



CHOICE HR

NEW EMPLOYEE PACKET

COMPLETE IN BLUE OR BLACK INK ONLY

Worksite Employer (Client) Name: _____

Work Location: _____ **Work State:** _____

NOTE: *45 day notice required for new Location/State*****

Please complete this packet only **AFTER** you have accepted an offer of employment from your Worksite Employer.

Welcome to Choice HR! Your Worksite Employer has entered into a contractual relationship with Choice HR to provide certain administrative services which typically include: preparation of your paycheck, human resources support services and offering certain optional benefits. Your Worksite Employer will continue to have day-to-day direction and control of your employment. Your policies, procedures, pay rate, hours of work and employment practices will remain the responsibility of your Worksite Employer.

Employee Instructions: Complete all items marked in **YELLOW**, sign and promptly return to your Worksite Supervisor.

Worksite Employer (Client) Instructions:

- 1) Complete all items marked in **BLUE**: Page 1 and 5 "Employer Review and Verification;"
- 2) Verify employee has completed packet, including signatures on all forms and acknowledgements; and
- 3) Scan or fax all pages to our office at 813-643-4441;
- 4) Keep the original New Employee Packet for your records. **Note:** page 3b should be kept separate from the personnel file.
(Missing, incomplete or incorrect completion of the I-9 Form may result in a delay of the first paycheck being processed.)

EMPLOYEE PERSONAL INFORMATION

(TO BE COMPLETED PRIOR TO OR ON THE FIRST DAY WORKED)

Please **PRINT** your name **exactly** as shown on your Social Security Card: **SSN:** _____

First Name: _____ **Middle Initial:** _____ **Last Name:** _____

Street Address: _____ **City:** _____ **State:** _____ **Zip:** _____

County: _____ **School District:** _____ **Township:** _____

Email Address: _____ **Driver's License No.** _____

Phone Numbers: Home: (____) _____ **Work:** (____) _____ **Cell:** (____) _____

Emergency Contact: _____ **Relationship:** _____ **Phone:** (____) _____

Date of Birth: ____/____/____ **Gender:** Male Female **Marital Status:** Single Married

Race/Ethnicity: Hispanic or Latino White Black or African American Two or More Races
(Voluntary) American Indian or Alaska Native Native Hawaiian or other Pacific Islander Asian

I understand that the first ninety (90) days of employment are considered an introductory or probationary period, during which time the employee will be assessed for overall suitability for the position. The Employee or the Company may terminate employment with or without notice at any time for any or no reason. Even following successful completion of the introductory period, no additional employment rights are created and all employees remain at-will employees. I hereby certify that all information contained in this New Employee Packet or in any other application, resume, or document provided to my Worksite Employer or Choice HR is true, accurate and complete, and is provided knowingly and voluntarily. I understand that providing any false, inaccurate, or incomplete information may result in disciplinary action, up to and including termination of my employment.

Employee Signature: _____ **Date:** ____/____/____

WORKSITE EMPLOYER (CLIENT) ONLY

(SHOULD NOT BE USED IN LIEU OF A WORKSITE APPLICATION FOR EMPLOYMENT)

Choice HR Hire Date: ____/____/____ **Employee Date of Hire with Client:** ____/____/____

Benefit Group: Primary Other: _____ **Employee ID#** _____

EEOC Job Classification: Executive/Senior Level Official and Mgr. First/Mid-Level Official and Mgr. Professional
 Sales Service Admin. Support Craftsman Technical Operative Laborer/Helper

Pay Rate: Salaried Hourly Commissions Piece Work Expenses Tips
\$ _____ Per Hour OR \$ _____ Per _____ #2 \$ _____ Per _____

Status*: Full Time Part Time Seasonal/Temporary **Classification:** Non-Exempt Exempt
(*You are responsible for immediately notifying Choice HR of changes in employee)

Pay Frequency: Weekly (52) Biweekly (26) Semi-monthly (24) Monthly (12)

W/C Code: _____ **Job Title:** _____ **Department/Division:** _____

Authorized Signature: _____ **Title:** _____ **Date:** ____/____/____

Form W-4 (2018)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

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. You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

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 might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note:

Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

Line F. Credit for other dependents.

When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2018
▶ Whether you're 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.				
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
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 800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5
6 Additional amount, if any, you want withheld from each paycheck				6 \$
7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • 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 ▶				
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 boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment	10 Employer identification number (EIN)

your wages and other income, including income earned by a spouse, during the year.

