3.2 Benefits Screening and Hiring Process

3.2.1 Vendors shall describe benefits provided to their temporary employees. A synopsis of benefits provided to employees, may include:

In order to retain highly qualified Associates, PSS, Inc. offers a competitive compensation package that rivals the packages of significantly larger companies. The company offers attractive salaries in line with industry standards as well as a comprehensive benefits package. The ability of PSS, Inc.'s compensation package to attract and retain employees is evidenced by the low turnover rate of PSS, Inc. PSS, Inc. attributes this low rate to providing equal opportunity and safe work environments, excellent benefits, competitive pay, and reward and recognition to PSS, Inc.'s staff. PSS, Inc. Associates are eligible for benefits after 1000 hours of employment. PSS, Inc.'s contingent benefits are summarized below:

Table 1: PSS, Inc.'s Contingent Benefits

Contingent Benefits		
Benefit	**Eligibility Requirements**	**Employee Responsibility**
Health/Dental	500 Hours of Work	100%
Health/Dental	After 1500 Hours	80%
Leave	1 Week after 1000 Hours	n/a
401(k)	1st quarter after completion of 3 months of service	100%
Credit Union	Immediate upon employment	n/a
Holiday (5 paid)	Work the day before and day after	n/a
ESOP	Immediate upon employment	n/a
Direct Deposit	Immediate upon employment	n/a
I-Pay (online pay stub and W2 review)	Immediate upon employment	n/a
Annual pay increase	After completion of 1000 hours of work and positive customer support	n/a
Reward and Recognition Bonus	Recognition by customer Awards range from $50 - $150	n/a
On-line Training and Development: PSS University	Immediate upon employment	n/a

During New Hire Orientation (NHO) employees receive information on the benefits offered by PSS, Inc. and the summary plan descriptions for each. Once employees are eligible to receive a particular benefit, their assigned Recruiting Manager notifies them. The Recruiting Manager will review the enroll-

ment process with the employee and all plan provisions and costs. See Table 2 below for an overview of costs associated with PSS, Inc.'s benefits program.

Table 2: Current PSS, Inc. Benefits

Current PSS, Inc. Benefits							
Benefit	*Description by Plan Type*			*Employee Responsibility*			
Holiday	*10 paid holidays per year*			*N/a*			
Paid leave	*10 days per year* *15 days per year after five (5) years*			*N/a*			
	HMO	*POS*	*PPO*	*(Monthly Employee Cost)*	*HMO*	*POS*	*PPO*
Medical: Health/Vision *Pharmacy* *Copays* *Specialists* *Hospital deductible* *Emergency Coverage* *Preventive Care*	*No deductible* *$10/25/50* *$30* *$50* *10%/admin* *$150* *0*	*No deductible in network* *$20/40/70* *$30* *$50* *10%/admit* *$150* *0*	*In Network: $500/1000* *$20/40/70* *$20* *$40* *Deduction+10%+$250 copay* *$150* *0*	*Employee Only;* *Employee + Spouse* *Employee + Family* *Employee + Children*	*$ 335.01* *$ 943.26* *$1,428.60* *$ 814.94*	*$ 358.04* *$1,007.10* *$1,525.17* *$ 870.15*	*$ 368.36* *$1,035.89* *$1,568.83* *$ 895.05*

Current PSS, Inc. Benefits							
Benefit	***Description by Plan Type***			***Employee Responsibility***			
Dental	***DMO***		***PPO***				
Deductible	***None***		***$50/150***	***Employee Only;*** ***Employee + Spouse*** ***Employee + Family*** ***Employee + Children***	***$34.14*** ***$71.83*** ***$120.91*** ***$86.16***		
Preventive	***100%***		***100%***				
Basic	***100%***		***80%***				
Major	***60%***		***50%***				

Current PSS, Inc. Benefits							
Benefit	***Description by Plan Type***			***Employee Responsibility***			
Annual Maximum	***None***		***$1,500***				
Child Ortho	***50%***		***50%***				
Ortho deductible	***0***		***0***				
Ortho Maximum	***0***		***$1,500***				
Life Insurance ***Voluntary Life***	***$25,000 Life Insurance*** ***$25,000 Accidental Death & Dismemberment*** ***Up to 5 times salary***			***Company paid*** ***Employee paid***			
Short-Term Disability				***100% Employee paid***			
Long-Term Disability	***60% of monthly income***			***100% Company paid***			
Retirement	***401K – no match***	***Employee Stock Option Program***					
Other	***Employees eligible to participate in company reward and recognition program (Performance Through Partnership™) which recognizes exemplary performance in support of company mission and customer service. Monetary rewards range from $250 to $1,500.***						

3.2.2 Vendors must describe how they will obtain and assign medical temporary staffing under the contract. The vendor's policies and responses should include the following:

- Define skill testing and screening mechanisms, including a description of reference and/or background checks solicited for each applicant. State agencies are responsible for acquiring fingerprint-based background checks. Awarded vendor will not accept any background requests from State agencies;

PSS, Inc. candidates are thoroughly vetted thorough license/certification verification, skills assessments, reference checks, employment and educational background investigations. If required, candidates also may be required to undergo a drug screening to satisfy contract and/or client requirements before placement. Depending upon the temporary positions, PSS, Inc. ensures candidates have the appropriate license related to their field and all state requirements are current.

Recognizing PSS, Inc.'s employees as one of the company's strongest and most important assets, PSS, Inc. takes particular care in the assessment and hiring of staff. PSS, Inc. employs the following six-step screen process which is intrinsic to its recruiting and hiring program and ensures that gap assessments are initiated and evaluated at each step. This ensures each candidate has been fully screened.

PSS, Inc.'s Recruiters begin the dialogue with a pre-screening of the applicant over the telephone. This is an in-depth screening to solicit experience, technical skills and work preference. The process, SCREEN is specific to the company and has resulted from the collective experience of its recruiting and hiring professionals.

- ***S – SKILLS: determine if candidate has the skills required for the position***
- ***C – COMPENSATION: determine candidate's compensation requirement***
- ***R – RESUME: determine if candidate's resume fits requirement***
- ***E – EMPLOYMENT: identify employment gaps and query candidate***
- ***E – EVALUATE: evaluate opportunity against candidate's qualifications***
- ***N – NOTABLES: determine notable achievements/ accomplishments matching opportunity requirements and how they provide added candidate value***

PSS, Inc. Recruiters are trained in the above process and apply subjective analysis to determine whether the candidate has successfully met the minimum requirement to move forward in the hiring process. Successful candidates move from the pre-screen stage to the full interview stage.

<u>Interview</u>

The next step in PSS, Inc. hiring protocol is the formal interview. PSS, Inc. utilizes the interview process to close the gaps and to begin the assessment of skills, integrity, and work ethics of the candidate. For this effort, PSS, Inc. ensures the best candidates receive an interview. The company, in an effort to keep pace with the evolving nature of the industry, has established procedures for in-person, webinar-based and telephonic interviews. Whenever possible, a face-to-face interview is conducted with a candidate. The company uses both behavioral and traditional interview questions. Behavioral questions are used to assess how past work behaviors may affect a candidate's performance against a specific position. Traditional questions are more straightforward and address specific queries into the candidate's skills, experience and work ethic. All Recruiters are trained in both practices and are adept at interviewing candidates in any forum. All information regarding a candidate is documented

in the company's human resource information system (HRIS). In addition to work-related questions, Recruiters determine the work eligibility of the candidate, work preferences, and availability. Questions regarding the skill level are asked to determine what assessments should be given.

Skills Assessment

PSS, Inc.'s skills assessments are based on the qualifications and profession of the individuals. They include writing samples and an evaluation of technical skills. The company employs computer-based testing for some skills and others are assessed by its technical staff. As this is a critical component to PSS, Inc.'s selection criteria, the bulk of a candidate's interview is spent in this area. PSS, Inc. partners with IKM and ProveIt! to provide pre-hire testing of the company's candidates. Testing is conducted in an on-line proctored environment to ensure the security and reliability of each test. IKM and ProveIt! assessments measures technical and non-technical areas of knowledge, skill, aptitude and attitude. IKM and ProveIt! use adaptive testing to ensure each candidate is offered a test that adapts to their level of proficiency. Under an adaptive testing model, the question and difficulty level is dynamically selected by the tool based on the responses of the test taker. These combined nine (9) points of difficulty inherent in each test allows the application to accurately identify the most appropriate question within sub-skills of the assessment. This provides a more tailored and thorough assessment. The sub-skills within each test are independently analyzed which allows PSS, Inc.'s Recruiters to use the results to more accurately determine the skill level of the candidate and make the best job order match using the results. PSS, Inc. has found this to be the most accurate and detailed way to identify a candidate's strengths, weaknesses or proficiencies.

Currently, IKM offers assessments in the following areas:

Information technology	***Enterprise Resource Planning***
Accounting	***MS Office***
Basic Computer Skills	***Attitude/Aptitude***
Medical and Healthcare	***Call Center***
Administrative	***Staffing industry***

ProveIt! Offers assessments in the following areas:

Accounting	***Health Care (full listing below)***
Call Center	***Industrial***
Financial	***Legal***
MS Office	***Office/Professional***

Pre-Placement Training

Every employee receives NHO. This formal process is designed to introduce employees to the company, review the personnel manual and ethics policy. At this time, employees review policies regarding code of conduct, sexual harassment, safety and customer service. Employees are encouraged to ask questions about company and customer expectations. During NHO, new employees are trained on the company's timekeeping system and review timekeeping policies. A Payroll Specialist from the Accounting Department conducts this training and remains accountable for answering employee questions regarding timekeeping. PSS, Inc.'s Recruiters work with the company's Human Resource Department to schedule and conduct each NHO.

In addition to policy related matters Recruiters review the company's training programs which are made available through the company intranet. All training is conducted through PSS, Inc. University.

Employees schedule training to supplement or reinforce their skills. Recruiters schedule training for candidates who may not have scored well on their initial skill assessment(s). The candidate is schedule for specific training to make certain their skill level is up to acceptable standards.

Background Checks

All successful candidates are thoroughly reference checked prior to joining PSS, Inc. PSS, Inc.'s policy is to secure a minimum of two business references. The company uses HireRight to conduct employment background screening which includes employment verification and criminal checks. Additional background checks such as credit, sexual offender registry and motor vehicle records checks are performed upon request. PSS, Inc. uses the information provided by HireRight to determine prior high risk employment behavior and ensure its customers' work environments remain safe by detecting any past violent crime by an employee.

Depending upon the nature, seriousness of and length of time since the offense occurred; PSS, Inc. may not hire an individual. The company's policy mirrors federal criminal law policy. If PSS, Inc. is unable to obtain two (2) favorable employment verifications, an applicant is not hired. An exception is made if an applicant either (a) does not have two (2) business references or (b) has been working less than a year. All applicants are required to provide legal documentation verifying they are United States citizens after an offer of employment has been made by PSS, Inc. All Associates from PSS, Inc. will have undergone fingerprinting prior to placement with the State of Nevada.

Drug Screening

Many of PSS, Inc.'s contracts require drug screening. To ensure strict compliance, PSS, Inc. has documented procedures to ensure each employee understands this requirement and the ramifications of failing a drug screen. PSS, Inc. is contracted with AMC, a national drug screening service provider. AMC standard contract requirements for PSS, Inc. include a 9-panel drug screen to identify any detection of Cocaine (COC), Amphetamine (AMP), Tetrahydrocannabinol (THC), Methadone (MTD), Opiates (OPI), Phencyclidine (PCP), Barbiturates (BAR), Benzodiazepines (BZD) and Propoxyphene. All employees prior to placement under these contracts will have successfully completed this screening. In addition to the initial drug screen, assigned employees undergo an annual drug screen. Employees are not provided prior notice and are required to submit to their annual screen within two days of notification. Failure to comply with the company's request for the screen results in immediate removal from an assignment. The employee is not eligible for placement until they have successfully met this requirement. In addition to the 9-panel drug screen, PSS, Inc. will ensure Associates have successfully passed a TB screen.

Employment Eligibility Verification

PSS, Inc. is equal-opportunity employer with a history of fair and ethical employment practices. The company does not discriminate based on race, creed, color, religion, age, disability, sex, marital status, national origin, political opinions or affiliations, veteran status and/or sexual orientation of its applicants.

PSS, Inc. confirms employment eligibility prior to placing an employee on assignment. Once an applicant has successfully met the pre-screen, interview, skills assessment and drug screening requirements, confirming employment eligibility is the final phase before the applicant is hired and placed in the company's database of available Associates. As is required by federal law, PSS, Inc. requires a completed I-9 and two acceptable forms of identification from the applicant. PSS, Inc. uses E-Verify to

determine the eligibility of an applicant. Since its inception PSS, Inc. has been 100% compliant with federal employment laws.

PSS, Inc. employs a tailored recruiting approach to meet the recruitment requirements of its customers. PSS, Inc.'s approach is designed to attract and retain key staff in order to ensure that PSS, Inc.'s customers experience little disruption to their operations due to staff turnover. Under this effort, PSS, Inc.'s approach to recruiting for candidates is comprised of six key elements:

- ***Development of a tailored staffing plan focused on proactive recruitment using historical data, trends, and customer input,***
- ***Assignment of dedicated recruiters tasked to ascertain the personnel resource needs of each ordering department,***
- ***Development of a database of personnel, with the requisite qualifications and experience to meet the needs of each ordering department,***
- ***Utilization of incentives such as salary, bonus and fringe benefits to attract and retain qualified personnel,***
- ***Utilization of several recruiting sources, referrals, media advertisements (at no additional cost to the State of Nevada), job fairs, subcontractor assistance, and trade journals to attract the personnel with the appropriate skills and experience to successfully fulfill task order requirements, and***
- ***Training, assessment, and development programs to appropriately place the correct Associate with the correct assignment and ensure skill development.***

As part of PSS, Inc.'s six-point recruitment, selection and placement process, PSS, Inc. verifies the skills and qualifications of candidates for employment in two or more ways: work references, skills assessment and educational verification. All associated costs are born by PSS, Inc. and not its customers.

Where necessary, PSS, Inc. combines assessments and/or tailors them to create a customized assessment to satisfy customer requirements. Using these assessments along with PSS, Inc.'s reference checks, background screening and interview process, PSS, Inc. is able to select the right candidate for each task order. PSS, Inc. makes available to the State of Nevada the assessment results of candidates, as required, with each candidate placement. Table 3 is a list of the tests that can be conducted by PSS, Inc.

Table 3: Medical Related Tests Conducted by PSS, Inc.

