damages and injury that may result from the use of your personal vehicle. Further I understand that it is my responsibility to immediately inform Free State Staffing of any changes to my transportation, of any new driving citations or accidents, changes to my insurance policy, or changes in the status of my driver's license. Failure to do so may result in termination.

Vehicle #1 Information:

License Tag #: _____

Color: _____

Vehicle Make: _____

Vehicle Model: _____

Insurance Carrier: _____

Policy Number: _____

Coverage Limits: _____

Vehicle #2 Information:

License Tag #: _____

Color: _____

Vehicle Make: _____

Vehicle Model: _____

Insurance Carrier: _____

Policy Number: _____

Coverage Limits: _____

I understand and will adhere to the Vehicle Information Policy:

INITIALS: _____

DATE: _____

I have been given a copy of the Policy on **Instructions for Completing Timesheets, Temporary Employee Benefits** and the **"Your Responsibilities"** information sheet. I understand that my employer, Free State Staffing Services, Inc., must receive this application (completed, initialed, dated and signed) **BEFORE** I can begin my temporary assignment. I also understand that it is my responsibility to provide Free State with any changes that may occur in any of the areas mentioned above.

EMPLOYEE SIGNATURE: _____

EMPLOYEE PRINTED NAME: _____ DATE: _____



To view paystubs, attendance records, etc. please go to the following website and follow the instructions below.

<https://eservices.paychex.com/secure/default.aspx>

For **Company ID** you will enter 0439 in the first box, 358p in the second box

Username: The first letter of your first name, last name (Edward Smith = esmith)

Password: welcomel



Please enter your company ID, username
and password to log in

Company ID:	0439	358P
Username:		
Password:		
SECURE LOGIN		



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*** Once logged in, you will need to create a new password. If you have any problems, please contact Angela Gowen at angela@freestatestaffing.com

PAYCHEX®

Direct Deposit Signup/Change Form

WORKER – REQUIRED INFORMATION

PLEASE PRINT IN BLACK INK ONLY

Worker Name _____

Last four digits of Social Security Number _____

WORKERS: Retain a copy of this form for your records. Return the original to your employer.

EMPLOYERS: Return this form to your local Paychex office.

COMPLETE TO ENROLL OR CHANGE ENROLLMENT IN DIRECT DEPOSIT – PLEASE PRINT IN BLACK INK ONLY

Bank Account Number*	Type of Account	Bank Name	Deposit Type (check one):	Change My Deposit Amount to:
	☐ Checking ☐ Savings		☐ Remainder of Net Pay ☐ _____ % of Net ☐ Specific Dollar Amount \$ _____ .00	☐ Remainder of Net Pay ☐ _____ % of Net ☐ Specific Dollar Amount \$ _____ .00 ☐ Remove from Direct Deposit
	☐ Chase Pay Card Plus	If Chase Pay Card Plus, fill out attached application.		
	☐ Checking ☐ Savings		☐ Remainder of Net Pay ☐ _____ % of Net ☐ Specific Dollar Amount \$ _____ .00	☐ Remainder of Net Pay ☐ _____ % of Net ☐ Specific Dollar Amount \$ _____ .00 ☐ Remove from Direct Deposit
	☐ Chase Pay Card Plus	If Chase Pay Card Plus, fill out attached application.		

Please attach one of the following for Checking or Savings accounts (check one):

- ☐ Voided check with name imprinted (no starter checks)
- ☐ Deposit slip (only accepted if the verbiage "ACH R/T" appears before the routing number)
- ☐ Bank letter or specification sheet (the signature of your local bank representative **MUST** be included)

*Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for more information specific to your account.

WORKER CONFIRMATION STATEMENT

PLEASE PRINT IN BLACK INK ONLY

I authorize my employer to deposit my wages/salary into the bank accounts specified above. My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize my employer to make direct deposits into the named account.

Worker Signature _____ Date _____

Accountholder Signature _____

(if worker's name does not appear on bank documentation)

EMPLOYER SECTION ONLY

PLEASE PRINT IN BLACK INK ONLY

Company Name _____

Service Location/Client Number _____

Federal ID Number (last 4 digits) _____

If bank documentation provided is different from what is listed above, the following must be completed by the employer:

I confirm that the above named employee has added or changed a bank account for direct deposit transactions processed by Paychex, Inc.