Line G. Other credits. You might be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as the earned income tax credit and tax credits for education and child care expenses. If you do so, your paycheck will be larger but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more

than one job at a time or are married filing jointly and have a working spouse. If you don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("-0-") on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the "Married, but withhold at higher Single rate" box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the "Married, but withhold at higher Single rate" box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are

required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9, and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/programs/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 8. Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 9. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

Box 10. Enter the employer's employer identification number (EIN).

Personal Allowances Worksheet (Keep for your records.)

- A** Enter "1" for yourself **A** _____
- B** Enter "1" if you will file as married filing jointly **B** _____
- C** Enter "1" if you will file as head of household **C** _____
- D** Enter "1" if: }
 - You're single, or married filing separately, and have only one job; or
 - You're married filing jointly, have only one job, and your spouse doesn't work; or
 - Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.**D** _____
- E Child tax credit.** See Pub. 972, Child Tax Credit, for more information.
 - If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "4" for each eligible child.
 - If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "2" for each eligible child.
 - If your total income will be from \$175,551 to \$200,000 (\$339,001 to \$400,000 if married filing jointly), enter "1" for each eligible child.
 - If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" **E** _____
- F Credit for other dependents.**
 - If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "1" for each eligible dependent.
 - If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).
 - If your total income will be higher than \$175,550 (\$339,000 if married filing jointly), enter "-0-" **F** _____
- G Other credits.** If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here . . . **G** _____
- H** Add lines A through G and enter the total here **H** _____

For accuracy, **complete all worksheets that apply.**

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$52,000 (\$24,000 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 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 above.

Deductions, Adjustments, and Additional Income Worksheet

- Note:** Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income.
- 1** Enter an estimate of your 2018 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. See Pub. 505 for details **1** \$ _____
 - 2** Enter: }
 - \$24,000 if you're married filing jointly or qualifying widow(er)
 - \$18,000 if you're head of household
 - \$12,000 if you're 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 2018 adjustments to income and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) **4** \$ _____
 - 5 Add** lines 3 and 4 and enter the total **5** \$ _____
 - 6** Enter an estimate of your 2018 nonwage income (such as dividends or interest) **6** \$ _____
 - 7 Subtract** line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses . . . **7** \$ _____
 - 8 Divide** the amount on line 7 by \$4,150 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction **8** _____
 - 9** Enter the number from the **Personal Allowances Worksheet**, line H above **9** _____
 - 10 Add** lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1, page 4. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** _____

Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1** Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) **1** _____
- 2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't 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 2018. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2018. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,375	\$420	\$0 - \$7,000	\$420
5,001 - 9,500	1	7,001 - 12,500	1	24,376 - 82,725	500	7,001 - 36,175	500
9,501 - 19,000	2	12,501 - 24,500	2	82,726 - 170,325	910	36,176 - 79,975	910
19,001 - 26,500	3	24,501 - 31,500	3	170,326 - 320,325	1,000	79,976 - 154,975	1,000
26,501 - 37,000	4	31,501 - 39,000	4	320,326 - 405,325	1,330	154,976 - 197,475	1,330
37,001 - 43,500	5	39,001 - 55,000	5	405,326 - 605,325	1,450	197,476 - 497,475	1,450
43,501 - 55,000	6	55,001 - 70,000	6	605,326 and over	1,540	497,476 and over	1,540
55,001 - 60,000	7	70,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 90,000	8				
70,001 - 75,000	9	90,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 105,000	10				
85,001 - 95,000	11	105,001 - 115,000	11				
95,001 - 130,000	12	115,001 - 120,000	12				
130,001 - 150,000	13	120,001 - 130,000	13				
150,001 - 160,000	14	130,001 - 145,000	14				
160,001 - 170,000	15	145,001 - 155,000	15				
170,001 - 180,000	16	155,001 - 185,000	16				
180,001 - 190,000	17	185,001 and over	17				
190,001 - 200,000	18						
200,001 and over	19						

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 aren't required to provide the information requested on a form that's 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.