• *Bloodborne Pathogens - Infection Control*	• *Medical Terminology - Nervous System*
• *Canadian Medical Spelling*	• *Medical Terminology - Oncology*
• *Cultural Diversity*	• *Medical Terminology - Ophthalmology*
• *Dental Assistant*	• *Medical Terminology - Pediatrics*
• *Dental Hygienist*	• *Medical Terminology - Pharmacology*
• *Dosage Calculation*	• *Medical Terminology - Psychiatry*
• *General Pharmaceutical Knowledge*	• *Medical Terminology - Reproduction*
• *Healthcare Benefits Knowledge*	• *Medical Terminology - Respiratory*
• *Healthcare Industry Terminology*	• *Medisoft*
• *HIPAA - Clinical Staff*	• *Nurse Practitioner*

- ***HIPAA Administration***
- ***JCAHO***
- ***LPN/LVN***
- ***Medical Assistant - Advanced***
- ***Medical Assistant - Basic***
- ***Medical Billing (CMS-1500)***
- ***Medical Billing (UB-04)***
- ***Medical Billing Knowledge***
- ***Medical Claims Processing***
- ***Medical Collections***
- ***Medical Office Personnel Skills***
- ***Medical Receptionists***
- ***Medical Records Coding [CPT]***
- ***Medical Records Coding [ICD-9]***
- ***Medical Records Legal Issues***
- ***Medical Spelling***
- ***Medical Terminal Digit Filing***
- ***Medical Terminology - Abbreviations***
- ***Medical Terminology - Cardiovascular System***
- ***Medical Terminology - Dental***
- ***Medical Terminology - ER***
- ***Medical Terminology - Gastrointestinal***
- ***Medical Terminology - General***
- ***Medical Terminology - Integumentary System***
- ***Medical Terminology - Musculoskeletal***
- ***Nursing Assistant***
- ***Occupational Therapy***
- ***OSHA***
- ***Pharmaceutical Terminology***
- ***Phlebotomy***
- ***Physical Therapy***
- ***Physician Assistant***
- ***Practice Typing - Medical [1 Minute Hardcopy]***
- ***Practice Typing - Medical [1 Minute Onscreen]***
- ***Practice Typing - Medical [3 Minutes Hardcopy]***
- ***Practice Typing - Medical [3 Minutes Onscreen]***
- ***Practice Typing - Medical [5 Minutes Hardcopy]***
- ***Practice Typing - Medical [5 Minutes Onscreen]***
- ***Radiologic Technologist***
- ***Registered Nurse (RN)***
- ***Respiratory Therapy***
- ***Spanish Medical Terminology - General***
- ***Spanish OSHA***
- ***Typing - Medical [1 Minute Hardcopy]***
- ***Typing - Medical [1 Minute Onscreen]***
- ***Typing - Medical [3 Minutes Hardcopy]***
- ***Typing - Medical [3 Minutes Onscreen]***
- ***Typing - Medical [5 Minutes Hardcopy]***
- ***Typing - Medical [5 Minutes Onscreen]***

PSS, Inc. relies on work-related references to further verify ability for those skills where testing is unavailable.

- State of Nevada license verification (if applicable);

PSS, Inc. uses its assessments tools to confirm proficiency and employment references to confirm on-the-job use. The company uses HireRight, National Background Investigations and The Source to confirm work eligibility, criminal history and education credentials respectively. All candidates work eligibility, employment references, criminal background and education are verified prior to placement.

- Explain how required current licenses/credentials will be maintained for applicable positions;

PSS, Inc., using its human resource information system (HRIS), tracks all licenses and credentials for every employee. The system sends the company's Human Resources Department alerts at predetermined intervals informing PSS, Inc. of an impending expiration of an employee's license or cre-

dential. The alerts are quarterly and established at the time of hire by employee. At a minimum the alerts are set to allow PSS, Inc. to provide the employee with a 60 day notice. Employees are required to provide proof their license or credential is current. The company has a no tolerance policy and will place any individual who does not have valid, up-to-date licenses and/or credentials.

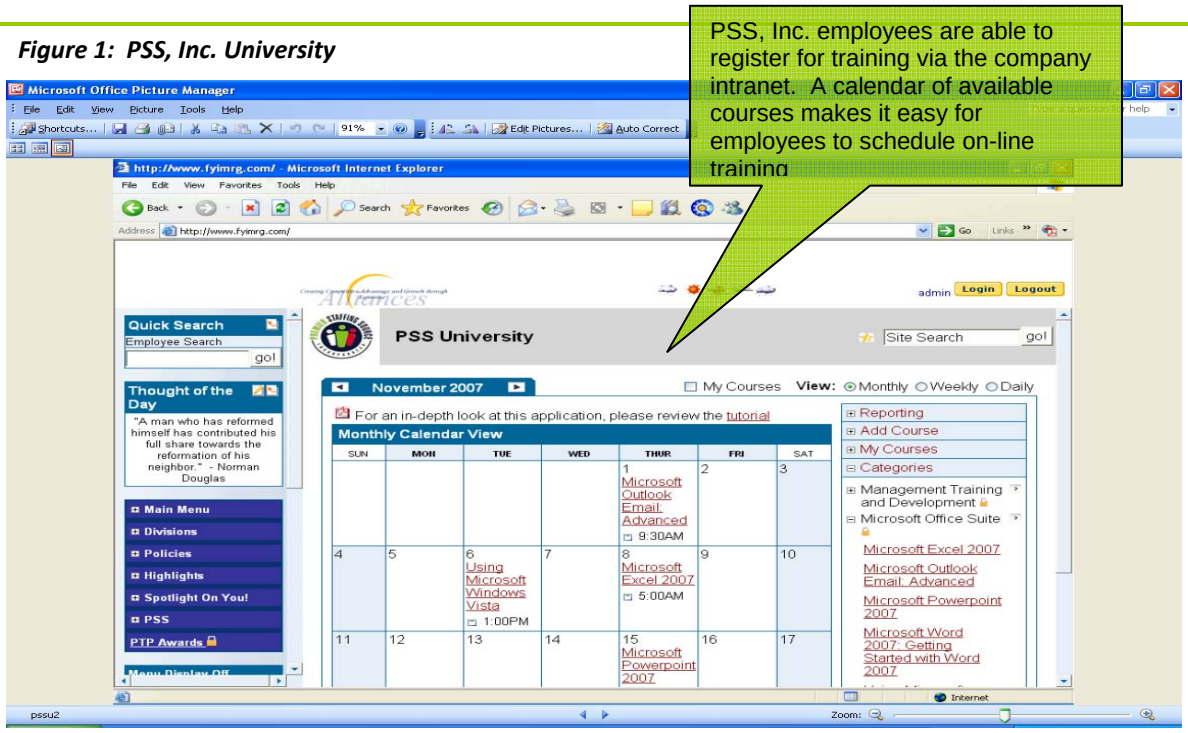
- Describe any benefits and incentive programs, as well as skill enhancement opportunities which are available to assignable staff; and

PSS, Inc.'s current recognition and award program, Performance through Partnership (PTP™) has been in existence since the company's inception. PSS, Inc. recognized from its outset the importance of recognizing employee contributions and rewarding stellar performance. Every year the company sets aside a percentage of revenue for this program which includes quarterly, team and individual recognition. PTP™ fosters outstanding customer working relationships as its structure recognizes outstanding employee commitment to customer partnering under key contract objectives. Specifically, it recognizes and rewards individuals whose innovation and dedication result in superior work products.

Under this effort, PTP™ embraces the concept of Pay for Performance and includes set requirements and other incentives to boost morale, facilitate retention, and increase performance. The PTP™ program consists of both monetary and non-monetary awards. Each component of the awards program recognizes and influences different service accomplishments. The PTP™ award committee reserves the right to make any changes to the dollar amount and the total number of awards as required. These awards recognize those employees who make improvements in service performance through hard work and accomplishments.

PSS, Inc. invests in the maintenance and development of its employees. PSS, Inc.'s training and development initiatives are designed to promote retention and increase the quality of performance offered to PSS, Inc.'s customers. A significant portion of PSS, Inc.'s revenue is earmarked for training and development programs under PSS, Inc.'s branding program. PSS, Inc. has partnered with IKM for training in addition to skills assessment. A subset of the skills assessment is PSS, Inc.'s ability to pinpoint training requirements for PSS, Inc.'s employees. Training is made available to PSS, Inc.'s employees via PSS, Inc.'s employee intranet, which include computer skills training, interpersonal skills training and other training deemed necessary. Employees are encouraged to take advantage of PSS, Inc.'s training to increase their likelihood of placement. Training begins with an individual proficiency profile of the candidate. This allows PSS, Inc.'s Recruiter the ability to identify specific areas of strength and weakness of an employee's ability on an application or competence. The Recruiter uses this information to suggest a training program for the employee. Employees are able to access many of PSS, Inc.'s training tools 24/7/365 through the company intranet, (see Figure 1). Additionally, there are occasional instructor led trainings held. Many of these are conducted through an on-line webinar by PSS, Inc. personnel or consultants. Employees receive advance notice of the training and are able to register to participate. Employees schedule training to supplement or reinforce their skills. Recruiters schedule training for candidates who may not have scored well on their initial skill assessment(s). The candidate is schedule for specific training to make certain their skill level is up to acceptable standards.

Figure 1: PSS, Inc. University



- ***Explain the manner in which job assignments/job matching is determined.***

PSS, Inc.'s industry tools include a web-based recruiting application, Bullhorn. Bullhorn is available 24/7/365. PSS, Inc. uses Bullhorn to conduct applicant tracking, perform recruitment management, conduct semantic resume searches and manage the resume database. All task orders entered in the application generate an alert to all recruiting personnel. Assigned recruiters parse resumes against specific task order, education and skills requirements to identify a pool of qualified candidates. This facilitates the selection process as it assists with keying in on only those employees with the required skills and experience. Once a Recruiter identifies candidates for a task order, further assessment is done to ensure the right individual is selected for the task order. The candidate(s) are sent a Task Order Detail by email which outlines:

- ***assignment duties,***
- ***length of assignment,***
- ***work hours,***
- ***report to location,***
- ***pay,***
- ***skills required, and***
- ***other pertinent information.***

The Recruiter reviews the particulars of the assignment with each qualified candidate. PSS, Inc., prior to assigning an employee, verifies their ability to meet <u>all</u> aspects of the task order. In most instances, the company offers three (3) candidates as options for task order fulfillment.

3.2.3 Vendors must provide an outline for each process with estimated timelines required to fulfill a new request by using agency for

3.2.3.1 Referrals of individuals from agency; and

3.2.3.2 Individuals recruited by the contractor

PSS, Inc. uses its primary task order process for each new request. Once PSS, Inc. receives a request from the State of Nevada; the purchase order will be reviewed by the Account Manager assigned to the contract. Any questions regarding the order are addressed with the ordering individual. The assigned Recruiter, using the company's applicant management application searches its database using the skills, experience, and other job requirements to determine the best Associate for the order. The Associate's qualifications and background are presented to for Project Management approval and placement. With highly technical or special skill task order requests, PSS, Inc.'s objective is to submit a minimum of two (2) Associates for consideration.

PSS, Inc. employs a tailored recruiting approach to meet the recruitment requirements of its customers. Our approach is designed to attract and retain key staff in order to ensure our customers experience little disruption to their operations due to staff turnover. Under this effort, PSS, Inc.'s approach to recruiting for candidates is comprised of six (6) key elements:

- ***Development of a tailored staffing plan focused on proactive recruitment using historical data, trends, and customer input,***
- ***Assignment of dedicated recruiters tasked to ascertain the personnel resource needs of each ordering department,***
- ***Development of a database of personnel, with the requisite qualifications and experience to meet the needs of each ordering department,***
- ***Utilization of incentives such as salary, bonus and fringe benefits to attract and retain qualified personnel,***
- ***Utilization of several recruiting sources, including referrals, media advertisements, job fairs, subcontractor assistance, and trade journals to attract the personnel with the appropriate skills and experience to successfully fulfill task order requirements, and***
- ***Training, assessment, and development programs to appropriately place the correct Associate with the correct assignment and ensure skill development.***

PSS, Inc. has the ability and proven experience to fill requests as required under this RFP. PSS, Inc.'s specific process for placing candidates is based on our registered trademarked process IQR®. This process comprises three key components:

- ***Identification of the critical assignment components,***
- ***Qualification of all relevant tasks and quantifying the length of the assignment, number of Associates required and specific technical skills necessary and***
- ***Resolution of the assignment through completion.***

PSS, Inc.'s IQR®. process has resulted in a successful track record of Associate placements under similar contracts. The company's goal through the use of IQR®. is reduced Associate turnover due to inadequate skills, lack of retention on assignments, or lack of understanding of the ordering department's

needs. PSS is set up to receive orders at any time of the day. PSS, Inc. staffs it operation from 7:30 a.m. to 6:00 p.m. The company's objective is to provide customers with convenient and easy means to place orders. PSS employs the latest customer service technology to provide innovative and secure ways through which orders may be placed. The company has the capability to receive orders 24/7/365.

Once received, a purchase order is reviewed by the assigned Account Manager and put into the system for a response to the request within the required timeframe. Each assigned Recruiter receives an email alerting them of the new request. The primary Recruiter begins the search for the most qualified PSS, Inc. Associate based on skills, experience, availability and past performance. The Recruiter reviews the request with identified Associates ensuring all request particulars are thoroughly reviewed and understood. Specifically the Recruiter confirms whether the Associate is able to commit for the full length of the assignment and understands what is required. The pay rate is confirmed and qualified Associates are presented for approval and final selection by the Account Manager.

Figure 2: PSS, Inc. Assignment Form

Contingent Employee Assignment Form (Sample)

Premier Staffing Source Inc. (PSS, Inc.) is pleased to confirm your **temporary assignment** with us.
The details of your assignment are outlined below.

Client Address:
Contact Name and Phone#:

Position Title: **Accounting Clerk**

Assignment Date: **March 22, 2010 – June 30, 2010**

Time: **8:00 a.m. - 4:30 p.m.**

Pay rate: **$00.00 + $0.00 Health & Welfare (if applicable) = $00.00**

Position Description: Performs routine accounting activities such as maintenance of the general ledger, preparation of various accounting statements and financial reports and accounts payable or receivable functions. Requires a high school diploma or its equivalent and at least 5 years of related experience. Familiar with a variety of the field's concepts, practices, and procedures. May lead and direct the work of others.

PSS, Inc. Contact: Pamela Williams - Project Director/HR Manager
Phone: 877-660-4674 X18
Fax: 866-507-9372 (toll-free)

Authorization to Work
You should note that you would be required to show proof of citizenship, permanent residency in the U.S., or authorization to work in the U.S. within three (3) business days of your start date of assignment.

Payroll Procedures – Contingent Personnel
Timesheets are due by noon each Monday. You must not work more than 40 hours per week unless authorized. You must take a minimum 30 minute lunch break if you work more than four (4) hours each day.