Employer Signature _____ Date _____

Paychex Use Only

Worker # _____ Time & Date _____
PRS _____ Contact _____
Verified By _____ CSS _____
Scanning instructions are located in Paychex Procedures.

CHOOSE A BETTER WAY TO GET PAID



Instead of waiting in line to cash your paycheck, have your pay automatically deposited to a Chase Pay Card *Plus* account.

It's safe, fast and easy...plus it saves you money!

- Get cash 24 x 7 at ATMs worldwide
- Make purchases anywhere Visa® debit cards are accepted
- Shop online, by phone or mail order
- Pay your bills online
- Eliminate the hassle and costs of cashing a check
- No lost or stolen checks
- No credit check required
- Receive payroll deposits from multiple employers

Get your money anywhere, anytime

With the Chase Pay Card *Plus* program, your funds are electronically deposited to your Chase Pay Card Account each pay period, where your funds are FDIC insured. You then have immediate and convenient access to your money at over 900,000 automated teller machines (ATMs). You can enjoy surcharge-free access at over 40,000 Chase and Allpoint® ATMs in the U.S., and at millions of locations that accept Visa debit cards.

Your purchases are protected

For the first 90 days from the purchase date, Visa's Purchase Security¹ will repair or fully reimburse you for eligible items paid entirely with your Chase Pay Card to a maximum of \$500 per consumer product and \$50,000 per cardholder. Additionally, Visa's Zero Liability Policy² protects you from unauthorized purchases. If your Card is ever lost or stolen, you are automatically protected without losing the funds in your Account.

¹ This protection is valid in cases of theft or damage due to fire, vandalism, accidentally discharged water or weather. Certain restrictions and limitations may apply.

² U.S.-issued cards only. The Visa Zero Liability Policy does not apply to commercial card or ATM transactions, or to PIN transactions not processed by Visa or Interlink. See your cardholder agreement for more details.

Chase Pay Cards are issued by JPMorgan Chase Bank, N.A.
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JPMorgan Chase Bank, N.A. Member FDIC.

INC10769

Enroll in the Chase Pay Card *Plus* program today!

There is no cost to enroll in the Chase Pay Card *Plus* program. Simply complete this application today and return it to your payroll department.

Chase Payroll Card Fee Schedule

TRANSACTION	CARDHOLDER FEE
ATM withdrawal (U.S.) ³	\$1.50 per transaction
ATM withdrawal (outside U.S.) ³	\$3.00 per withdrawal
Point-of-Sale transactions: PIN and Signature-based	FREE
Over-the-counter cash withdrawals	4 free per month, then \$5.00 thereafter
ATM balance inquiry (U.S.)	\$1.00 per inquiry
ATM balance inquiry (outside U.S.)	\$3.00 per transaction
ADDITIONAL SERVICES	
Monthly paper statement (optional)	\$1.00
Monthly statements via Internet	FREE
Replace lost/stolen card	\$15.00 per card
Expedited card delivery	\$24.75 includes card
Declined transactions (U.S.) ⁴	\$1.00 per transaction
Decline transactions (outside U.S.) ⁴	\$3.00 per transaction
Copy of Statement	\$10 per request
Negative balance	\$15.00 per incident
Check to close account	\$12.00 per account
Inactivity fee (after 90 days of inactivity)	\$3.00 per month
Foreign exchange conversion rate	3.5% per international transaction

Cardholder fees apply to both the primary and secondary cardholders.

³ Whenever you use any ATM there is a "network" or "ATM withdrawal fee". Additionally non-Chase banks may charge you a "surcharge" typically between \$1.00 and \$3.00 for using their ATM. You can avoid a surcharge by using a Chase ATM or Allpoint ATM.

⁴ This fee will be assessed if an ATM or Point-of-Sale transaction is denied due to insufficient funds in your Chase Payroll Card *Plus* account.

Chase Pay Card *Plus* Enrollment Form

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: when you open an account, you will be asked for your name, address, date of birth and other information that will allow you to be identified. You may also be asked to present your driver's license or other identifying documents. Unless otherwise noted, all fields are required and must be filled in to process this application.