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

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

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

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

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

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

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

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

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

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



Employer Completes Next Page





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

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

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

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

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

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

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

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

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

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

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

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Direct Deposit Authorization – To be completed by the Employee

This form authorizes CHOICE HR to deduct the net amount of your pay and deposit the funds into the bank that you indicated below. All requests that are being made into a checking account will include a voided check or photo copy of an original check. A letter from your bank or financial institution will be accepted as well. A deposit slip is not valid for checking accounts. All requests that are being made into a savings account will include a voided deposit slip or photo copy of an original deposit slip. Failure to provide these documents will result in non-processing. You can make up to three (3) different deposits for each pay period. Please use additional forms if needed. All checks issued in your name will be allocated according to the information provided below unless otherwise notified.

Client Company _____

Employee Name _____

Social Security # _____


Deposit Account # 1

Type of Request New Change existing Cancel Existing
 Account Type Checking Savings
 Bank or Financial Institution Name _____
 ACH Routing Number _____
 ACH Account Number _____
 Amount or Percentage of Net Pay _____ % OR \$

Deposit Account # 2

Type of Request New Change existing Cancel Existing
 Account Type Checking Savings
 Bank or Financial Institution Name _____
 ACH Routing Number _____
 ACH Account Number _____
 Amount or Percentage of Net Pay _____ % OR \$

RAPID! Pay Card (Provided Free by CHOICE HR)

Type of Request New Change existing Cancel Existing
 Yes! Please issue a Rapid! MasterCard branded pay card and deposit my wages according to allocation below. Choice HR will activate the account and set up automatic payments to my card.

 Amount or Percentage of Net Pay _____ % OR \$

Please attach voided check or deposit slip for savings accounts here.

(A letter or any other documentation from your financial institution that contains the ABA routing number and account number will also be accepted. Failure to provide documentation will result in non-processing of your request.)

By signing below I am authorizing CHOICE HR to deposit my pay into the bank accounts listed above. I understand that it is my responsibility to notify CHOICE HR or my Worksite Employer of any changes to my bank accounts at least 5 days before my next pay date. I also agree that should the wrong amount be deposited into my bank account at any time for any reason, CHOICE HR has the right to debit the above bank accounts for the erroneous amount. If this amount is not in my bank account at the time of this debit, I agree to pay the erroneous amount to CHOICE HR.

EMPLOYEE SIGNATURE

DATE

ANTI-HARASSMENT & DISCRIMINATION-PLEASE REVIEW AND SIGN THE FOLLOWING POLICY:

We are committed to maintaining a work environment free of harassment on the basis of race, creed, religion, gender, sex national origin, age, marital status, sexual preference or disability or any other protected classification, in accordance with applicable federal, state, and/or local law. We will not tolerate harassment of personnel by a supervisor, co-worker, vendor, customer, or anyone else. Any employee who engages in sexual or other unlawful harassment violates this policy and the law and will be disciplined up to and including immediate termination. In order to create a comfortable work environment we prohibit any offensive physical, written, or spoken conduct, including conduct of a sexual nature. This includes, but is not limited to, the following:

1. Unwelcome or unwanted advances, including sexual advances. This means patting, pinching, brushing up against, hugging, cornering, kissing, fondling, or any other similar physical contact.
 2. Unwelcome request or demands for favors, including sexual favors. This includes subtle or blatant expectations, pressures or requests for any type of favor, including a sexual favor (this includes unwelcome requests for dates) whether or not it is accompanied by an implied or stated promise of preferential treatment or negative consequence concerning employment status.
 3. Verbal abuse or kidding that is oriented toward a prohibited form of harassment, including that which is sex oriented and considered unwelcome. This includes comments about national origin, race, color, religion, age, body, including pregnancy, disability, marital status or appearance, where such comments go beyond mere courtesy; telling "dirty jokes" that are unwanted and considered offensive; or any tasteless, sexually oriented comments, innuendoes, epithets, slurs, negative stereotyping or actions that offend.
 4. Any type of sexually oriented conduct or other prohibited form of harassment that would unreasonably interfere with work performance. This includes extending unwanted sexual attentions to someone whether or not it reduces that person's productivity or time available to work at assigned tasks.
 5. Creating a work environment that is intimidating, hostile, abusive, or offensive because of unwelcome or unwanted conversations, suggestions, requests, demands, physical contacts or attentions, whether sexually oriented or otherwise related to a prohibited form of harassment.
 6. The distribution, display or discussion of any written or graphic material, including calendars, posters, cartoons, or names, that denigrates or shows hostility or aversion toward an individual or group because of race, color, religion, age, sex, pregnancy, national origin, disability, marital, or other protected status.
- Sexual and workplace harassment may be present when the intended target of the conduct is not offended, but others reasonably find the conduct intimidating, hostile or abusive.