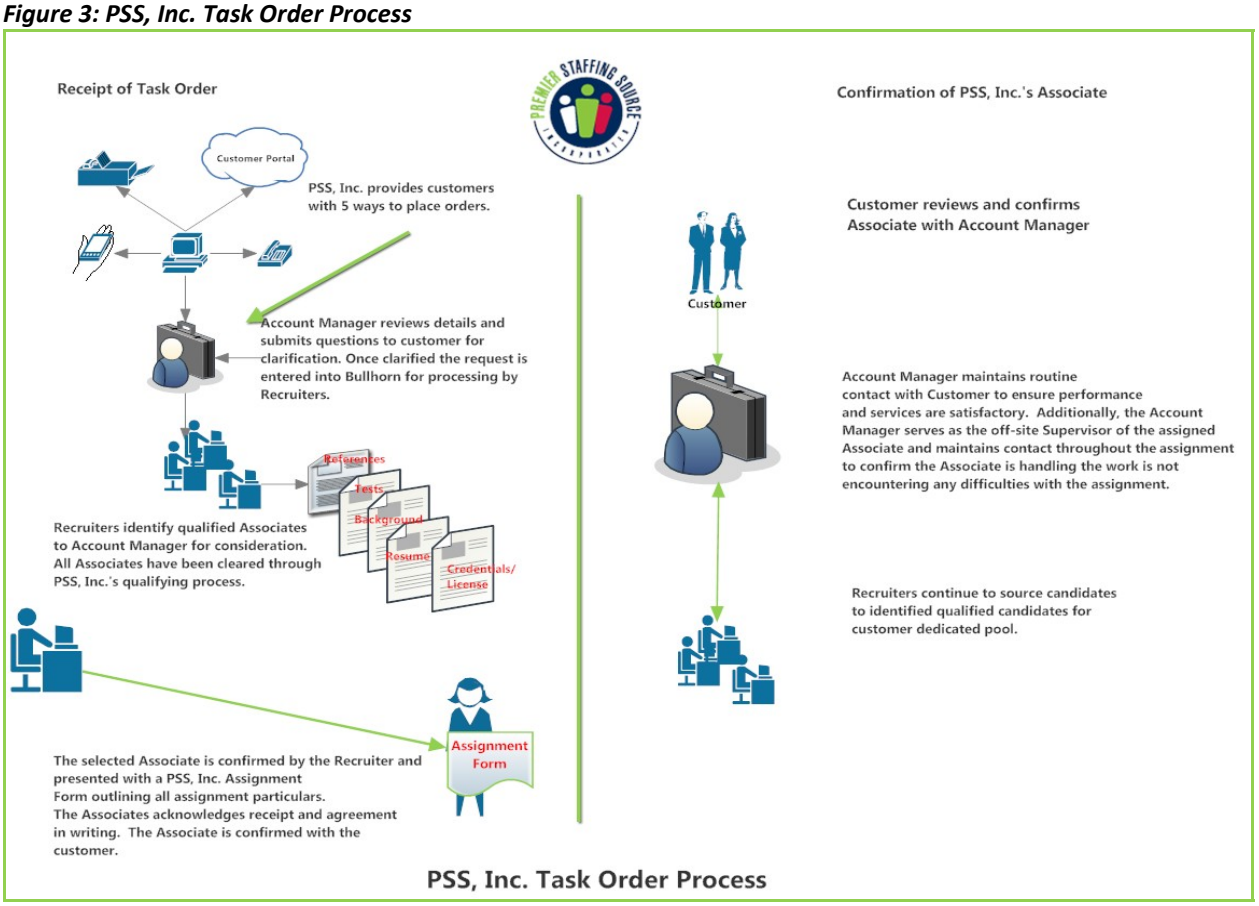
Pay Date - You will be paid weekly.

Dress Code
As a Contingent Staffing Associate with PSS, Inc., you are required to dress in appropriate business attire. Your Staffing Manager will provide specific requirements however, the following are not acceptable: jeans, sweat-shirts, t-shirts, athletic footwear, muscle shirts, tube/halter tops, open midriff shirts and leggings. The majority of our assignments are of a professional nature and your representation of PSS, Inc. should reflect this.

Personal Calls
Personal calls are discouraged unless there is an emergency. Employees must use their break and lunch period to make a personal call. Please advise family and friends that they should call our office in the event of an emergency, and someone will call you at the client site. **Never use the client's telephone to make long distance calls.**

All recruiting activity is conducted within the applicant tracking application, Bullhorn. In this way, each member of the Customer Support Team (CST) has 360° visibility. (See Figure 2)

Figure 3: PSS, Inc. Task Order Process



PSS, Inc. has set metrics regarding fill-times depending upon the following:

- ***Same day order,***
- ***Same week order,***
- ***Referrals by customer,***
- ***Transition from another vendor (only by customer request), and***
- ***Labor category***

Table 4: PSS, Inc. Time-to-Fill Estimates by Labor Category

PSS, Inc. Time-to-Fill Averages: PSS, Inc. Recruited Staff vs. Referrals					
Medical		**Acccounting/IT**		**Office Administration**	
Same Day	**Same Week**	**Same Day**	**Same Week**	**Same Day**	**Same Week**
Next day	Within 2 business days	Next day	Within 2 business days	Within 4 hours	1 business day
Orders received on weekends or holidays may require additional time. PSS, Inc. typically has Assoicates on "standby" to accommodate these orders.					

3.2.5 The contractor will be responsible to maintain a record on the status of all licensed or certified temporary employees. Any temporary employees losing their 'Active' status per their defined occupational licensure/certification will be deemed ineligible to work and the agency must be notified immediately. Does your company currently maintain these records? Vendor to explain how the records are maintained. If not, describe your plan to begin obtaining this information.

PSS, Inc. maintains all employee related records in it HRIS application. The application documents and tracks all employee licenses and certifications and includes information regarding date each was obtained and expiration date. Using the information, the company Human Resources Department track employees' expiration date and sends an alert 60 days prior to expiration informing the employee of the requirement to update the license and/or certification prior to expiration. PSS, Inc. uses HireRight to confirm all licensure and certification. The company does not accept photo copies of licenses or certifications as proof of attainment. The employee is required to produce an original copy which bears the appropriate seal or embossment showing authenticity. (This is also a requirement for educational verification.)

All records are maintained on the company secure Human Resources Department portal. The information is easily viewed through the HRIS by clicking into the document. Each employee's file is strictly maintained. PSS, Inc. requires an employee to ensure his/her license/certification is updated a minimum of five (5) days before expiration. Failure to do so may result in their replacement on an assignment. The company requires five (5) days to allow for the identification of a replacement and notification to the State of Nevada.

3.2.6 Contractors must provide to the temporary individual the option to be employed as a W-2 employee or a self-employed-IRS 1099 employee. For temporary employees defined as self-employed-IRS 1099, the contractor will be required to maintain a copy of their current required liability and/or property insurance prior to the temporary employee's release to work for the State. Any temporary employee who does not have valid required liability and/or property insurance coverage will be deemed ineligible to work and the agency must be notified immediately. Vendor must describe what, if any, liability and/or property insurance coverage your company provides for the W-2 employee and the self-employed-IRS employee? Will self-employed-IRS 1099 temporary employees be limited to the number of hours worked for the State in a week?

PSS, Inc. provides insurances for Commercial General Business Liability; Excess Liability; Auto Liability; Workers Compensation; Professional Errors & Omissions; Medical Malpractice; and Employee Fidelity.

- ***General Business Liability and Excess (Umbrella) Insurance covers liabilities for product, completed operations, bodily injury and property damage, personal and advertising injury, and medical payments.***
- ***Hired Auto and Non-Owned Auto Insurance applies to liabilities for bodily injury and property damage arising out of maintenance and use of a hired and/or non-owned auto in the course of business by employees.***
- ***Workers Compensation provides employees with compensation arising out of work related injuries.***

- ***Professional Errors & Omissions applies to liabilities and defense costs for work related mistakes and/or negligence of duty.***
- ***Medical Malpractice covers professional services for healthcare professional staffing excluding physicians, dentists, psychiatrists, surgeons and Certified Registered Nurse Anesthetists (CRNA).***
- ***Employee Fidelity provides crime coverage against employee dishonesty in the theft of client property.***

Table 5: PSS, Inc. Liability Insurances by Employee Type

Policy	***Liability Limits***	***W-2 Employee***	***Self-Employed (Proof of coverage on file with PSS, Inc.)***
General Business Liability	***$1 mil per occurrence/$2 mil aggregate***	***Yes***	***No***
Excess Liability	***$4 mil per occurrence/$4 aggregate***	***Yes***	***No***
Automobile Liability	***$1 mil per accident Hired & Non-Owned Auto***	***Yes***	***No***
Workers Compensation	***$1 mil per accident***	***Yes***	***No***
Professional Errors & Omissions	***$1 mil per claim/ $3 mil aggregate***	***Yes***	***No***
Medical Malpractice	***$1 mil per claim/ $3 mil aggregate $5,000 Medical injury***	***Yes***	***No***
Employee Fidelity	***$250,000 Single Loss***	***Yes***	***No***

Yes, self-employed 1099 individuals will be limited to 40 hours per work week. Self-employed are characterized as independent contractors, not employees, in keeping with the Fair Labor Standards Act, IRS regulations and applicable court decisions.

3.2.7 The vendor's temporarily assigned individuals agree to be bound by the State's security regulations, policies and standards as required by the agency (e.g., Department of Corrections).

PSS, Inc. acknowledges this requirement and will comply.

3.2.8 The Health Insurance Portability and Accountability Act (HIPAA) of 1996, 45 C.F.R. 160, 162, and 164, as amended, require all agencies comply with the requirements of the act. In the event that the functions or activities include the involvement of Protected Health Information, the awarded vendor agrees to enter into a Business Associate Agreement with the individual using agency which is under the HIPPA regulations as required by 45 C.F.R. 164.504 (e).

PSS, Inc. acknowledges this requirement and will comply.

3.2.9 There will be no allowable penalty assessed by the contractor for temporary employees who become employees of the State of Nevada. Vendors must acknowledge this requirement in their proposal.

3.2.10 Vendor must provide a copy of the new hire packet currently in use with other clients along with a copy of any offer letter or documentation of individual employee contract given to new employees, including initial hourly salary.

PSS, Inc. acknowledges this requirement and will comply.

3.2.11 Contractor must agree to comply with the Pro-Children Act of 1994 Public Law 103-227, Part C - "Environmental Tobacco Smoke," by not permitting smoking in any portion of any non-residence indoor facility or facility which is leased by contractor, which portion is also used routinely or regularly for the provision of health, day care, education, or library services to children under 18 years of age.

PSS, Inc. acknowledges this requirement and will comply.

3.3 Additional Physician Determination Services

PSS, Inc. acknowledges this requirement; however the company does not provide Physicians.

3.4.1 Contractor must provide quarterly reports of all temporary employment services invoiced under the contract to the State Purchasing Division. Unless otherwise agreed to, Attachment N – Sample Quarterly Report for temporary assigned individuals for medical related positions must be used when submitting the reports. Reports are to be submitted to the name and address listed on the form on or before the 15th of the month following the end of each State fiscal quarter.

The State's quarters are:

1st Quarter	July ~ September	Due by October 15th
2nd Quarter	October ~ December	Due by January 15th
3rd Quarter	January 1 ~ March 31	Due by April 15th
4th Quarter	April 1 ~ June 30	Due by July 15th

NOTE: Failure to provide the quarterly reports in a timely manner may result in the assessment of one or more of the following penalties:

- Contract suspension; or
- Contract termination.

PSS, Inc. acknowledges this requirement and will comply.

3.4.2 Additionally, using agencies may request contractor to provide reporting on temporary assigned individuals for their own agency. Does your company have the ability to provide custom reporting to each individual agency? If so, please describe.

PSS, Inc. employs industry staffing and financial software to enhance its invoicing and reporting capabilities. Under the direction of the CFO, Ms. Melanie Bilal-Douglas, PSS, Inc. is able to produce reports of a financial and resource nature to address any query regarding its service deliverables. A monthly report identifying all placements, hours worked, pay and bill rates, total dollar amount, job title, department and residence can be provided to the State of Nevada as required. The report can include the total payments received to date by each ordering department. This information is available in any format required under the contract and is easily customized using the company's accounting application. PSS, Inc. will meet the deadlines established by the State of Nevada to submit its reports. See attached samples of usage reports.

3.5 Billing

3.5.1 Contractor is to bill each agency individually for services provided. Billing cycles may vary by agency as identified below:

- Weekly;
- Bi-weekly;
- Monthly; or
- Semi-monthly (The 15th day and last day of the month).

PSS, Inc. acknowledges this requirement and will comply.

3.5.2 The agency may approve reimbursement for travel expenses, per diem and long distance telephone calls related to services provided under the contract. Temporary employees must have written prior approval from the agency for reimbursement of any of these items. Valid travel costs will be reimbursed at the current State of Nevada travel rates found on the GSA site www.gsa.gov. The temporarily assigned individual and the agency's contact person must sign the travel expense form. The form must be submitted with the vendor's invoice for services with the travel expense as a separate line item on the invoice.

PSS, Inc. acknowledges this requirement and will comply.

3.5.3 Vendor(s) must provide timesheets for their employees and must be approved by both the temporarily assigned individual and the agency contact. Vendor's timesheet process may either use paper or an electronic submission with approvals applied within the system. Vendors must provide details on their timesheet process.