I. CARDHOLDER INFORMATION

LEGAL FIRST NAME	MI	LAST NAME
PERMANENT ADDRESS (NO P.O. BOXES)		
CITY	STATE	ZIP
CARD MAILING ADDRESS (IF DIFFERENT FROM PERMANENT)		
CITY	STATE	ZIP
PRIMARY PHONE NUMBER		
E-MAIL ADDRESS (OPTIONAL)		
DATE OF BIRTH (MM/DD/YYYY)		
SOCIAL SECURITY NUMBER OR TAXPAYER ID NUMBER		MOTHER'S MAIDEN NAME
☐ UNITED STATES CITIZEN ☐ NON-UNITED STATES CITIZEN		
If you are not a U.S. Citizen, please provide one or more of the following forms of identification.		
Please select a form of identification:		
☐ U.S. ALIEN ID CARD ☐ PASSPORT		
☐ OTHER GOVERNMENT ISSUED ID		
TYPE _____		
COUNTRY OF ISSUANCE		NUMBER
EXPIRATION DATE (MM/DD/YYYY)		

I. SECONDARY CARD (OPTIONAL)

LEGAL FIRST NAME	MI	LAST NAME
PERMANENT ADDRESS (NO P.O. BOXES)		
CITY	STATE	ZIP
PRIMARY PHONE NUMBER		
E-MAIL ADDRESS (OPTIONAL)		
DATE OF BIRTH (MM/DD/YYYY)		
SOCIAL SECURITY NUMBER OR TAXPAYER ID NUMBER		MOTHER'S MAIDEN NAME
☐ UNITED STATES CITIZEN ☐ NON-UNITED STATES CITIZEN		
If you are not a U.S. Citizen, please provide one or more of the following forms of identification.		
Please select a form of identification:		
☐ U.S. ALIEN ID CARD ☐ PASSPORT		
☐ OTHER GOVERNMENT ISSUED ID		
TYPE _____		
COUNTRY OF ISSUANCE		NUMBER
EXPIRATION DATE (MM/DD/YYYY)		

* Contact your employer for an additional secondary cardholder form.

If you are 18 years old or under, you must provide verification for the following four identification fields: your name, address, date of birth and social security number. Verification can include a copy of your social security card, birth certificate, W-2, drivers license or permit, passport, state ID, voter's registration, and school or military ID.

☐ **Monthly paper statement (optional)** — in addition to accessing my Chase Pay Card *Plus* transaction activity online or via Customer Support, please mail me a monthly Pay Card activity statement to the mailing address I have provided above. I understand there is a \$1.00 monthly charge for this statement option.

II. CARDHOLDER AGREEMENT— Return your completed, signed and dated application to your employer.

The Authorization Agreement for the Chase Pay Card *Plus* account will authorize my employer to directly deposit my periodic salary/compensation payments, net of required tax withholdings, other required withholdings or authorized deductions (a "Payroll Payment") into my Chase Pay Card *Plus* account (the "Account") at JPMorgan Chase Bank, N.A. ("Chase") and to initiate (if necessary) debit entries and adjustments for any credit entries in error to my Account. I understand that I may withdraw a portion or the entire amount of a Payroll Payment deposited by my employer from time to time in cash via an Automated Teller Machine (subject to certain withdrawal limits as discussed in the Program Terms, Conditions and Disclosures), applicable Point-of-Sale (POS) terminals and wherever Visa ® debit cards are accepted. By signing this application, I hereby authorize Chase to issue a card to me. I agree that activating my card shall constitute my agreement to: (1) The Program Terms, Conditions and Disclosures that accompany my card and (2) changes to, or replacements for, those Program Terms, Conditions or Disclosures that may be sent or made available to me from time to time. I also hereby authorize Chase to debit my Chase Pay Card *Plus* account, without notifying me, for the fees described in the fee schedule that is part of this application, or as such fees may change from time to time. Chase may change those fees at any time.