COMPLAINT RESOLUTION PROCEDURE:

All personnel are responsible for helping to assure that the Company is kept free of unlawful harassment. If any person experiences or witness workplace harassment, they have an affirmative obligation to report such conduct to their supervisor, or Choice Employer Solutions Human Resources at 813.643.4000. Employees are not expected to report harassment to a person they believe is harassing them. In those situations report the conduct to the Company President or Choice Employer Solutions Human Resources. It is understood that any person electing to utilize this complaint resolution procedure will be treated courteously. All harassment complaints will be kept confidential to the extent possible, consistent with the conduct of a full and fair investigation. Personnel violating confidentiality may be subject to immediate discipline. Communications will be made to others only on a limited "need to know" basis. The registering of a complaint may not be used against the employee, nor will it have an adverse impact on the individual's employment status. Filing a bad faith complaint and/or making an accusation that is shown to be intentionally false or in otherwise misrepresenting the facts including but not limited to complaints of harassment, discrimination, and other employment statute, and/or breach of business ethics may subject the complainant to immediate disciplinary action up to and including termination of employment. We are committed to promptly and thoroughly investigating all harassment complaints. If, after a thorough investigation, it is determined that harassment has occurred, immediate and appropriate disciplinary action up to discharge will be taken to end the harassment. Appropriate follow-up steps will be taken to ensure the harassment has stopped. In the event an employee is not satisfied with the results of the investigation, the employee may appeal in writing to an upper level executive of the company. I understand that the Company will not tolerate sexual and other forms of unlawful harassment. I understand that I have the affirmative obligation to report it. I also understand that unlawful harassment is grounds for disciplinary action up to and including immediate discharge.

ACKNOWLEDGEMENT AND AGREEMENT

I, the undersigned individual, in consideration of my being placed in a professional employer relationship with Choice Employer Solutions, Inc., Choice HR ("CES"), acknowledge and agree to the following:
(1) At all times during my relationship with CES, I understand and agree that I will remain an employee of the Client Company for which I am working ("Company") that has contracted with CES and, to the extent allowed by law, Company will continue to have sole and exclusive control over my day-to-day job duties and over the worksite(s) where I perform services. Additionally, to the extent allowed by law, Company will continue to provide all onsite supervision, including, but not limited to, determining my job assignments and training requirements and evaluating my performance. Also, to the extent allowed by law, Company will determine my job duties, rate of pay, hours worked, continued employment opportunities, and other terms and conditions of my employment;
(2) I understand and agree that my status with CES is at-will. I further understand and agree that there is no contract of employment which exists between CES and me and I understand and agree that CES will not become a party to any contract of employment which I have already entered into or which I may in the future enter into with Company.