PSS, Inc. uses an internet-based electronic timekeeping system, TimeclockOnline. Assigned employees with internet access are able to clock in and out for every arrival and departure. The State of Nevada's designated representatives will have access to monitor assigned employee time and receive approval functions. TimeclockOnline features include:

- ***Secure entry through IP address restriction,***
- ***Automatic time calculation (TimeclockOnline issues alerts if a manual entry is done),***
- ***Remote access,***

- ***Dual oversight ability,***
- ***24/7/365 access,***
- ***Paperless, and***
- ***Segregation by project, location, and billable time***

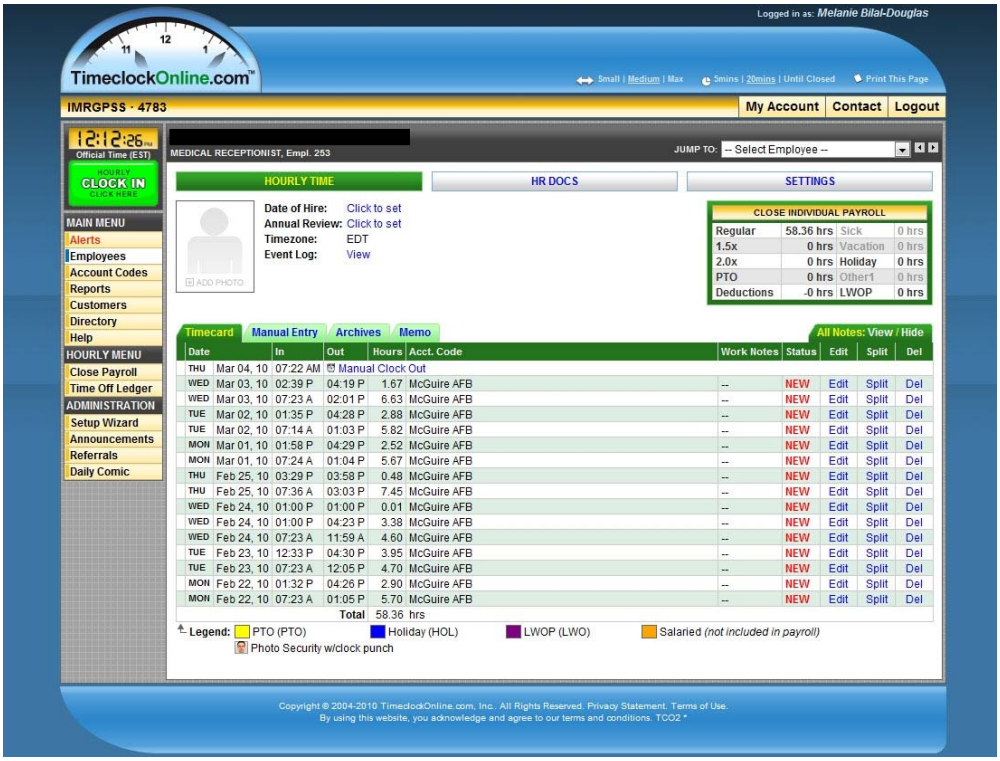
PSS, Inc. proposes this timekeeping system under this effort for the State of Nevada as it satisfies most timekeeping requirements. PSS, Inc. timekeeping procedures require Associates to access TimeClockOnline from their web browser and enter time four times per day (on arrival, lunch out, lunch in and on departure). This system is real-time and system security allows for restricted IP addresses. This ensures assigned staff are physically at the work site when they clock in and out. The procedure for proper time reporting is presented to each new employee during their new hire orientation including instructions on what to do if computer systems or electricity are down. There is also an easy and quick 2-minute on-line tutorial available.

PSS, Inc.'s Account Manager is accountable for monitoring, approving and submitting Associate's time for processing. Under this effort, PSS, Inc. ensures appropriate State of Nevada representatives have system access to review and approve PSS, Inc.'s Associate timesheets. Both PSS, Inc. and the State of Nevada, through TimeClockOnline, can remotely monitor (via their web browser) all arrivals and departures and approve time for assigned Associates regardless of location.

TimeClockOnline allows for manual entries in the event there is an error or system failure due to power outages. However, supervisor approval is required for every manual entry. PSS, Inc. staff ensures timesheets have the appropriate client level authorized approval when adding each new customer and we ensure that hours on timesheets match hours paid and billed. Below is a sample employee login and timesheet for www.timeclockonline.

Figure 4: TimeClockOnline—Employee Login

Figure 5: TimeClockOnline—Timecard



3.5.4 Temporarily assigned individuals shall receive payment from the awarded vendor(s) via check or direct deposit. Direct deposits shall occur and checks shall be available within five (5) working days of the timesheet submission. Vendors must describe their payment process to the temporary employee. The vendor must also outline resolution procedures when any problems are encountered in paying a temporary employee(s).

The company's Accounting Department sets up new employee files for payroll, creates invoice formats and schedules, finalizes customer reports and trains employees on PSS, Inc.'s timekeeping policies and procedures. The company's Chief Financial Officer, Ms. Melanie Bilal, brings extensive experience in fiscal contract oversight and compliance. She has successfully transitioned contracts during her tenure with PSS, Inc. Under Ms. Bilal's management, PSS, Inc.'s Accounting Department's commitment includes two dedicated Payroll Specialists and a Senior Accountant. Ms. Bilal's manages all payroll related activities against strict performance metrics. Ms. Bilal implemented an operational Balanced Scorecard (required for all PSS, Inc. departments) which focuses on six key metrics (See Table 2):

1. ***Accuracy***
2. ***Timeliness***
3. ***Compliance***
4. ***Customer satisfaction***
5. ***Cost***
6. ***Quality of Service***

Table 6: Payroll Operational Balanced Scorecard

Payroll Operational Balanced Scorecard				
Indicator	***Metric***	***Goal/Target***	***Manageable by Payroll Function***	***Escalated to Senior Mngt.***
Timeliness	***% of paychecks to employees on date of pay (within 5 days of timesheet submission and approval)***	***100%***	***90%***	***80%***
Quality/Accuracy	***% of paychecks error free***	***100%***	***95%***	***90%***
Compliance	***% of reports filed on time; taxes and deductions accurately appropriated; payment of incentives and Pay for Performance***	***100%***	***95%***	***90%***
Customer satisfaction	***Employee feedback from surveys against performance goals.***	***9/10 Positive Responses***	***8/10 Responses***	***7/10 Responses***
Quality	***% of first time resolution/same day***	***98%***	***95%***	***90%***

PSS, Inc. has made strides to reduce its carbon footprint wherever possible. In 2009 the company changed its procedures to stop producing paper copies of paystubs, W-2s and payroll change forms. Along with these changes, the company transitioned from paper employee files to electronic files. Employees have the ability to print copies of their paystub and W-2s through iPay (iPay gives employees access to their pay information throughout the year). Employees have access to historical pay data in addition to current pay period information). All payroll information is available 365/24/7. This change has been positively received by PSS, Inc. employees. Additionally, employees, through the company's intranet portal have access to all payroll change and paid time off forms. Using technology to enhance these types of requests and/or changes has been effective and efficient. These changes have reduced the company's paper consumption by 38%.

PSS, Inc. has a set performance metric for addressing all payroll concerns. The Accounting Department goal is payroll concerns are addressed and resolved <u>within the same business day</u>. The Chief Financial Officer has the autonomy and authority to issue live checks, make bank transfers or issue a direct deposit to correct any pay discrepancy. The Accounting Department's performance in this metric has been 98.7% for the last three years.

3.5.5 Temporarily assigned individuals will not work overtime unless approved in advance and in writing by the agency. Overtime hours shall be billed at no more than 1.5 times the hourly rates for the temporary employee.

PSS, Inc. acknowledges this requirement and will comply.

Premier Staffing Source, Inc.
Summary of Weekly Invoices for All Active Assignments by Cost Center
Sep 1, 2011 Through Jan 28, 2012

Type	Date	Num	Memo	Qty	Sales Price	Amount	Balance
3 Hartford PROPERTY INS CORP							
Hartford Daily - Orig Term							
Cost Center 120 LEGAL SERVICES							
CC120-Legal BillRvwSpec-LSmith							
Invoice	09/15/2011	2284	Legal Bill Review Specialist - Louanne Smith Jacksonville -Central Offices PAY R	40.00	21.75	870.00	870.00
Invoice	09/15/2011	2284	This Billing is for the Period: 9/10/2011	32.00	21.75	696.00	1,566.00
Invoice	09/23/2011	2285	Legal Bill Review Specialist - Louanne Smith Jacksonville -Central Offices PAY R	40.00	21.75	870.00	2,436.00
Invoice	09/28/2011	2286	Legal Bill Review Specialist - Louanne Smith Jacksonville -Central Offices PAY R	38.80	21.75	843.90	3,279.90
Invoice	09/30/2011	2328	Legal Bill Review Specialist - Louanne Smith Jacksonville -Central Offices PAY R	38.40	21.75	835.20	4,115.10
Invoice	10/14/2011	2349	Legal Bill Review Specialist - Louanne Smith Jacksonville -Central Offices PAY R	39.90	21.75	867.83	4,982.93
Invoice	10/21/2011	2354	Legal Bill Review Specialist - Louanne Smith Jacksonville -Central Offices PAY R	37.80	21.75	822.15	5,805.08
Invoice	10/28/2011	2358	Legal Bill Review Specialist - Louanne Smith Jacksonville -Central Offices PAY R	39.20	21.75	852.60	6,657.68
Invoice	10/29/2011	2359	Legal Bill Review Specialist - Louanne Smith Jacksonville -Central Offices PAY R	40.00	21.75	870.00	7,527.68
Invoice	11/11/2011	2412	Legal Bill Review Specialist - Louanne Smith Jacksonville -Central Offices PAY R	39.80	21.75	865.65	8,393.33
Invoice	11/18/2011	2415	Legal Bill Review Specialist - Louanne Smith Jacksonville -Central Offices PAY R	36.20	21.75	787.35	9,180.68
Invoice	11/22/2011	2417	Legal Bill Review Specialist - Louanne Smith Jacksonville -Central Offices PAY R	34.70	21.75	754.73	9,935.40
Invoice	11/26/2011	2423	Legal Bill Review Specialist - Louanne Smith Jacksonville -Central Offices PAY R	28.90	21.75	628.58	10,563.98
Invoice	12/03/2011	2466	Legal Bill Review Specialist - Louanne Smith Jacksonville -Central Offices PAY R	40.00	21.75	870.00	11,433.98
Invoice	12/15/2011	2471	Legal Bill Review Specialist - Louanne Smith Jacksonville -Central Offices PAY R	40.00	21.75	870.00	12,303.98
Invoice	12/22/2011	2475	Legal Bill Review Specialist - Louanne Smith Jacksonville -Central Offices PAY R	39.60	21.75	861.30	13,165.28
Invoice	12/29/2011	2477	Legal Bill Review Specialist - Louanne Smith Jacksonville -Central Offices PAY R	32.10	21.75	698.18	13,863.45
Invoice	12/31/2011	2493	Legal Bill Review Specialist - Louanne Smith Jacksonville -Central Offices PAY R	36.20	21.75	787.35	14,650.80
Invoice	01/12/2012	2518	Legal Bill Review Specialist - Louanne Smith Jacksonville -Central Offices PAY R	21.20	21.75	461.10	15,111.90
Invoice	01/14/2012	2521	Legal Bill Review Specialist - Louanne Smith Jacksonville -Central Offices PAY R	40.00	21.75	870.00	15,981.90
Invoice	01/21/2012	2524	Legal Bill Review Specialist - Louanne Smith Jacksonville -Central Offices PAY R	37.60	21.75	817.80	16,799.70
Invoice	01/28/2012	2547	Legal Bill Review Specialist - Louanne Smith Jacksonville -Central Offices PAY R	26.70	21.75	580.73	17,380.43
Total CC120-Legal BillRvwSpec-LSmith						17,380.43	17,380.43
Total Cost Center 120 LEGAL SERVICES						17,380.43	17,380.43
Cost Center 280-VENDOR RELATION							
CC280-Bus Op Special-LVivirito							
OT-CC280 Bus Op Spec- LVivirito							
Invoice	10/29/2011	2360	OVERTIME - Business Operations Specialist - Lisa Vivirito Jacksonville -Central (	0.50	43.50	21.75	21.75
Invoice	12/03/2011	2467	OVERTIME PAY RATE $30.00 This Billing is for the Week Ending: 12/3/2011	8.40	43.50	365.40	387.15
Invoice	12/15/2011	2472	OVERTIME PAY RATE $30.00 This Billing is for the Week Ending: 12/10/2011	10.20	43.50	443.70	830.85
Invoice	12/22/2011	2474	OVERTIME PAY RATE $30.00 This Billing is for the Week Ending: 12/17/2011	21.20	43.50	922.20	1,753.05
Invoice	01/14/2012	2520	OVERTIME PAY RATE $30.00 This Billing is for the Week Ending: 1/14/2012	5.10	43.50	221.85	1,974.90
Invoice	01/28/2012	2548	OVERTIME PAY RATE $30.00 This Billing is for the Week Ending: 1/28/2012	4.10	43.50	178.35	2,153.25
Total OT-CC280 Bus Op Spec- LVivirito						2,153.25	2,153.25
CC280-Bus Op Special-LVivirito - Other							
Invoice	10/21/2011	2355	Business Operations Specialist - Lisa Vivirito Jacksonville -Central Offices PAY R	24.10	29.00	698.90	698.90

SAMPLE REPORT

Premier Staffing Source, Inc.
Summary of Weekly Invoices for All Active Assignments by Cost Center
Sep 1, 2011 Through Jan 28, 2012

Type	Date	Num	Memo	Qty	Sales Price	Amount	Balance
Invoice	10/28/2011	2357	Business Operations Specialist - Lisa Vivirito Jacksonville -Central Offices PAY R	40.00	29.00	1,160.00	1,858.90
Invoice	10/29/2011	2360	Business Operations Specialist - Lisa Vivirito Jacksonville -Central Offices PAY R	40.00	29.00	1,160.00	3,018.90
Invoice	11/11/2011	2413	Business Operations Specialist - Lisa Vivirito Jacksonville -Central Offices PAY R	40.00	29.00	1,160.00	4,178.90
Invoice	11/18/2011	2416	Business Operations Specialist - Lisa Vivirito Jacksonville -Central Offices PAY R	32.00	29.00	928.00	5,106.90
Invoice	11/22/2011	2418	Business Operations Specialist - Lisa Vivirito Jacksonville -Central Offices PAY R	40.00	29.00	1,160.00	6,266.90
Invoice	11/26/2011	2424	Business Operations Specialist - Lisa Vivirito Jacksonville -Central Offices PAY R	26.40	29.00	765.60	7,032.50
Invoice	12/03/2011	2467	Business Operations Specialist - Lisa Vivirito Jacksonville -Central Offices PAY R	40.00	29.00	1,160.00	8,192.50
Invoice	12/15/2011	2472	Business Operations Specialist - Lisa Vivirito Jacksonville -Central Offices PAY R	40.00	29.00	1,160.00	9,352.50
Invoice	12/22/2011	2474	Business Operations Specialist - Lisa Vivirito Jacksonville -Central Offices PAY R	40.00	29.00	1,160.00	10,512.50
Invoice	12/29/2011	2476	Business Operations Specialist - Lisa Vivirito Jacksonville -Central Offices PAY R	36.30	29.00	1,052.70	11,565.20
Invoice	12/31/2011	2494	Business Operations Specialist - Lisa Vivirito Jacksonville -Central Offices PAY R	33.80	29.00	980.20	12,545.40
Invoice	01/12/2012	2519	Business Operations Specialist - Lisa Vivirito Jacksonville -Central Offices PAY R	32.30	29.00	936.70	13,482.10
Invoice	01/14/2012	2520	Business Operations Specialist - Lisa Vivirito Jacksonville -Central Offices PAY R	40.00	29.00	1,160.00	14,642.10
Invoice	01/21/2012	2523	Business Operations Specialist - Lisa Vivirito Jacksonville -Central Offices PAY R	36.20	29.00	1,049.80	15,691.90
Invoice	01/28/2012	2548	Business Operations Specialist - Lisa Vivirito Jacksonville -Central Offices PAY R	40.00	29.00	1,160.00	16,851.90
Total CC280-Bus Op Special-LVivirito - Other						16,851.90	16,851.90
Total CC280-Bus Op Special-LVivirito						19,005.15	19,005.15
Total Cost Center 280-VENDOR RELATION						19,005.15	19,005.15
Cost Center 442 -OPERATIONSUPPO							
CC442-OperSuppSpec-RBushey							
Invoice	09/29/2011	2288	Operations Support Specialist - Ruth Bushey Jacksonville -Central Offices PAY R	40.00	17.40	696.00	696.00
Invoice	09/30/2011	2329	Operations Support Specialist - Ruth Bushey Jacksonville -Central Offices PAY R	40.00	17.40	696.00	1,392.00
Invoice	10/14/2011	2350	Operations Support Specialist - Ruth Bushey Jacksonville -Central Offices PAY R	40.00	17.40	696.00	2,088.00
Total CC442-OperSuppSpec-RBushey						2,088.00	2,088.00
Total Cost Center 442 -OPERATIONSUPPO						2,088.00	2,088.00
Total Hartford Daily - Orig Term						38,473.58	38,473.58
Total 58 Hartford PROPERTY INS CORP						38,473.58	38,473.58