CARDHOLDER'S SIGNATURE

DATE

III. BRANCH USE ONLY

COMPANY NAME

CLIENT ACCOUNT NUMBER

Form W-4 (2013)

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 2013 expires February 17, 2014. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

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

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

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

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2013. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____
B	Enter "1" if: • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	_____
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit	F	_____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child	G	_____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	_____
For accuracy, complete all worksheets that apply. • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.			

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2013	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ ☐			
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5			
6 Additional amount, if any, you want withheld from each paycheck		6		\$	
7 I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶					
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)	

Deductions and Adjustments Worksheet**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2013 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1949) of your income, and miscellaneous deductions. For 2013, you may have to reduce your itemized deductions if your income is over \$300,000 and you are married filing jointly or are a qualifying widow(er); \$275,000 if you are head of household; \$250,000 if you are single and not head of household or a qualifying widow(er); or \$150,000 if you are married filing separately. See Pub. 505 for details. 1 \$
- 2 Enter: $\left\{ \begin{array}{l} \$12,200 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,950 \text{ if head of household} \\ \$6,100 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$
- 3 Subtract line 2 from line 1. If zero or less, enter "-0-" 3 \$
- 4 Enter an estimate of your 2013 adjustments to income and any additional standard deduction (see Pub. 505) 4 \$
- 5 Add lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2013 Form W-4* worksheet in Pub. 505.) 5 \$
- 6 Enter an estimate of your 2013 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 \$3,900 and enter the result here. Drop any fraction 8
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9
- 10 Add lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" 2
 - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet. 3
- Note.** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet 4
 - 5 Enter the number from line 1 of this worksheet 5
 - 6 Subtract line 5 from line 4 6
 - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$
 - 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$
 - 9 Divide line 8 by the number of pay periods remaining in 2013. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2013. 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

Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$5,000	0	\$0 - \$8,000	0
5,001 - 13,000	1	8,001 - 16,000	1
13,001 - 24,000	2	16,001 - 25,000	2
24,001 - 26,000	3	25,001 - 30,000	3
26,001 - 30,000	4	30,001 - 40,000	4
30,001 - 42,000	5	40,001 - 50,000	5
42,001 - 48,000	6	50,001 - 70,000	6
48,001 - 55,000	7	70,001 - 80,000	7
55,001 - 65,000	8	80,001 - 95,000	8
65,001 - 75,000	9	95,001 - 120,000	9
75,001 - 85,000	10	120,001 and over	10
85,001 - 97,000	11		
97,001 - 110,000	12		
110,001 - 120,000	13		
120,001 - 135,000	14		
135,001 and over	15		

Table 2

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$72,000	\$590	\$0 - \$37,000	\$590
72,001 - 130,000	980	37,001 - 80,000	980
130,001 - 200,000	1,090	80,001 - 175,000	1,090
200,001 - 345,000	1,290	175,001 - 385,000	1,290
345,001 - 385,000	1,370	385,001 and over	1,540
385,001 and over	1,540		

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Instructions

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. 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 presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

When Should Form I-9 Be Used?

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

Filling Out Form I-9

Section 1, Employee

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

Employers should note the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in **Section 2** evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

Preparer/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers* (Form M-274). You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

Section 3, Updating and Reverification

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B; and:
 - 1. Examine any document that reflects the employee is authorized to work in the United States (see List A or C);
 - 2. Record the document title, document number, and expiration date (if any) in Block C; and
 - 3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, you can download them from our website at www.uscis.gov/forms or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at www.uscis.gov or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at www.uscis.gov/e-verify or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at www.uscis.gov.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**



Employment Eligibility Verification

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

USCIS

Form I-9

OMB No. 1615-0047

Expires 03/31/2016

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

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

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

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

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

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

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

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

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

3-D Barcode
Do Not Write in This Space

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

Foreign Passport Number: _____

Country of Issuance: _____

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

Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

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



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

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

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

List A Identify and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space

Certification

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

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

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

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

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name)		Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
---	--	----------------	---

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
-----------------	------------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

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

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

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



FREE STATE STAFFING SERVICES, Inc.
2170 West State Road 434, Suite 386, Longwood, FL 32779
(800) 293-2362 Fax (888) 302-9347
www.freestatestaffing.com