Additionally, I understand and agree my at-will status with CES does not change the employment status I had with Company prior to the existence of the professional employer organization relationship between CES and Company and that CES is not responsible for any contractual obligations which may exist between Company and me;
(3) I understand and agree that I am performing services within a professional employer organization relationship where the duties and responsibilities applicable to me are set forth in a service agreement entered into between Company and CES;
(4) I understand and agree that, unless otherwise required by law if CES does not receive payment from Company for services which I perform as a utilized individual, CES may, where allowed by law, pay me the applicable minimum wage (or the legally required minimum salary) for any such pay period, and I agree to this method of compensation. Additionally, I understand and agree that Company at all times ultimately remains obligated to pay me my regular hourly rate of pay if I am a non-exempt individual and to pay me my full salary if I am an exempt individual if CES is not fully paid by Company for services that I render;
(5) I understand and agree that, unless otherwise required by law, where payment for the following items have not been received by CES from Company, CES does not assume responsibility for payment of bonuses, commissions, severance pay, deferred compensation, profit sharing, vacation, sick, or other paid time off pay and compensation, benefit, or for any other payment not required by law, in any form, or for any other similar type of payment, unless CES has specifically, in a written agreement entered into with me, adopted Company's obligation to pay me such compensation or benefit (CES does assume this responsibility where such payment has been received from Company encompassing such items regarding me);
(6) Unless otherwise contractually agreed to by Company and CES, CES has agreed to maintain workers' compensation insurance covering my employment. In recognition of the fact that any work-related injuries which might be sustained by me are covered by state workers' compensation statutes, and to avoid the circumvention of such state statutes which may result from suits against the customers or Companies of CES or against CES based on the same injury or injuries, and to the extent permitted by law, I hereby waive and forever release any rights I might have to make claims or bring suit against any Company or customer of CES and/or against CES for damages based upon injuries which are covered under such workers' compensation statutes. In the event of a work-related injury, I understand and agree that, to the extent allowed by law, my sole remedy lies in coverage under CES workers' compensation policy or Company's workers' compensation policy if it maintains its own workers' compensation policy;
(7) I understand and agree that if I am injured on the job, even if the injury is minor or I do not want treatment, I must immediately report it to my supervisor. I also agree to comply with any lawful drug testing policy which may be adopted, and I specifically agree to post-accident drug testing in any situation where it is allowed by law;
(8) In addition, I also agree that if at any time during my employment at Company I am subjected to any type of discrimination, including discrimination because of race, sex, sexual orientation, harassment of any type, disability, color, age, genetic information, national origin, citizenship status, religion, retaliation, veteran status, military status, or union status, or if I am subjected to any type of harassment including sexual harassment, I will immediately contact an appropriate person of Company. In most instances, this appropriate person will be the President of Company. Should I choose not to contact Company for any reason, I may contact CES's Human Resources Director at 1-800-643-4000 for the limited purpose of having CES, at its option, and not as an employer, but as a possible facilitator, try in its sole discretion, to attempt to facilitate a resolution;
(9) I understand and agree that Company has sole and exclusive control over my day-to-day job duties and Company has sole and exclusive control over the job site at which, or from which, I perform my services and that CES only reserves and retains such rights and authority as is required by applicable law. I agree that CES does not have actual control over my workplace and, as such, is not in a position to end or remediate any discrimination, harassment, unsafe working condition, retaliation, or wrongdoing which may be occurring. The responsibility to resolve and/or end such inappropriate conduct or unsafe working condition rests with Company, however, CES may attempt to facilitate a resolution;
(10) I understand and agree that due to licensure and workers' compensation restrictions applicable to professional employer organizations, if I am accepted as a utilized individual of CES, I am expressly prohibited from performing any work outside the state in which I am currently performing services for Company ("Home State") during my status as a utilized individual except as may be allowed pursuant to the workers' compensation policy provided to me by CES or except as may be allowed in writing by CES and the applicable workers' compensation carrier;
(11) If I work outside the Home State for Company or for anyone else without first securing this approval as set forth at (10), I understand and agree that I will no longer be in a professional employer organization relationship with CES and may not be provided workers' compensation benefits through CES or the applicable workers' compensation carrier and my professional employer organization relationship with CES will be considered immediately terminated upon commencement of my trip outside the Home State to perform work where prior approval has not been received as set forth herein;
(12) I understand and agree that, to the extent allowed by law, any obligation of CES ceases when CES's professional employer organization agreement with Company terminates;
(13) I understand and agree if I am eligible for any benefits it is my responsibility (and the responsibility of any family members/ dependents who wish to participate) to timely submit all required forms and information;
(14) To the extent allowable by law, by signing this Agreement, I assign to CES, my right to assert a priority wage claim against Company under 11 U.S.C. § 507 (a)(3) in the event that a Bankruptcy Petition is filed under Title 7 and or Title 11 of the United States Code by or on behalf of Company; and
(15) Should I sign this form and/or complete CES's utilized individual paperwork and never be accepted as a utilized individual of CES, this form shall be null and void.

Applicant Name Printed

Applicant Signature

Date

Drug Free Workplace Policy

CHOICE Employer Solutions, Inc. endeavors to provide a safe, healthy and productive work environment for its employees by supporting the maintenance of a Drug-Free Workplace as defined by the Florida Drug Free Workplace Act, 440.102 Florida Statutes, the Rules of the State of Florida, the Florida Agency for Health Care Administration, Chapter 59A-24, Florida Administrative Code, Drug-Free Workplace Standards, and the Florida Department of Labor and Employment Security pursuant to the Rules for Workers' Compensation Drug Testing, 38F-9.