SAMPLE REPORT

CMC Corporation - Contract # 3864534

(Vendor) Premier Staffing Source Inc's Temporary Personnel Assignment Report

301 McCullough Drive, 4th Floor
Charlotte, NC 28262

Report Date 6/1/2012

#	Contractor Name	Position	Location	MA-Code	Report To	Start Date	End Date	Rate	Est. Hours	Assignment Complete Yes/No
1	Cole, Chris	Clerical Asst	Board of Directors	M510	Young, Ernest	3/2/2012	3/12/2012	$ 16.75	31.3	Yes
2	King, Amy	Clerical Asst	Human Resources	M510	Blackwell, Wendy	3/13/2012	3/15/2012	$ 16.75	15.7	Yes
3	Craig, Mark	Clerical Asst	Board of Directors	M510	Young, Ernest	3/21/2012	3/23/2012	$ 16.75	16	Yes
4	Alexander, Bev	Lost/Found Clerk	Lost/Found Office	M131	Helmsley, Ann	5/7/2012	6/29/2012 Estim	$ 14.75	144.3	No
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										

Authorized Representative	Title	Department	Department No.	Phone	Email
Katherine Wright	Contracting Officer	Procurement & Contracts	M440	704-408-8666	Kathy.Wright@cmc.com
Deborah Locksmith	Manager, Staffing & Records Services	Human Resources (Executive Office, Legal, Board, Communications)	M510	704-408-1322	Deborah.Locksmith@cmc.com
Antoinette Ward	Administrative Technician	Information Services	M131	704-408-8025	Antoinette.Ward@cmc.com
Craig Marltrip	Budget Technician	Information Services	M238	704-408-2588	Craig.Marltrip@cmc.com
Claude Rounds	Manager, Finance & Administration	Public Safety Administration	M300	704-408-8226	Claude.Rounds@cmc.com
Kevin Jordan	Manager, Administrative Services	Administrative Services	M420	704-408-8649	Kevin.Jordan@cmc.com

SAMPLE

*** No work performed for the period of 4/1/2012 thru 5/6/2012**

SAMPLE

Employee Name
Employee Address

Dear,

Premier Staffing Source Inc., is pleased to confirm your **temporary assignment** with us, reporting beginning, **Monday, July 1, 2013, at 8:00 a.m.** This letter will serve to confirm our understanding of your acceptance of this temporary assignment.

Authorization to Work
You should note that you would be required to show proof of citizenship, permanent residency in the U.S., or authorization to work in the U.S. within three (3) business days of your date of assignment.

Welcome to Premier Staffing Source, Inc., **Employee Name.** We hope you agree that you have a great contribution to make to Premier Staffing Source, Inc., and that you will find working here a rewarding experience. We look forward to the opportunity of working with you.

Acceptance
To indicate your acceptance of this offer, please sign below, retain a copy for your files, and return the signed page to Premier Staffing Source, Inc. within 3 days.

Sincerely yours,

Pamela Williams
Project Director
Human Resources Manager

Agreed to and Accepted by:

_____ _____

Employee Name **Date**

Contingent Employee Assignment Form

Employee Name:
Office Address:

Contact Name and Phone#:

Position Title:

Start Date:

Time: **8-4:30 p.m., (must take a minimum 30 minute lunch break) – Cannot work more than 40 hours per week.**
Pay rate: **$00.00 per hour**

IMRG, Inc. Corporate Contact: Pamela Williams
Project Director/HR Manager
Phone: 877-660-4674 X18
Fax: 866-507-9372 (toll-free)

Payroll Procedures – Contingent Personnel

Pay Date

You will be paid weekly.

Dress Code

As a Contingent Staffing Associate with Premier Staffing Source Inc., you are required to dress in appropriate business attire. Your SC will provide specific requirements however, the following are not acceptable: jeans, sweat-shirts, t-shirts, athletic footwear, muscle shirts, tube/halter tops, open midriff shirts and leggings. The majority of our assignments are of a professional nature and your representation of Premier Staffing Source Inc. should reflect this.

Personal Calls

Personal calls are discouraged unless there is an emergency. Employees must use their break and lunch period to make a personal call. Please advise family and friends that they should call our office in the event of an emergency, and someone will call you at the client site. **Never use the client's telephone to make long distance calls.**

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** _____
(**Note.** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
- 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

► **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.**

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.) ► **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)

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

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: { $12,200 if married filing jointly or qualifying widow(er); $8,950 if head of household; $6,100 if single or married filing separately }	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.

Standard Form 1199A (EG)
(Rev. June 1987)
Prescribed by Treasury Department
Treasury Dept. Cir. 1076

OMB No. 1510-0007

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 *(TO BE COMPLETED BY PAYEE)*

A NAME OF PAYEE *(last, first, middle initial)*

ADDRESS *(street, route, P.O. Box, APO/FPO)*

CITY STATE ZIP CODE

TELEPHONE NUMBER
AREA CODE

B NAME OF PERSON(S) ENTITLED TO PAYMENT

C CLAIM OR PAYROLL ID NUMBER

Prefix Suffix

D TYPE OF DEPOSITOR ACCOUNT ☐ CHECKING ☐ SAVINGS

E DEPOSITOR ACCOUNT NUMBER

F TYPE OF PAYMENT *(Check only one)*

- ☐ Social Security
- ☐ Supplemental Security Income
- ☐ Railroad Retirement
- ☐ Civil Service Retirement (OPM)
- ☐ VA Compensation or Pension
- ☐ Fed. Salary/Mil. Civilian Pay
- ☐ Mil. Active _____
- ☐ Mil. Retire. _____
- ☐ Mil. Survivor _____
- ☐ Other _____ *(specify)*

G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY *(if applicable)*

TYPE AMOUNT

PAYEE/JOINT PAYEE CERTIFICATION

I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.

SIGNATURE DATE

SIGNATURE DATE

JOINT ACCOUNT HOLDERS' CERTIFICATION *(optional)*

I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.

SIGNATURE DATE

SIGNATURE DATE

SECTION 2 *(TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)*

GOVERNMENT AGENCY NAME

GOVERNMENT AGENCY ADDRESS

SECTION 3 *(TO BE COMPLETED BY FINANCIAL INSTITUTION)*

NAME AND ADDRESS OF FINANCIAL INSTITUTION

ROUTING NUMBER CHECK DIGIT

DEPOSITOR ACCOUNT TITLE

FINANCIAL INSTITUTION CERTIFICATION

I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.

PRINT OR TYPE REPRESENTATIVE'S NAME | SIGNATURE OF REPRESENTATIVE | TELEPHONE NUMBER | DATE

Financial Institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

Emergency Contact Form

Date: _____

Employee Name: _____

Emergency Contact Information:

In emergency situation, please notify: (please print)

(Primary Contact)
Emergency Contact Name: _____

Address: _____
Street Address City State Zip

Daytime Phone: _____ -_____-_____ Cellular Phone: _____ - ____ -_____

Home Phone: _____-_____-_____

Relationship: _____

(Secondary Contact)
Emergency Contact Name: _____

Address: _____
Street Address City State Zip

Daytime Phone: _____ -_____-_____ Cellular Phone: _____ - ____ -_____

Home Phone: _____-_____-_____

Relationship: _____

Integrated Management Resources Group, Inc.
Employee Stock Ownership Plan
Beneficiary Election Form

Check one: ____ New Participant-Original Designation ____ Current Participant-Change in Designation

Employee Information:

Employee Name _____ Social Security Number _____

Address: _____ Date of Birth: _____

_____ Marital Status: _____ Single _____ Married

Beneficiary Information:

I name the following person, trust or institution to receive any benefits that may become payable upon my death.

Primary: _____ Social Security Number _____

Address: _____ Date of Birth: _____

_____ Relationship: _____

Contingent: _____ Social Security Number _____

Address: _____ Date of Birth: _____

_____ Relationship: _____

Employee Signature:

If you are married and do not designate a beneficiary, your beneficiary will be your spouse. If you are not married and do not designate a beneficiary, your beneficiary will be your estate.

_____ _____

Signature of Employee Date

Spouse's Consent: *(Not required if you are designating your spouse as your beneficiary)*

If you are married and have named someone other than your spouse as primary beneficiary, your spouse must consent by signing this form and your spouse's signature must be signed in the presence of a N**otary Public** or **Authorized Plan Representative.** Your spouse's consent cannot be revoked. If you wish in the future to change your primary beneficiary to someone other than your spouse, you must fill out a new form and again obtain your spouse's consent.

I, the legal spouse of the above named employee, hereby consent to the beneficiary designation above. I understand that because of my consent, in the event of my spouse's death, I may not be entitled to survivor benefits under the plan, and that this consent is irrevocable unless my spouse revokes the beneficiary designation.

_____ _____

Signature of Spouse Date

The signature of your spouse must be witnessed by a Notary Public or Authorized Plan Representative.

State of _____, County of _____I,_____, a Notary of said County and State, do hereby certify that_____personally appeared before me this day and acknowledged the execution of this instrument.

Witness my hand and notarial seal, this the _____ day of _____, 20 _____.

_____ _____

Signature of Notary Public or Plan Representative Date

Client #4272

Instructions for 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

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. 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. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit **www.justice.gov/crt/about/osc**.

What Is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

General Instructions

Employers are responsible for completing and retaining Form I-9. 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.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

Section 1. Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 **no later than the first day of employment**. Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

Name: Provide your full legal last name, first name, and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

Other names used: Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

Address: Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

Date of Birth: Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

U.S. Social Security Number: Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

E-mail Address and Telephone Number (Optional): You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.

All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

1. **A citizen of the United States**
2. **A noncitizen national of the United States:** 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.
3. **A lawful permanent resident:** A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.
4. **An alien authorized to work:** If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.

   If you check this box:

   a. Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.

   b. Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CBP).

   (1) If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).

   (2) If you obtained your admission number from USCIS *within the United States*, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

Sign your name in the "Signature of Employee" block and record the date you completed and signed Section 1. By signing and dating this form, you attest that the citizenship or immigration status you selected is correct and that you are aware that you may be imprisoned and/or fined for making false statements or using false documentation when completing this form. To fully complete this form, you must present to your employer documentation that establishes your identity and employment authorization. Choose which documents to present from the Lists of Acceptable Documents, found on the last page of this form. You must present this documentation no later than the third day after beginning employment, although you may present the required documentation before this date.

Preparer and/or Translator Certification

The Preparer and/or Translator Certification must be completed if the employee requires assistance to complete Section 1 (e.g., the employee needs the instructions or responses translated, someone other than the employee fills out the information blocks, or someone with disabilities needs additional assistance). The employee must still sign Section 1.

Minors and Certain Employees with Disabilities (Special Placement)

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* on **www.uscis.gov/I-9Central** before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include **(1)** the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and **(2)** the employer writing "minor under age 18" or "special placement" under List B in Section 2.

Section 2. Employer or Authorized Representative Review and Verification

Before completing Section 2, employers must ensure that Section 1 is completed properly and on time. Employers may not ask an individual to complete Section 1 before he or she has accepted a job offer.

Employers or their authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, the employer must complete Section 2 by Thursday of that week. However, if an employer hires an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment. An employer may complete Form I-9 before the first day of employment if the employer has offered the individual a job and the individual has accepted.

Employers cannot specify which document(s) employees may present from the Lists of Acceptable Documents, found on the last page of Form I-9, to establish identity and employment authorization. Employees must present one selection from List A **OR** a combination of one selection from List B and one selection from List C. List A contains documents that show both identity and employment authorization. Some List A documents are combination documents. The employee must present combination documents together to be considered a List A document. For example, a foreign passport and a Form I-94 containing an endorsement of the alien's nonimmigrant status must be presented together to be considered a List A document. List B contains documents that show identity only, and List C contains documents that show employment authorization only. If an employee presents a List A document, he or she should **not** present a List B and List C document, and vice versa. If an employer participates in E-Verify, the List B document must include a photograph.

In the field below the Section 2 introduction, employers must enter the last name, first name and middle initial, if any, that the employee entered in Section 1. This will help to identify the pages of the form should they get separated.

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.
2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.

   If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:

   a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number); **and** the program end date from Form I-20 or DS-2019.
3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.
4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.
5. Sign and date the attestation on the date Section 2 is completed.
6. Record the employer's business name and address.
7. Return the employee's documentation.

Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they should be made for **ALL** new hires or reverifications. Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photocopy an employee's document(s). Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. Employers are still responsible for completing and retaining Form I-9.

Unexpired Documents

Generally, only unexpired, original documentation is acceptable. The only exception is that an employee may present a certified copy of a birth certificate. Additionally, in some instances, a document that appears to be expired may be acceptable if the expiration date shown on the face of the document has been extended, such as for individuals with temporary protected status. Refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* or I-9 Central (www.uscis.gov/I-9Central) for examples.

Receipts

If an employee is unable to present a required document (or documents), the employee can present an acceptable receipt in lieu of a document from the Lists of Acceptable Documents 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. Employers cannot accept receipts if employment will last less than 3 days. Receipts are acceptable when completing Form I-9 for a new hire or when reverification is required.

Employees must present receipts within 3 business days of their first day of employment, or in the case of reverification, by the date that reverification is required, and must present valid replacement documents within the time frames described below.

There are three types of acceptable receipts:

1. A receipt showing that the employee has applied to replace a document that was lost, stolen or damaged. The employee must present the actual document within 90 days from the date of hire.
2. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual. The employee must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of issue.
3. The departure portion of Form I-94/I-94A with a refugee admission stamp. The employee must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security card within 90 days.

When the employee provides an acceptable receipt, the employer should:

1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.
2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.

By the end of the receipt validity period, the employer should:

1. Cross out the word "receipt" and any accompanying document number and expiration date.
2. Record the number and other required document information from the actual document presented.
3. Initial and date the change.

See the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* at **www.uscis.gov/I-9Central** for more information on receipts.