INSTRUCTIONS FOR COMPLETING TIMESHEETS

1. Please email your completed timesheet to your supervisor no later than the close of business on Friday. Make sure to cc: timesheets2010@freestatestaffing.com in that email. This will ensure we have your hours and are awaiting approval from your supervisor.
2. Your supervisor will then review, approve and email your approved timesheet to Free State at the above email address. This must be done NO LATER than 10:00am on Mondays.
3. When totaling your hours, keep this in mind: Regular hours are hours actually worked. PDO hours are earned paid days off that you use for vacation, etc. (See your Benefits sheet for more information). Total the regular, PDO and any overtime hours to get your "Total Hours" for the pay period.
4. Overtime hours are any hours over 40, worked in a single pay period (one week). Overtime hours must be approved in advance by your supervisor. Your supervisor must indicate approval by initialing the box on your timesheet also. If overtime hours are worked on a Saturday or Sunday, after the submission of your timesheet, please update your timesheet and be sure your supervisor approves the overtime. Your updated timesheet must be emailed to us no later than 10:00am Monday, with a notation that it is revised.
5. If there is a holiday, you will be instructed if there are any changes to the timesheet submittal deadline.
6. Failure to comply with these instructions will result in a delay in your paycheck.
7. If you have any questions or if any unusual circumstances prohibit you from following these procedures, please contact Debbie at extension 202, immediately.

3/30/2011

Free State Staffing Timesheet Instructions

TEMPORARY EMPLOYEE TIMESHEET

 FREE STATE STAFFING SERVICES INC. Tax ID# 32-0100337		Email to angel@freestatesaffing.com . If you are unable to email, please fax to (407)262-0545 or (888)302-9347. Questions? Call (407)262-0544 or (800)293-2362.	
Week Ending: (Sunday's Date)	Social Security #: (Last 4 digits)		
Employee Name:	Use .00, .25, .50 and .75 format. "See key"		
Date	Time In	Lunch (out-in)	Time Out
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			
Key 1-15 Minutes=.25 16-30 Min=.50 31-45 Min=.75 46-60 Min=1.00			Regular Hours
			0.00
Client Company Name:			PDO
Address:			Overtime
Supervisor Name:			Total Hours
Supervisor Signature:			Supervisor's QP Approval (Initials)
Date:			
CLIENT COMPANY AUTHORIZED SUPERVISOR: Please read and sign above indicating your acceptance. Your signature (or email approval) authorizes Free State to invoice your company for the approved hours worked by our temporary employee. Once submitted to Free State, no changes can be made to the stated hours. You must pre-approve any overtime hours and initial the O/T box.			
TEMPORARY EMPLOYEE: Please read and sign: I understand that I must email my timesheet to my supervisor for approval by close of business Friday. My supervisor will review, approve and email it from their email address to angel@freestatesaffing.com by 10:00am Monday. I will cc my timesheet to the same address to provide my hours to Free State in the event my supervisor cannot do so immediately. Any hours over 40 must be authorized by my supervisor prior to working them. If overtime hours are worked on Saturday or Sunday after submission, those hours must be added to my revised timesheet, approved by my supervisor and emailed by 10:00am Monday. I understand that failure to comply will result in a delay of my paycheck.			
Temporary Employee Signature:			

Hours need to be in the correct format:

.00, .25, .50, .75

If employee has worked overtime, Supervisors initials MUST be in this box for overtime hours to be paid.

As a temporary employee and/or independent contractor, you are required to obtain prior authorization from your supervisor before working any hours over forty (40) during any workweek. Should the state you work in require overtime payment for hours exceeding eight (8) in one day, the same policy applies to the prior approval requirement. Free State work week pay period runs from Monday through Sunday. In addition to that, prior verbal notification must be made to your Staffing Specialist at Free State Staffing before working said overtime hours.