The policy requires, as a condition of employment and of continued employment, that employees refrain from substance abuse both on and off the job, that can cause the employee to either report to work or be working with the presence of drugs or alcohol in his/her body, at or in excess of quantities defined by Florida Statutes. This Policy prohibits the use, sale, distribution, manufacture or possession of alcohol, drugs or related paraphernalia or being under the influence of alcohol and/or drugs to the extent of possible impairment, defined as having bodily concentrations of metabolites of drugs or alcohol exceeding threshold limits defined by law, while on Company premises, worksites, or while operating Company or customers' vehicles, machinery, or equipment, whether resulting from usage on or off the job, unless prescribed by a licensed physician. The testing performed will analyze a urine specimen for the presence of any of the following substances or a metabolite of the substance:

- 1) Alcohol – Ethyl alcohol as a beverage or a part of a medicine
- 2) Marijuana – Cannabinoids, THC
- 3) Cocaine
- 4) Methadone – Dolophine, Methadose
- 5) Barbiturates – Nembutal, Tuinal, Secanol, etc.
- 6) Amphetamines – Desoxyn, Biphedamine, Dexedrine, etc.
- 7) Methaqualone – Qualudes
- 8) Opiates – Codeine, Percodan, Paregoric, Morphine, etc.
- 9) Propoxyphene – Darvon, Dolene, etc.
- 10) Phencyclidine – (PCP)
- 11) Benzodiazepines – Librium, Valium, Xanax, Serax, Halcion, etc.

Testing may also include designer drugs or other abused substances that are added by Florida Statutes.

Nothing in this Drug-Free Workplace Policy is intended to prohibit the use of legally obtained prescriptions, many containing otherwise illegal substances. Because of the potentially impairing side effects which could endanger the employee, coworkers or the public, upon being prescribed such medications, employees are encouraged to call CHOICE Employer Solutions, Inc. for advice. If warranted, CHOICE Employer Solutions, Inc. will assist the employee with job reassignment to less dangerous duties until treatment is completed.

The Company's Medical Review Officer may be consulted for technical information and answers to questions about prescription or over-the-counter medications. Please contact CHOICE Employer Solutions, Inc. for further information.

TESTING PROCEDURES:

To facilitate enforcement of this policy, all job applicants are required to take and pass a pre-employment drug test within 30 days immediately prior to start date.

Present employees must be tested for drugs and/or alcohol under reasonable suspicion conditions, including post accident. Florida Rules also require testing following completion of treatment or counseling for drug or alcohol abuse and together with any routine fitness-for-duty medical exams. Random testing is also authorized. Regulated Company drivers, in particular, may be enrolled in random testing programs. Refusal to submit to testing upon request, shall subject the employee to the same disciplinary measures prescribed for positive test results, which may include termination for cause, denial of Unemployment Compensation and loss of Workers Compensation medical and indemnity benefits.

Analysis of specimens will be performed only by licensed, certified laboratories utilizing qualified sites and employing collectors trained to follow authorized collection protocols and properly maintain legal specimen chain-of-custody. An experienced physician / Medical Review Officer (MRO) will review all negative and confirmed positive laboratory reports. Positive results shall only be reported to the Company after the MRO has ascertained that personal prescriptions or other legal substances do not account for the laboratory findings. Investigations may include, as appropriate, telephone contact with the employee or job applicant and any prescribing physicians and/or pharmacies identified. An adulterated test result will be considered to be a positive test result.

REASONABLE SUSPICION:

Employees reporting to work that demonstrate impaired conduct that could be unsafe for job performance may be tested under reasonable suspicion guidelines. If employees become similarly impaired on the job, they may be tested under reasonable suspicion guidelines. Reasonable suspicion testing shall be conducted when there is:

1. Observable phenomena while at work, such as direct observation of drug use or of the physical symptoms or manifestations of being under the influence of the drug.
2. Abnormal conduct or erratic behavior while at work or a significant deterioration in work performance.
3. A report of drug use, provided by a reliable and credible source.
4. Evidence that an individual has tampered with a drug test.
5. Information that an employee has caused, contributed to, or been involved in an accident while at work.
6. Evidence that an employee has used, possessed, sold, solicited, or transferred drugs while working on the Company's premises, work sites, or while operating the Company's / Customer's vehicle, machinery or equipment.

To discourage use and/or distribution of illegal drugs and/or alcoholic beverages in the workplace, upon reasonable suspicion, searches for alcohol, drugs or paraphernalia may be conducted of property or worksites accessible to employees, including, but not limited to vehicles, equipment, tool boxes, lockers, desks, etc. Discovered illegal items will be referred to law enforcement authorities for disposition.