Section 3. Reverification and Rehires

Employers or their authorized representatives should complete Section 3 when reverifying that an employee is authorized to work. When rehiring an employee within 3 years of the date Form I-9 was originally completed, employers have the option to complete a new Form I-9 or complete Section 3. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the name change in Block A.

For employees who provide an employment authorization expiration date in Section 1, employers must reverify employment authorization on or before the date provided.

Some employees may write "N/A" in the space provided for the expiration date in Section 1 if they are aliens whose employment authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau). Reverification does not apply for such employees unless they chose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expires. However, employers should not reverify:

1. U.S. citizens and noncitizen nationals; or
2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.

Reverification does not apply to List B documents.

If both Section 1 and Section 2 indicate expiration dates triggering the reverification requirement, the employer should reverify by the earlier date.

For reverification, an employee must present unexpired documentation from either List A or List C showing he or she is still authorized to work. Employers CANNOT require the employee to present a particular document from List A or List C. The employee may choose which document to present.

To complete Section 3, employers should follow these instructions:

1. Complete Block A if an employee's name has changed at the time you complete Section 3.
2. Complete Block B with the date of rehire if you rehire an employee within 3 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. Also complete the "Signature of Employer or Authorized Representative" block.
3. Complete Block C if:
   - **a.** The employment authorization or employment authorization document of a current employee is about to expire and requires reverification; or
   - **b.** You rehire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

   To complete Block C:
   - **a.** Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
   - **b.** Record the document title, document number, and expiration date (if any).
4. After completing block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

   For reverification purposes, employers may either complete Section 3 of a new Form I-9 or Section 3 of the previously completed Form I-9. Any new pages of Form I-9 completed during reverification must be attached to the employee's original Form I-9. If you choose to complete Section 3 of a new Form I-9, you may attach just the page containing Section 3, with the employee's name entered at the top of the page, to the employee's original Form I-9. If there is a more current version of Form I-9 at the time of reverification, you must complete Section 3 of that version of the form.

What Is the Filing Fee?

There is no 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 **"USCIS Privacy Act Statement"** below.

USCIS Forms and Information

For more detailed information about completing Form I-9, employers and employees should refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)*.

You can also obtain information about Form I-9 from the USCIS Web site at www.uscis.gov/I-9Central, by e-mailing USCIS at **I-9Central@dhs.gov**, or by calling **1-888-464-4218**. For TDD (hearing impaired), call **1-877-875-6028**.

To obtain USCIS forms or the *Handbook for Employers*, you can download them from the USCIS Web site at www.uscis.gov/forms. You may order USCIS forms by calling our toll-free number at **1-800-870-3676**. You may also obtain forms and information by contacting the USCIS National Customer Service Center at **1-800-375-5283**. For TDD (hearing impaired), call **1-800-767-1833**.

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 the USCIS Web site at www.dhs.gov/E-Verify, by e-mailing USCIS at **E-Verify@dhs.gov** or by calling **1-888-464-4218**. For TDD (hearing impaired), call **1-877-875-6028.**

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling **1-888-897-7781**. For TDD (hearing impaired), call **1-877-875-6028.**

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided all sides are copied. The instructions and Lists of Acceptable Documents must be available to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer. Employers are required to retain the pages of the form on which the employee and employer enter data. If copies of documentation presented by the employee are made, those copies must also be kept with the form. Once the individual's employment ends, the employer must retain this form for either 3 years after the date of hire or 1 year after the date employment ended, whichever is later.

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

USCIS Privacy Act Statement

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

PURPOSE: This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire 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.

DISCLOSURE: Submission of the information required in this form is voluntary. However, failure of the employer to ensure proper completion of this form for each employee may result in the imposition of civil or criminal penalties. In addition, employing individuals knowing that they are unauthorized to work in the United States may subject the employer to civil and/or criminal penalties.

ROUTINE USES: 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 employer will keep this form and make it 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.

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 35 minutes per response, including the time for reviewing instructions and completing and retaining 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 Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; 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: _____

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*)

3-D Barcode
Do Not Write in This Space

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

STOP ***Employer Completes Next Page*** STOP

Section 2. Employer or Authorized Representative Review and Verification

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

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

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

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

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

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

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

New Employee Payroll Form

Date: _____

Last Name _____ First Name_____ MI _____

Address _____

City _____ State _____ Zip Code _____

County _____ Marital Status:_____

Home Telephone ____-____ - ____ Social Security Number: ____-_____-____

Direct Deposit: Y _____N_____ (YOU ARE ALLOWED A TOTAL OF 3 CHECKING ACCOUNTS AND 2 SAVINGS)

*All new accounts **and changes** to your direct deposit will require **Pre-note processing**. The Pre-note processing time takes at least two (2) pay cycles. This means that if you cancel or change an active direct deposit, you will receive a "live" payroll check and the pre-note process begins again.

Primary Account Information
If Yes: Bank Name _____ __ Checking __ Saving
Bank Account Number _____
Bank Routing Number _____

Secondary Account Information: Amount = $_____
Bank Name _____ ___ Checking __ Saving
Bank Account Number _____
Bank Routing Number _____

Third Account Information: Amount = $_____
Bank Name _____ ___ Checking __ Saving
Bank Account Number _____
Bank Routing Number _____

Please attach a voided check with this form for checking accounts. Deposit slips are **NOT** accepted for savings accounts. Submit a "Direct Deposit" form completed and signed by your financial institution.

New Hire CHECKLIST

New Hire/Post-hire

- ☐ Contingent Employee -Assignment Detail letter
- ☐ New Employee Payroll Form
- ☐ Emergency Point of Contact Form
- ☐ ESOP Beneficiary Form
- ☐ Blank Timesheet
- ☐ Timekeeping Procedures
- ☐ Complete Forms**:**
    - State Tax Form
    - I-9 Form
    - Copy of Driver's License and Social Security Card
    - Federal Tax Form – W-4

New Hire Orientation

- ☐ Review of Contingent Policy Manual for PSS, Inc.
- ☐ Review of Timekeeping Procedures (e-time collection or manual timesheet)
- ☐ Receipt And Acknowledgment of PSS Contingent Employee Manual

ACKNOWLEDGEMENT

TO: All Employees

FROM: Pamela Williams, Project Manager

Date: 2013

Re: Timekeeping Procedures

Online Time Reporting
Effective today, you began to enter your arrival, lunch period and departure times via the new timeclock online system. Your password is CONFIDENTIAL to you and you are NOT to share it with anyone. As a reminder,

1. Timesheets are due by noon each Monday.
2. Staff MUST enter time upon arrival, lunch period and departure from work via the online system.
3. Staff MUST take a minimum 30 minute lunch break after completing four (4) hours of work.
4. PSS, Inc. will perform timesheet reviews against the online system and employee must immediately call in if computers are down for repair.
5. Employee MUST notify Project Manager if unable to report to work (tardiness, sick, absent, etc.)
6. Employees ARE NOT allowed to work from home.
7. Employee MUST NOT work overtime. If onsite representative is requesting employee to work overtime, employee will immediately notify Project Manager.
8. Employee understands that PSS, Inc. will utilize online system, badge swipe/turnstile reports, network log in reports, etc. to confirm the accuracy of time reported.
9. Employee understands that he/she is subject to the U.S. False Claims Act. PSS, Inc. will prosecute violations to the fullest extent of the law.

By signing below, you affirm your understanding of the new Time Reporting Procedures.

_____ _____
Employee Name (Print) Date

_____
Signature

A wholly-owned subsidiary of IMRG, Inc.

Premier Staffing Source, Inc.

4640 Forbes Blvd., Suite 200A
Lanham, MD 20706
Ph: (301) 306-0774 Fx: (301) 306-0775
www.premierstaffingsource.com

WEEKLY TIMESHEET

PRINT FIRMLY USING BALLPOINT PEN

IF YOU MAKE AN ERROR, CROSS THROUGH THE ERROR AND INITIAL THE CHANGE-DO NOT DESTROY THIS TIMESHEET.
GIVE CLIENT THE PINK COPY OF THIS COMPLETED TIMESHEET AND SEND THE ORIGINAL TO OUR OFFICE IMMEDIATELY.

EMPLOYEE NAME	**LAST** 4-DIGITS OF SOC. SEC. #

Hours Worked - Week Ending Saturday	Month	Day	Year

CLIENT ORDER/JOB #_____

CLIENT/COMPANY		
DEPT WORKED FOR	**YOUR PHONE NUMBER**	
ADDRESS		
CITY	STATE	ZIP

Date	Day of Week	Work-In Time	Lunch Time OUT	Lunch Time IN	Work-Stop Time	Regular Hrs Worked	Approved Overtime Hrs
	Sun						
	Mon						
	Tues						
	Wed						
	Thurs						
	Fri						
	Sat						
						TOTAL REG	TOTAL O.T.

(Rounded to 10th of an hour)
for example 8 hrs and 15 mins is normally 8.25, round to 8.3 hrs)

I AGREE TO SUBMIT MY TIME CARD BY 12 NOON ON MONDAY FOLLOWING THE CURRENT PAY PERIOD. FURTHER I AGREE TO NOTIFY PREMIER STAFFING SOURCE IMMEDIATELY IF I CANNOT REPORT TO WORK.

I certify that I worked for the above company and that all hours indicated were for the performance of my assignment with this company. I will notify my recruiter as soon as the assignment ends.

Employee's Signature _____ Date _____

By signing below, I agree as an authorized representative for the client that work was performed satisfactorily.

Authorized Client's Signature _____ Date _____

Printed Name and Title _____

Authorized Client's Approval of Overtime Hours Worked _____

ORIGINAL - Accounting Copy
YELLOW - Employee Copy
PINK - Client Copy

In the event there is a written agreement between the parties to this timecard, the terms of said agreement supersede the terms of this timecard if there are any conflicting terms.

Being duly authorized on behalf of the customer referenced on the face of this timecard, the Customer hereby (1) certifies that the above hours are correct and that the work was performed in a satisfactory manner, (2) confirms prior agreement between Premier Staffing Source, Inc. and Customer, with respect to the services performed hereunder and any further services, that (a) customer will not employ the person(s) named above during the course of the work assignment nor for a period of 180 days following his/her completion of any work assignment to Customer, and that upon violation of this restriction, Customer will pay Premier Staffing Source, Inc. upon demand $10,000 as and for liquidated damages, (b) Customer shall not entrust Premier Staffing Source, Inc employees with unattended premises, cash, negotiable and other valuables, or authorize such employees to operate machinery or motor vehicle(s) without prior written permission from Premier Staffing Source, Inc. in each instance, (c) Premier Staffing Source, Inc. insurance does not cover loss or damage caused by Premier Staffing Source, Inc. employees operating Customer's owned or leased motor vehicle(s) and that Customer accepts full responsibility for claims, including the defense thereof, involving bodily injury, property damage, fire, theft, collision, cargo damage or public liability, damage sustained or incurred as a result of a Premier Staffing Source, Inc. employee driving such vehicle(s), or arising out of or involving a violation by Customer of paragraph (2)(b) above, (d) Premier Staffing Source, Inc. is not responsible for claims made under its Fidelity Bond unless such claims are reported in writing to it by Customer within 30 days of occurrence, (e) Customer shall indemnify and save Premier Staffing Source, Inc. harmless from claims and demands arising out of the Occupational Safety and Health Act as it relates to premises owned and controlled by Customer and to which Premier Staffing Source, Inc. employees are assigned, (3) the invoice representing this timecard is due and payable upon receipt, (4) Premier Staffing Source, Inc. employees performance is directly under the Customer's supervision and is acceptable to the Customer.

People Impacting Performance!

Premier Staffing Source, Inc.

Contingent Employees

Policies and Procedures

Notice

This Employee Manual has been prepared to inform you of PSS's history, philosophy, employment practices, and policies, as well as the benefits provided to you as a valued employee.

Some Things You Must Understand
The policies in this Employee Manual are to be considered as guidelines.

- PSS, Inc. may change, delete, suspend or discontinue any part or parts of the policies in this Employee Manual at any time without prior notice as business, employment legislation, and economic conditions dictate.

- Any such action shall apply to existing as well as to future employees.

- Employees may not accrue eligibility for monetary benefits that they have not become eligible for through actual time spent at work.

- Employees shall not accrue eligibility for any benefits, rights, or privileges beyond the last day worked.

- *No one other than the President of PSS, Inc. may alter or modify any of the policies in this Employee Manual.* Any alteration or modification of the policies in this Employee Manual must be in writing.

- No statement or promise by a supervisor, project manager, or department head, past or present, may be interpreted as a change in policy nor will it constitute an agreement with an employee.

Should any provision in this Employee Manual be found to be unenforceable and invalid, such finding does not invalidate the entire Employee Manual, but only that particular provision.

This Employee Manual supersedes any and all other or previous PSS, Inc., Employee Manuals, or other PSS, Inc. policies, written or oral.

Introductory Period

The first 30 days of employment are referred to as the Introductory Period. This applies only to Premier Staffing Source *(PSS, Inc.)* Contingent Employees who are placed on assignments of longer than six (6) months. It is a period of adjustment and adaptation, both personally and technically. If during this period you are unable to successfully meet the requirements of the assignment, you will be removed from the assignment.

This Introductory Period is a "getting acquainted" time for both you, as an employee, and PSS, Inc., as an employer. During this Introductory Period, PSS, Inc. will evaluate your suitability for employment, and you can evaluate PSS, Inc. as well. Please understand, however, that completion of the Introductory Period does not guarantee continued employment, as employment is always at-will. You are free to terminate your employment at any time, with or without reason, and PSS, Inc. may choose to terminate your employment at any time, with or without reason.

What You Can Expect From Premier Staffing Source

PSS, Inc. believes that success depends on creating a harmonious working relationship between all employees. In pursuit of this goal, PSS, Inc. has created the following employee relations objectives:

1. Provide an exciting, challenging, and rewarding workplace and experience.

2. Select employees on the basis of skill, training, ability, attitude, and character without discrimination with regard to age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or a disability that does not prohibit performance of essential job functions.

3. Compensate all employees according to their effort and contribution to the success of our business.

4. Assure employees, after talking with their supervisor, an opportunity to discuss any issue or problem with management or officers of PSS, Inc.

5. Take prompt and fair action of any complaint, which may arise in conducting business, to the extent that is practicable.

6. Respect individual rights, and treat all employees with courtesy and consideration.

7. Maintain mutual respect in our working relationship.

8. Provide a working environment that is comfortable, orderly, and safe.

9. Promote employees on the basis of their performance and ability.

10. Make promotions or fill vacancies from within PSS, Inc. whenever practical.

11. Keep all employees informed of the progress of PSS, Inc., as well as the company's overall goals and objectives.

12. Promote an atmosphere in keeping with PSS's vision, mission, and goals.

What Premier Staffing Source Expects From You

PSS, Inc. needs your help in making each working day enjoyable and rewarding. Your first responsibility is to know your own duties and how to perform them promptly, correctly and pleasantly. Secondly, you are expected to cooperate with management and your fellow employees and to maintain a good team attitude.