Please sign below to acknowledge you understand these policies and guidelines:

Print Name

Signature

Date



TEMPORARY EMPLOYEE BENEFITS

PAID DAYS OFF (PDO):

For every 400 hours you work you accrue an eight (8) hour paid day off. This PDO can be used in any way you choose: holiday, vacation, sick day, continued education, jury duty, bereavement, etc. Time off may be taken in four (4) or eight (8) hour increments and you **MUST** be on Free State's payroll to claim a PDO. We cannot put you back on payroll to take your PDOs, so it is your responsibility to inform us that you want your PDO before you go off payroll. Once an assignment ends we will keep your hours in a "holding pattern" for six (6) months. If you do not return to our payroll within those six (6) months, your time will be forfeited. Keep track of your total hours worked or call our office to find out your status of how much time off you have available. Example:

HOURS WORKED	EARNED PDO
400	1 DAY (8 Hrs)
800	2 DAYS (16 Hrs)
1200	3 DAYS (24 Hrs)
1600	4 DAYS (32 Hrs)

****When you use a PDO please indicate it as follows on your timesheet****

HOURS	DATE	TIME IN	LUNCH	TIME OUT	TOTAL
MONDAY	12/22/08	8:00	12-1	5:00	8
TUESDAY	12/23/08	8:00	12-1	5:00	8
WEDNESDAY	12/24/08	8:00	12-1	5:00	8
THURSDAY	12/25/08		**PDO**		(8)
FRIDAY	12/26/08		**PDO**		(8)
SATURDAY					
SUNDAY					

Regular Hours: 24

PDO Hours: 16

Overtime Hours: 0

Total Hours: 40

{If you have any questions on completing your timesheet properly, please contact our payroll department.}

401K:

We have worked very hard to find a 401K program that will work for the changing needs of our temporary staff. We believe we have found just that. In order to participate in this program, you must have worked for Free State for a minimum of one (1) year and at least 1,000 hours. Your contributions into this program will get automatically deducted from your paycheck. If you wish to be a part of this program, please contact us and we will determine your eligibility and advise you of the next enrollment period.

MEDICAL BENEFITS:

Free State partnered with Assurant Staffing Health Benefits several years ago to provide HEALTH, DENTAL and LIFE insurance for our temporary employees. There are no minimum hours for participation in these insurance plans. These programs are available to you now. Call 1-888-404-2944 to get a quote.

SUPPLEMENTAL INSURANCE PROGRAMS:

We now offer plans such as: disability insurance, supplemental life insurance, hospital confinement insurance, or cancer and critical illness insurance. The details of these plans vary so they are outlined in an available brochure if you are interested. In order to participate, you must have worked a minimum of 400 hours for Free State Staffing. Call us if you would like more information regarding these programs.

FIRST JOB BONUS:

All temporary employees will receive a first job bonus. You are eligible for your first job bonus after completing four (4) consecutive forty (40) hour weeks. This is a one-time bonus.

REFERRAL BONUS:

If you refer someone to Free State and we are able to place that person in a position for a minimum of four (4) weeks, you will receive a referral bonus. The new applicant must identify you as the referring person during the interview stage.

FREE STATE STAR:

As another way to show our appreciation for the hard work of our temporary employees we have formalized a "FREE STATE STAR" program. At any time our staffing specialists may select you as our STAR because you performed above and beyond expectations. It could be based on your attendance, a compliment from our client about you and your work product, or a special circumstance. You would be honored and recognized in a special way. Our STARS will reflect the Free State code of ethics and exemplify professionalism within the insurance industry. Strive to be our STAR!

If you have any questions regarding any of these programs, please contact our office.

FREE STATE STAFFING SERVICES

(407)262-0544

1-800-293-2362



FREE STATE STAFFING SERVICES, Inc.
2170 West State Road 434, Suite 386, Longwood, FL 32779
(800) 293-2362 Fax (888) 302-9347
www.freestatestaffing.com

YOUR RESPONSIBILITIES

We are happy that you have joined the FREE STATE STAFFING family! We would like to help you be successful at each and every assignment. Though some of the following instructions may be obvious, we ask that you acknowledge and adhere to these policies and perform your responsibilities with the utmost professionalism.

THE USE OF ILLEGAL DRUGS OR ALCOHOL IS NOT PERMITTED DURING WORKING HOURS WHILE ON ANY TEMPORARY ASSIGNMENT THROUGH FREE STATE STAFFING SERVICES, INC.