CONSEQUENCE OF POSITIVE TEST OR TEST REFUSAL:

Testing positive for abused substances will eliminate applicants from employment consideration. Applicants who test positive will be ineligible to apply again for a minimum of six (6) months. Furthermore, these applicants may reapply only if all of the following criteria are satisfied:

1. The applicant was not engaged in the sale of drugs to others or engaged in any other criminal activity, such as theft, coincident with said drug and/or alcohol abuse.
2. It was the applicant's first drug test by the Company.
3. Work is available to which the applicant can be assigned at an appropriate pay scale, which in the sole judgment of management, does not, by virtue of the employee's confirmed drug and/or alcohol abuse, endanger the safety of coworkers or the general public, or pose an unreasonable security risk to Company products or property, or require additional supervision to assure required standards of productivity or work quality, at least until such time as the employee is proven by subsequent random testing to no longer be abusing drugs or alcohol.
4. At the applicant's own expense, counseling and/or treatment must be completed and documented to the Company. The Human Resources Director may assist with selecting an appropriate facility or provider.

After a person has been employed by the Company, a one-time exemption from this Policy's disciplinary provisions may be granted if, prior to being notified of being selected for drug or alcohol testing, the employee has voluntarily sought and is progressing satisfactorily in treatment or counseling for drug and/or alcohol abuse. Satisfactory written documentation must be provided to CHOICE Employer Solutions, Inc. showing date treatment commenced, expected ending date, and the name/address/telephone number of the provider of the treatment. All employees participating in a substance abuse rehabilitation program will be subject to random testing for a period of two years after the program completion.

APPEAL PROCEDURE FOR POSITIVE TEST RESULTS:

The Company's Medical Review Officer will attempt to contact the employee or job applicant who has a positive confirmed test result within five (5) working days of receiving the positive test result. If an employee's / applicant's explanation or challenge is unsatisfactory, the Medical Review Officer will report a positive test result back to the company. If the Medical Review Officer is unable to contact the employee / applicant within five (5) working days, the Medical Review Officer will report a positive test result back to the company.

Within five (5) working days after receipt of a confirmed positive test result, which has been verified by the MRO, Company management shall inform the employee / applicant of the positive result, the consequences of such results and the options to the employee or job applicant. An employee / applicant may challenge a confirmed positive test result by submitting within five work days an explanation in writing to the Human Resources Director, concerning personal circumstances that may have affected the results and explaining why the result does not constitute a violation of Company policy. The donor of a tested specimen will be responsible for providing all necessary documentation, i.e.; a doctor's report, signed prescription or current prescription container with relevant information and other related supporting documents. Company management will, within 15 days of receipt of the employee's / applicant's written explanation or challenge of positive test results, provide a written statement of acceptance as satisfactorily explained or an explanation to the employee / applicant as to why the employee's / applicant's explanation is unsatisfactory, along with a copy of the positive test results.

All such documentation shall be kept confidential by the company and shall be retained by the company for at least one year.

The employee/applicant may, at their own financial expense, have a portion of his/her original specimen retested during a period of 180 days following written notice of a positive test result. When an employee / applicant undertakes a challenge to the result of the test, it shall be the employee's / applicant's responsibility to notify the laboratory and the sample shall be retained until the issue is settled. The employee or applicant is also responsible for notifying the original testing laboratory of an alternate HRS licensed laboratory, for the purpose of transferring, under Chain of Custody, a portion of the employee's or applicant's specimen for retesting.

An employee may undertake an administrative challenge by filing a claim for benefits with a judge of Compensation Claims concerning a workplace injury. Other challenges not involving workplace injuries must challenge a test result in a court of competent jurisdiction.

Job applicants or employees whose drug test results are confirmed positive shall not, by virtue of the result alone, be defined as having a "handicap".

All drug test information, reasonable suspicion reports, or other related information concerning an individual will remain confidential and will not be disclosed except for conditions described in Florida Statutes.

By signing below, the employee / applicant acknowledges having received and understood this Drug Free Workplace Policy. This signature (facsimile thereof) also authorizes all health care providers to release information requested by the MRO to corroborate legal prescription use following a positive drug and/or alcohol test result. I have received, reviewed, understand and agree with the contents of this document.

Applicant Name Printed

Applicant Signature

Date