How you interact with fellow employees and those whom PSS, Inc. serves and how you accept direction can affect the success of the contract. In turn, the performance of one contract can impact the entire service offered by PSS, Inc. Consequently, whatever your position, you have an important assignment: perform every task to the very best of your ability.

You are encouraged to grasp opportunities for personal development offered to you. This manual offers insight on how you can perform positively and to the best of your ability to meet and exceed PSS, Inc. expectations.

We strongly believe you should have the right to make your own choices in matters that concern and control your life. We believe in an open door policy. We are dedicated to making PSS, Inc. a company where you can meet with your supervisor, or any member of

management, to discuss any problem or question. We expect you to voice your opinions and contribute your suggestions to improve the quality of PSS, Inc.

Remember, as an employee, you help create the pleasant and safe working conditions that PSS, Inc. intends for you. The result will be better performance for the company overall, and personal satisfaction for you.

Open Communication Policy

PSS, Inc. encourages you to discuss any issue you may have with a co-worker directly with that person. If a resolution is not reached, please arrange a meeting with your Staffing Manager to discuss any concern, problem, or issue that arises during the course of your employment. Any information discussed in an Open Communication meeting is considered confidential. Retaliation against any employee for appropriate usage of Open Communication channels is unacceptable. Please remember it is counterproductive to a harmonious workplace for employees to create or repeat corporate rumors or office gossip. It is more constructive for an employee to consult his/her supervisor immediately with any questions.

Employee Background Check

Prior to becoming an employee of PSS, Inc., a job-related background check was conducted. As you may know, a comprehensive background check may consist of prior employment verification, professional reference checks, criminal history background check, credit history and education confirmation.

Suitability Determination

Upon employment, as appropriate, a credit, criminal, health examination and/or driving record history may be obtained. PSS, Inc. employee's working on specific government contracts will undergo a suitability determination to ensure you are able to carry out the duties of the contract. The standard suitability review will consist of a criminal history check based on a fingerprint search by the Federal Bureau of Investigation Service. The suitability determination is mandatory for all PSS, Inc. employee's working in sensitive

environments. You will be notified by your STAFFING MANAGER (SM) if you will be subject to complete the suitability determination.

Standards of Conduct

Whenever individuals gather together to achieve goals, some rules of conduct are needed to help everyone work together efficiently, effectively, and harmoniously. By accepting employment with us, you have a responsibility to PSS, Inc. and to your fellow employees to adhere to certain rules of behavior and conduct. The purpose of these rules is not to restrict your rights, but rather to be certain that you understand what conduct is expected and necessary. When each person is aware that she/he can fully depend upon fellow workers to follow the rules of conduct, our organization will be a better place to work for everyone.

Unacceptable Activities

Generally speaking, we expect each person to act in a mature and responsible way at all times. If you have any questions concerning any work or safety rules, or any of the unacceptable activities listed below, please see your supervisor for an explanation.

Note: The following list of Unacceptable Activities does not include all types of conduct that can result in disciplinary action, up to and including termination. Nothing in this list alters the at-will nature of your employment; either you or PSS, Inc. may terminate the employment relationship with or without reason, and in the absence of any violation of these rules.

1. Violation of any company rule; any action that is detrimental to PSS, Inc.'s efforts to operate profitably.

2. Negligence or any careless action which endangers the life or safety of another person.

3. Being intoxicated or under the influence of a controlled substance while at work; use, possession or sale of a controlled substance in any quantity while on company

premises, except medications prescribed by a physician which do not impair work performance.

4. Unauthorized possession of dangerous or illegal firearms, weapons or explosives on company property or while on duty.

5. Engaging in criminal conduct or acts of violence or making threats of violence toward anyone on company premises or when representing PSS, Inc.; fighting, or provoking a fight on company property, or negligent damage of property.

6. Insubordination or refusing to obey instructions properly issued by your supervisor pertaining to your work; refusal to assist on a special assignment.

7. Threatening, intimidating or coercing fellow employees on or off the premises at any time, for any purpose.

8. Engaging in an act of sabotage; negligently causing the destruction or damage of company property, or the property of fellow employees, customers, suppliers, or visitors in any manner.

9. Theft or unauthorized possession of company property or the property of fellow employees; unauthorized possession or removal of any company property, including documents, from the premises without prior permission from management; unauthorized use of company equipment or property for personal reasons; using company equipment for profit.

10. Dishonesty; falsification or misrepresentation on your application for employment or other work records; lying about sick or personal leave; falsifying reason for a leave of absence or other data requested by PSS, Inc.; alteration of company records or other company documents.

11. Violating the non-disclosure agreement; giving confidential or proprietary PSS information to competitors or other organizations or to unauthorized PSS employees; working for a competing business while an PSS employee; breach of confidentiality of personnel information.

12. Spreading malicious gossip and/or rumors; engaging in behavior which creates discord and lack of harmony; interfering with another employee on the job; restricting work output or encouraging others to do the same.

13. Immoral conduct or indecent behavior on company property.

14. Conducting a lottery or gambling on company premises.

15. Unsatisfactory or careless work; failure to meet production or quality standards as explained to you by your supervisor.

16. Any act of harassment, sexual, racial or other; telling sexist or racist jokes; making racial or ethnic slurs.

17. Leaving work before the end of a workday or not being ready to work at the start of a workday without approval of your supervisor; stopping work before time specified for such purposes.

18. Sleeping or loitering during working hours.

19. Excessive use of company telephone for personal calls.

20. Smoking in restricted areas or at non-designated times, as specified by department rules.

21. Creating or contributing to unsanitary conditions.

22. Posting, removing or altering notices on any bulletin board on company property without the permission of an officer of PSS, Inc.

23. Failure to report an absence or late arrival; excessive absence or lateness.

24. Obscene or abusive language toward any supervisor, employee or customer; indifference or rudeness towards a customer or fellow employee; or any disorderly/antagonistic conduct on company premises.

25. Speeding or careless driving of company vehicles.

26. Failure to immediately report damage to, or an accident involving, company equipment, while operating a company vehicle.
27. Soliciting during working hours and/or in working areas; selling merchandise or collecting funds of any kind for charities or others without authorization during business hours, or at a time or place that interferes with the work of another employee on company premises.

28. Failure to use your timesheet; alteration of your own timesheet or records or attendance documents; punching or altering another employee's timesheet or records, or causing someone to alter your timesheet or records.

Attendance

In order to meet our commitment to our clients, it is imperative that we employ individuals with strong work ethics and commitment. It is important that you report to work on time and that your attendance is excellent. If you are going to be late or cannot report to your assignment, immediately contact your STAFFING MANAGER. We will inform our client. **To schedule an absence, 24-hour notice must be given to your STAFFING MANAGER. Failure to provide notice to your STAFFING MANAGER about a tardy or absence may result in further disciplinary action up to and including termination.**

Contingent Assignments

Your Staffing Manager will provide you with the details of your assignment, including the name and location of the client representative to whom you will report. In many cases, this will be the individual responsible for signing your timesheet each week, unless otherwise indicated. **However, should you have any concerns regarding your assignment such as attendance, performance or any other employee related issues, those must be directed to your STAFFING MANAGER.** Please keep in mind that **PSS, Inc. is your employer, not our client.** If there are any changes in the length of your assignment, you will be immediately notified by your STAFFING MANAGER. However, if you are asked to perform work outside the general scope of the assignment initially provided by PSS, Inc., please contact your STAFFING MANAGER immediately.

Dress Code

As a Contingent Staffing Associate with PSS, Inc., you are required to dress in appropriate business attire. Your STAFFING MANAGER will provide specific requirements, however, the following are not acceptable: jeans, sweat-shirts, t-shirts, athletic footwear, muscle shirts, tube/halter tops, open midriff shirts and leggings. The majority of our assignments are of a professional nature and your representation of PSS, Inc. should reflect this.

Personal Calls

Personal calls are discouraged unless there is an emergency. Employees must use their break and lunch period to make a personal call. Please advise family and friends that they should call our office in the event of an emergency, and someone will call you at the client site. **Never use the client's telephone to make long distance calls.**

Client Confidentiality

All PSS, Inc. employees are responsible for maintaining the highest confidentiality regarding any information about clients, potential clients, employees or technical and service practices while on assignment. This restriction applies to any discussions with

client employees and other PSS, Inc. employees unless there is a valid reason for doing so, such as need to know.

Performance Review

For PSS, Inc. employee's on assignments of more than six months, an informal evaluation will be conducted at six months. You will have the opportunity to sit with your Staffing Manager to discuss your work. At the end of your first year with PSS, Inc., you will be given a formal review.

Injury or Illness on the Job

If you are injured or feel too ill to continue work, immediately contact your Staffing Manager. Please seek medical attention, if necessary. All related injuries must be reported within 24 hours. As your employer, PSS, Inc. is responsible for your Worker's Compensation coverage if you are injured while on assignment.

Discrimination and Harassment

Harassment Policy

PSS, Inc. intends to provide a work environment that is pleasant, professional, and free from intimidation, hostility or other offenses, which might interfere with work performance. Harassment of any sort - verbal, physical, or visual - will not be tolerated, particularly against employees in protected classes. These classes include, but are not necessarily limited to race, color, religion, sex, age, sexual orientation, national origin or ancestry, disability, medical condition, marital status, veteran status, or any other protected status defined by law.

What Is Harassment?

Workplace harassment can take many forms. It is, but not limited to, words, signs, offensive jokes, cartoons, pictures, posters, e-mail jokes or statements, pranks, intimidation, physical assaults or contact, or violence. Harassment is not necessarily sexual in nature. It may also take the form of other vocal activity including derogatory

statements not directed to the targeted individual but taking place within their hearing. Other prohibited conduct includes written material such as notes, photographs, cartoons, articles of a harassing or offensive nature, and taking retaliatory action against an employee for discussing or making a harassment complaint.

Responsibility

All PSS, Inc. employees, and particularly supervisors, have a responsibility for keeping our work environment free of harassment. An employee that becomes aware of an incident of harassment, whether by witnessing the incident or being told of the incident, must immediately report it to their immediate supervisor or the designated management representative with whom they feel comfortable. When management becomes aware of the existence of harassment, it is obligated by law to take prompt and appropriate action, whether or not the victim wants the company to do so.

Reporting

While PSS, Inc. encourages you to communicate directly with the alleged harasser, and make it clear that the harasser's behavior is unacceptable, offensive or inappropriate, it is not required that you do so. It is essential, however, to notify your supervisor immediately even if you are not sure the offending behavior is considered harassment. Any incidents of harassment must be immediately reported to a supervisor or other management representative. Appropriate investigation and disciplinary action will be taken. All reports will be promptly investigated with due regard for the privacy of everyone involved. Any employee found to have harassed a fellow employee or subordinate would be subject to severe disciplinary action up to and including termination. PSS, Inc. will also take any additional action necessary to appropriately remedy the situation. Retaliation of any sort will not be permitted. No adverse employment action will be taken for any employee making a good faith report of alleged harassment. PSS, Inc. encourages employees to report inappropriate behavior of any kind.

PSS, Inc. accepts no liability for harassment of an employee by another employee. The employee who makes unwelcome advances, threatens or in any way harasses another

employee is personally liable for such actions and their consequences. PSS, Inc. may or may not provide legal, financial or any other assistance to an individual accused of harassment if a legal complaint is filed.

Policy Statement on Sexual Harassment

What Is Sexual Harassment?

Sexual harassment may include unwelcome sexual advances, requests for sexual favors, or other verbal or physical contact of a sexual nature when such conduct creates an offensive, hostile and intimidating working environment and prevents an individual from effectively performing the duties of their position. It also encompasses such conduct when it is made a term or condition of employment or compensation, either implicitly or explicitly and when an employment decision is based on an individual's acceptance or rejection of such conduct.

It is important to note that sexual harassment crosses age and gender boundaries and cannot be stereotyped. Among other perceived unconventional situations, sexual harassment may even involve two women or two men.

Sexual harassment may exist on a continuum of behavior. For instance, one example of sexual harassment may be that of an employee showing offensive pictures to another employee.

Generally, two categories of sexual harassment exist. The first, "quid pro quo," may be defined as an exchange of sexual favors for improvement in your working conditions and/or compensation. The second category, "hostile, intimidating, offensive working environment," can be described as a situation in which unwelcome sexual advances, requests for sexual favors, or other verbal or physical contact of a sexual nature when such conduct creates an intimidating or offensive environment. Examples of a hostile, intimidating, and offensive working environment includes, but is not limited to, pictures, cartoons, symbols, or apparatus found to be offensive and which exist in the workspace of an employee. This behavior does not necessarily link improved working conditions in

exchange for sexual favors. It is also against PSS, Inc. policy to download inappropriate pictures or materials from computer systems.

PSS, Inc. prohibits any employee from retaliating in any way against anyone who has raised any concern about sexual harassment or discrimination against another individual.

PSS, Inc. will investigate any complaint of sexual harassment and will take immediate and appropriate disciplinary action if sexual harassment has been found within the workplace.

Equal Employment Opportunity (EEO) Policy

PSS, Inc. is an equal employment opportunity employer. As such, PSS, Inc. does not and will not tolerate discrimination on the basis of race, religion, national origin, sex or gender, etc. While the Company promotes and is totally committed to a workplace environment that is conducive to the success of all employees, PSS, Inc. encourages voluntary resolution of all internal disputes. However, employees reserve the right to seek resolution to any employment issue that may arise in whatever manner they so elect.

Compensation

Your hourly rate will be established at the start of each assignment. Your rate is confidential and should not be discussed with anyone. PSS, Inc. will pay on a weekly basis for actual time worked. (Example to be: if your start date will be Monday, March 29th the first pay day will be on Friday April the 9th see: Payroll Schedule). You will be paid the Friday following the completion of the work week. A pay schedule will be provided by your Staffing Manager. In order to be paid you must complete and turn in a **signed timesheet**. Complete instructions on how to report time may be found on the timesheet. **No payroll check will be released without a client signature on the timesheet.** An incomplete timesheet will cause a delay in processing your paycheck. A schedule for the submission of timesheets will be provided by your Staffing Manager. It is PSS, Inc. policy to mail your payroll check or stub unless written notification is provided by you to hold your payroll check or stub for pick-up.

Direct Payroll Deposit:

With direct deposit, you will have the option to have your paycheck deposited into your checking or savings account. Please submit a voided check for checking account or deposit slip for savings account, along with the appropriate payroll form to your PSS, Inc. Staffing Manager for processing.

Direct deposit will be effective after two pay cycles. The first run is a pre-note (test run) and the direct deposit will be effective on the second cycle, pending no bank transmittal errors with the trial run.