- Be **ON TIME** for all interviews and assignments.
- Read all Free State Staffing policies and be aware of company benefits.
- Inform us in the beginning if you have certain requirements for working (time conflict, vacations scheduled, no lifting, etc.). Please represent your experience accurately as our reputation and yours may suffer.
- Always dress professionally on the first day of an assignment as you would for an interview. After that, please adhere to the client's dress code policy. Remember that you are representing **FREE STATE STAFFING** and we expect that you will always look presentable.
- Inform us right away if you cannot get to your assignment. You must also notify the client, as they are expecting you.
- Follow the instructions on the bottom of your timesheet on reporting your hours and submitting your timesheet each week. If you have any questions on this procedure, please contact our office. If there is a holiday that affects our payroll process, you will be informed. Please remember: **Reporting your hours to us in a timely manner is YOUR responsibility!**
- Keep signed copies of your timesheets.
- Any time off **MUST** be approved by your supervisor.
- Bear in mind that the client you are working for may have different procedures in place. You will be advised of those when your assignment begins.
- While performing the tasks assigned, work within the parameters the client company gives you. You are not there to make changes to their system. **However, should a client's procedures cause you to violate statutory laws, you must immediately notify Free State Staffing.**

FREE STATE STAFFING SERVICES

Page Two of "Your Responsibilities"

- If you believe you are a victim of sexual harassment or discrimination, please report it to us immediately! See our Harassment Policy for more details.
- In all cases requiring medical treatment, immediately notify your supervisor and have them request medical assistance. Also have your supervisor or coworker notify Free State Staffing immediately at 407-262-0544. Then you must provide details for the completion of the accident investigation report. You will also be required to undergo a blood test and/or urinalysis, as per the paperwork you have signed with the application.
- QUALITY, QUALITY, QUALITY – Your work product should always be your best!
- Do not gossip, criticize or be overly talkative. **Never** discuss your salary with other employees.
- Keep personal phone calls/text messages to an absolute minimum unless the client has a strict NO personal phone call policy, in which case you will adhere to their policy. Please make yourself aware of their policy and adhere to it.
- Never use the client's facilities for personal use such as email, company computers, copy machines, printers, fax machines or long distance calling.
- Keep your work area clean and orderly at all times. Bring any unsafe conditions and practices to the attention of your supervisor.
- Help keep kitchens, lunch rooms, rest rooms and lobby areas clean at all times.
- Please do not overload and clutter your work space with personal possessions. Keep it to a minimum!
- All assignments are in smoke free environments. If you smoke, please do so outside the building in designated smoking areas only as indicated by your supervisor and company policy. You may not smoke outside the building in any areas that have **NO SMOKING** signs posted. If you smoke outside the building, please distinguish and dispose of your cigarette butts in the proper manner. Check with your supervisor on whether smoking breaks are allowed.
- If the client company tells you that the assignment is ending, call Free State Staffing as soon as possible so we can begin finding a new assignment for you.
- Please give us proper notice if you accept a permanent position with another company, so we can replace you on your current assignment.
- If the client company wishes to pursue you for a permanent position, you must inform us at once. We always want what is in your best interest for your career but we do have contracts in place with our clients and must be sure the contract is adhered to.

We hope your placement experience with Free State Staffing is a pleasant one and would be happy to hear ways we can improve our service to you! Call Anytime 407-262-0544!!



September 27, 2013

To All Employees of Free State Staffing Services

RE: **Patient Protection and Affordable Care Act (PPACA)**
HEALTH INSURANCE MARKETPLACE NOTIFICATION

The following letter contains important information on Healthcare Reform. Free State Staffing Services will offer health insurance to all eligible employees beginning with the new plan year in September of 2014. The current plan does not have allowances for temporary staff. Prior to the new plan's activation date, an assessment of eligibility will be conducted and all employees notified of their status and enrollment process.

Please read carefully the information on the attached letter and visit www.HealthCare.gov for more information.

Thank you for being part of the Free State TEAM!

Sincerely,

A handwritten signature in dark ink that reads "Diane Mummaw". The signature is written in a cursive style with a large, looped "D" and a trailing flourish.

Diane Mummaw
Vice President
Free State Staffing Services



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 11-30-2013)

PART A: General Information

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

What is the Health Insurance Marketplace?

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

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

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

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

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

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

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Angela Gowen (407) 262-0544 angela@freestatestaffing.com.

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

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