Paycheck Distribution:

Paychecks and direct deposit stubs will be mailed each Wednesday. We encourage you to sign up for direct deposit because we cannot guarantee U.S. Postal Service delivery dates.

Note: It is illegal to cash a check prior to the date listed on the check. If you receive a paycheck via the U.S. Postal Service earlier than the Friday check date, you are to wait until the date on the check before cashing it.

Lost Check Policy

In the event you payroll check is lost or stolen please notify PSS, Inc. immediately. Stop payments are only completed when a check is lost, stolen or mailed to an incorrect address. Upon notification, PSS, Inc. will immediately stop payment on your check. If we have mailed the check to an incorrect address, we will issue a replacement check to same day that the stop payment is issued. In the event of a lost or stolen check, replacement checks will be issued after three (3) business days.

If the company has mailed your check to the correct address and it is not received within five (5) business days of the pay date, PSS, Inc. will consider the check lost in the mail and will issue a replacement check after three (3) business days.

Payroll Advances

Premier Staffing Source does not grant payroll advances.

Mandatory Deductions from Paycheck

PSS, Inc. is required by law to make certain deductions from your paycheck each time one is prepared. Among these are your federal, state and local income taxes and your contribution to Social Security as required by law. These deductions will be itemized on your check stub. The amount of the deductions will depend on your earnings and on the information you furnish on your W-4 form regarding the number of exemptions you claim. If you wish to modify this number, please request a new W-4 form from your supervisor immediately. Only you may modify your W-4 form. Verbal or written instructions are not sufficient to modify withholding allowances. We advise you to check your pay stub to ensure that it reflects the proper number of withholdings.

The W-2 form you receive annually reflects how much of your earnings were deducted for these purposes.

Any other mandatory deductions to be made from your paycheck, such as court-ordered garnishments, will be explained whenever PSS, Inc. is ordered to make such deductions.

Error in Pay

Every effort is made to avoid errors in your paycheck. If you believe an error has occurred, please inform your Staffing Manager immediately. The Staffing Manager will take the necessary steps to research the problem and to assure that any necessary correction is made promptly.

Holiday Pay

Upon employment, you are eligible to receive holiday pay. Holidays are paid at your hourly rate for eight (8) hours. All eligible PSS, Inc. contingent employees must work

the last scheduled day prior and the next scheduled day after the holiday to receive holiday pay. PSS, Inc. recognizes the following holidays:

New Year's Day	Presidents' Day
Martin Luther King Day	Memorial Day
Independence Day	Labor Day
Columbus Day	Veterans' Day
Thanksgiving Day	Christmas Day

PSS, Inc. will be closed on these holidays.

Wage Garnishments

We hope you will manage your financial affairs so that we will not be obligated to execute any court-ordered wage garnishments. However, when court-ordered deductions are to be taken from your paycheck, you will be notified.

PSS acts in accordance with the federal Consumer Credit Protection Act, which places restrictions on the total amount that may be garnished from your paycheck.

PSS, Inc. Benefits

PSS, Inc. believes that benefit coverage should help employees meet life's challenges—and then some. You are eligible to enroll in PSS's benefits program after you have worked at least 1000 hours. Please see your SM for details on our benefits program.

Termination of Your Employment

PSS will consider you to have voluntarily terminated your employment if you do any of the following:

1. Resign from PSS, Inc. or
2. Fail to return from an approved leave of absence on the date specified by PSS, Inc., or
3. Fail to report to work or call in for three (3) or more consecutive work days.

When your assignment ends, this is considered a break in employment or termination until your next assignment begins.

You may be terminated for poor performance, misconduct, excessive absences, tardiness, discrimination, harassment, or other violations of PSS, Inc. policies. However, your employment is at-will, and you and PSS, Inc. have the right to terminate your employment with or without cause.

General Employee Safety

PSS, Inc. is committed to the safety and health of all employees and recognizes the need to comply with regulations governing injury and accident prevention and employee safety. Maintaining a safe work environment, however, requires the continuous cooperation of all employees.

PSS, Inc. will maintain safety and health practices consistent with the needs of our industry. If you are ever in doubt about how to safely perform a job, it is your responsibility to ask your supervisor for assistance. Any suspected unsafe conditions and all injuries that occur on the job must be reported immediately. Compliance with these safety rules is considered a condition of employment. Therefore, it is a requirement that each Staffing Manager make the safety of employees an integral part of her/his regular management functions. It is the responsibility of each employee to accept and follow established safety regulations and procedures.
To ensure the safety of your children under no circumstances will children be allowed in on your job assignments nor in the Corporate office for any reason.

PSS, Inc. strongly encourages you to communicate with your Staffing Manager regarding safety issues.

Reporting Safety Issues

All accidents, injuries, potential safety hazards, safety suggestions and health and safety related issues must be reported immediately to your supervisor. If you or another employee is injured, you should contact outside emergency response agencies, if needed.

If an injury does not require medical attention, a Supervisor and Employee Report of Accident Form must still be completed in case medical treatment is later needed and to insure that any existing safety hazards are corrected. The Employee's Claim for Worker's Compensation Benefits Form must be completed in all cases in which an injury requiring medical attention has occurred.

Federal law (Occupational Safety and Health Administration) requires that we keep records of all illnesses and accidents that occur during the workday. You are required to report any workplace illness or injury, no matter how slight. If you fail to report an injury, you may jeopardize your right to collect workers' compensation payments as well as health benefits. OSHA also provides for your right to know about any health hazards that might be present on the job. Should you have any questions or concerns, contact your supervisor or Human Resources Department for more information.

Premier Staffing Source

Benefit Program (Contingent Employees)

Contingent Benefit Program		
Benefit	**Eligibility Requirements**	**Employee Responsibility**
Health/Dental	1000 Hours of Work	100%
	After 3000 Hours	80%
Leave	1 Week after 1000 Hours	n/a
401(k)	1st quarter after completion of 3 months of service	100%
Holiday	Work the day before and day after	n/a

Updated January 2013

Premier Staffing Source

Benefit Program Guidelines

Participation in the PSS' Benefits Program is effective after completion of 1,000 hours of work. Our benefits will provide you with a wide range of available options in order to provide needed care for yourself and/or your family. The following is an overview of benefit options you are eligible to receive:

Medical Insurance:

You will have the option to select Aetna U. S. Healthcare POS (Point of Service) or HMO (Health Maintenance Organization) coverage plans.

Monthly Rates - 2013 Plan Year

	POS
Employee Only	$595.50
Employee/Child(ren)	$1,107.61
Employee/Spouse	$1,244.56
Family	$1,762.63

	HMO
Employee Only	$557.68
Employee/Child(ren)	$1,037.61
Employee/Spouse	$1,165.93
Family	$1,651.27

	PPO
Employee Only	$612.44

Employee/Child(ren)	$1,139.13
Employee/Spouse	$1,279.97
Family	$1,812.91

Dental Insurance:

You will have the option to select the Aetna U. S. Healthcare Dental coverage

Monthly Rates -

Employee Only	$34.14
Employee & Child(ren)	$86.16
Employee & Spouse	$71.83
Family	$120.91

Holidays:

Regular temporary associates will be eligible to receive holiday pay for five (5) of the PSS, Inc. recognized holidays per calendar year. You can select the five holidays you want to be paid. In order to receive holiday pay, you must work the day before and the day after the holiday.

Paid Time Off

After you work 1,000 hours within a 12 month period (1 year), you will be paid 1 week of PTO (payment equivalent to 40 hours). Payment will be made directly to the employee.

Employee may have the option of taking PTO time off from workplace in lieu of payment for earned hours. Employee must notify PSS, Inc. Staffing Manager of such option in advance. Time off must be approved by appropriate management. Otherwise, PSS, Inc. will automatically pay earned hours after completion of working 1,000 hours.

Direct Deposit:

With direct deposit, you will have the option to have your paycheck deposited into your checking or savings account. Please submit a voided check for checking

account or deposit slip for savings account, along with the appropriate payroll form to the human resources department for processing.

Direct deposit will be effective after two pay cycles. The first run is a pre-note (test run) and the direct deposit will be effective on the second cycle, pending no bank transmittal errors with the trial run.

401(k) Retirement Plan

You are eligible to enroll in the 401(k) retirement plan to begin saving toward your future the first quarter after you have completed three (3) months of service.

ESOP

An Employee Stock Ownership Plan ("ESOP") is an IRS approved "tax qualified" retirement plan designed to allow business owners to "cash out" some or all of the equity in their company while providing for the continued operation of the enterprise and a transition of ownership to employees.

Eligibility

- Must work 1,000 hrs in 12 month period
- Must be US Citizen or Resident Alien
- Must complete one year of service prior to Jan 1, 2005, to be eligible on Jan 1, 2005
- Must be at least 21
- Two entry dates annually, 1/1 and 7/1
- Enrollment in ESOP is automatic, no action required by employees

Eligibility for Allocation of Annual Contribution
Three requirements:

- Be participant in ESOP
- Be employed on 12/31 of current year
- Complete year of service (1,000 hours) in current year

Upon retirement or other termination of employment, an employee's shares of stock in the ESOP are cashed out by the company.

Premier Staffing Source

Time and Attendance Procedures

Contingent Employee's

Pay Date –

PSS, Inc. will pay on a weekly basis for actual time worked. (Example to be: if your start date will be Monday, March 29th the first pay day will be on Friday April the 9th see: Payroll Schedule). You will be paid the Friday following the completion of their work week.

When are timesheets due to Corporate –

All timesheets must be signed, approved, and faxed to the Regional Office based on the following:

- PSS, Inc. Contingent personnel must record time on a daily basis. *You are to report your time to the tenth of the hour*. You must round up to the nearest tenth.
- Timesheets are due noon Monday following the end of the workweek.
- PSS, Inc. will pay only for **actual** time worked during each pay period.
- The **actual** time sheet must be signed and faxed to the Regional Office Accounting Department in order for PSS, Inc. to release your paycheck.
- **Accounting Department fax number: 866-792-6092.**

When are time sheets to be signed –

Timesheets are to be signed by the supervisor upon completion of actual time worked. Please make certain to gain your supervisor's signature prior to submitting your actual timesheet to PSS, Inc.

If you are working directly for PSS, Inc. as a Contingent Employee, your timesheet will be signed by a designated PSS, Inc. employee.

Receipt and Acknowledgment of PSS, Inc. Contingent Employees Policy and Procedures Manual Addendum

Please read the following statements, sign below and return to your Supervisor.

Understanding and Acknowledging Receipt of PSS, Inc. Contingent Employees Policy and Procedures Manual Addendum

I have received and read a copy of the PSS, Inc. Contingent Employees Policy and Procedures Manual Addendum. I understand that the policies and benefits described in it are subject to change at the sole discretion of PSS, Inc. at any time. I acknowledge that the PSS, Inc. Contingent Employees Policy and Procedures Manual Addendum is not a contract, but that it contains guidelines that may subject me to discipline or termination in the event that my performance or conduct does not comply with those guidelines. I further acknowledge that those guidelines are not the only policies or procedures that apply to my employment with PSS, Inc.

At-Will Employment

I further understand that my employment is at-will, and neither myself nor PSS, Inc. has entered into a contract regarding the duration of my employment. I am free to terminate my employment with PSS, Inc. at any time, with or without cause. Likewise, PSS has the right to terminate my employment or to transfer me, with or without cause, at the discretion of PSS, Inc.

Confidential Information and PSS Property

I am aware that during the course of my employment, confidential information will be made available to me, for instance, personnel matters, an employee's medical records, communications with PSS's legal counsel or PSS's attorney's work product, transactions currently in negotiation and agreements containing confidentiality requirements, pending litigation, information required by law to be kept confidential, product designs, service processes, marketing strategies, customer lists, customer

contacts, pricing policies and other related information. I understand that this information is proprietary and critical to the success of PSS and must not be released or used outside of PSS's premises or with non-PSS employees. In the event of termination of employment, whether voluntary or involuntary, I hereby agree not to disclose, utilize or exploit this information for my benefit or future employment, or with any other individual or company.

I hereby agree to maintain the confidentiality of all confidential information that is disclosed to me during, or in the course of, my employment with PSS. I further agree to surrender to PSS, Inc. at the conclusion of my employment all confidential information and PSS, Inc. property that is within my possession or control. During my employment and indefinitely thereafter, I agree not to disclose to anyone any confidential information, unless the individual is authorized by PSS's to receive such information and such individual has a need to know such confidential information in order to perform the individual's duties as an employee or contractor of PSS, Inc.

Workplace Searches and Privacy Expectations

I acknowledge that PSS, Inc. may search an employee's office, desk, files, work area, locker, or personal belongings that are on the premises of PSS, even if they are locked, to ensure the safety of the employees of PSS, Inc., to safeguard the property of PSS or of its clients or employees, or to ensure compliance with PSS's drug-free workplace policy, unless otherwise prohibited by state or local law. I hereby acknowledge that I have no expectation of privacy while I am on the premises of PSS or one of its customers or clients. Likewise, I have no expectation of privacy for any contents of any office, desk, furniture, locker, or items of personal property that I may bring on the premises of PSS, Inc. or on the premises of one of its customers or clients. I acknowledge that searches may be conducted, and by accepting or continuing employment with PSS, Inc. I consent to such searches.

I also acknowledge that I should not consider my communications via email, Internet, faxes, voicemail, telephone, or files stored electronically on an office computer to be private. I acknowledge that my failure to comply with the policies governing my use of PSS equipment, voicemail, email, Internet, computer and telephone systems may result in

disciplinary action, which may include my termination. I also acknowledge that PSS may monitor my electronic, oral and auditory communications, and I hereby grant my consent to be monitored and/or recorded.

I acknowledge that in the event of suspected theft, suspected violation of the PSS, Inc., drug-free workplace policy, or suspected illegal conduct, PSS, Inc., may conduct audio or video surveillance of the premises, including, but not limited to, electronic monitoring of PSS, Inc., equipment, voicemail, email, Internet, computer and telephone systems. I hereby consent to such surveillance.

I hereby acknowledge that the use of drugs or alcohol in PSS's workplace or while conducting PSS business is a safety risk to all employees of PSS, Inc., and that if reasonable cause exists for PSS, Inc., to suspect that I have violated its drug-free workplace policy, I may be required to submit to and to pass a drug test as a condition of my continued employment. I also acknowledge that PSS, Inc. may conduct random drug testing of all employees. I hereby consent to submit to such testing, which I may be required to pass as a condition of my continued employment.

Withholding

I consent to PSS's withholding from my pay the cash equivalent of the replacement value of any property that I fail to return to PSS, Inc., upon my separation from employment or when otherwise requested by PSS, Inc.

If I have any questions regarding the PSS, Inc. Contingent Employee Policies and Procedures Manual Addendum, I will bring them to the attention of my Staffing Manager or the Manager, Workforce Management Division.

_____	_____
Employee's Printed Name	Position
_____	_____
Employee's Signature	Date