

G&A PARTNERS
FEDERAL NEW HIRE PACKET

The attached new hire packet is valid in all states. Most states require your employee to complete an additional state supplement. If you believe your employee is in a state that requires supplemental state forms at the time of hire and you did not receive a state supplemental new hire packet with this federal new hire packet, please contact AccessHR to request a state packet.

State Tax Withholding Forms

Your new hire may be required to complete an additional state tax withholding form. If you have any questions about whether a state tax withholding form may be required, please contact G&A Partners AccessHR.

Wage Notices

Certain states require that you provide your new hire with a written Wage Notice. Each new hire packet contains required wage notices. If no wage notice is included in the state packet, there is no requirement to provide such notice at hire.

Please note: you are required to complete certain portions of certain documents, including the wage notice if one is required in your state, before providing it to your employee.

Please submit completed documents, including any state supplements, state tax withholding forms, and wage notices to G&A Partners at newhire@gnapartners.com or fax to (866) 917-1184.

Please direct questions to the G&A Partners AccessHR team at 866-497-4222 or via email at accesshr@gnapartners.com.

NEW EMPLOYEE INFORMATION SHEET

This section should be completed by the employee.

Employee Name: _____ SSN: _____

Street Address (Incl. Apt #): _____ City: _____

State: _____ Zip: _____ County: _____

Email: _____ Phone Number: _____

Date of Birth: _____ Driver's License #: _____ State Issued: _____

Marital Status: Single Married Divorced Widowed Other

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone Number: _____

Employee Signature: _____ **Date:** _____

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This section should be completed by the employee's supervisor.

Client Name: _____ Client ID: _____

Payroll Information

Employee Hire Date: _____ Job Title: _____

PEO Start Date: _____ Workers' Compensation Code: _____

Employee FLSA status:

Hourly (FLSA - non-exempt/eligible for overtime)

Salary (FLSA – exempt/not eligible for overtime)

Salary (FLSA – non-exempt/eligible for overtime)

Status	Pay Group	Pay Rate	Comments	Client Information
Full time	Weekly Bi-weekly Semi-monthly Monthly	Hourly rate		Department: _____
Part Time		1. \$ _____ hr. _____		Division: _____
Temporary FT		2. \$ _____ hr. _____		
Temporary PT		3. \$ _____ hr. _____		Location: _____
Intern		4. \$ _____ hr. _____		
Seasonal		5. \$ _____ hr. _____		
PRN	6. \$ _____ hr. _____	Salary		Project: _____
On Call		\$ _____ / per pay period	Commissions	Reports To: _____
		If yes, amount: \$ _____		

EEO VOLUNTARY SELF-IDENTIFICATION FORM

Worksite Employer (“the Company”) is an Equal Employment Opportunity employer and is committed to providing equal opportunity in employment, including but not limited to selection, hiring, assignment, re-assignment, promotion, transfer, compensation, discipline, and termination. The Company prohibits discrimination in employment based on race, religion, color, sex (including breast feeding and related medical conditions), gender identity and expression, sexual orientation, national origin, ancestry, ethnicity, citizenship status, uniform service member and veteran status, marital status, pregnancy, age, protected medical condition, genetic information, disability or any other protected status in accordance with all applicable federal, state and local laws.

This voluntary survey assists us in complying with government record-keeping, reporting, and other legal requirements. We make periodic reports to the federal government regarding the data below. Your completion of this Voluntary Survey is optional. If you choose to volunteer the requested information, please note that this form is kept in a Confidential File and is not a part of your Application for Employment or personnel file.

Gender

Please note that while designating a Gender is not required as a condition of your employment, this information is required by health insurance companies. If you plan to enroll in health insurance through the WorkSite Employer, be sure to designate your gender to avoid delays in the enrollment process.

- Male**
- Female**
- I choose not to self-identify**
(If you decline to self-identify, employment records or observer identification may be used.)

Race/Ethnicity

Please check one of the descriptions below corresponding to the ethnic group with which you identify.

- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African American (Not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- Asian (Not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino):** All persons who identify with more than one of the above five races.
- I choose not to self-identify**
(If you decline to self-identify, employment records or observer identification may be used.)

EEO VOLUNTARY SELF-IDENTIFICATION FORM

Veteran Status

- I choose to not self-identify as any veteran classification.
- I belong to the following classifications of protected Veterans (choose all that apply):
- Disabled Veteran
 - Recently Separated Veteran
 - Active Wartime or Campaign Badge Veteran
 - I am a protected veteran, but I choose not to self-identify the classification to which I belong
- I am NOT a protected veteran

Disabled Veteran	<p>A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or</p> <p>A person who was discharged or released from active duty because of a service-connected disability.</p>
Recently Separated Veteran	<p>A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.</p>
Active Wartime or Campaign Badge Veteran	<p>An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.</p>
Armed Forces Service Medal Veteran	<p>An "Armed Forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a U.S. military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.</p>

WORKSITE EMPLOYEE NAME (PRINT)

WORKSITE EMPLOYEE SIGNATURE

DATE (MM/DD/YY)

Employee's Withholding Certificate

**Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
 Give Form W-4 to your employer.
 Your withholding is subject to review by the IRS.**

Step 1: Enter Personal Information	(a) First name and middle initial _____	Last name _____	(b) Social security number
	Address _____		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code _____		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2: Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Multiple Jobs or Spouse Works Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500.....\$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.) _____	Date _____	

Employers Only	Employer's name and address _____	First date of employment _____	Employer identification number (EIN) _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

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

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 **and** you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2025 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 17, 2026.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b)—Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2025 itemized deductions (from Schedule A (Form 1040)). Such deductions may 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
2 Enter: { \$30,000 if you're married filing jointly or a qualifying surviving spouse; \$22,500 if you're head of household; \$15,000 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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 with no other entries on the form; 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 territories 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.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$700	\$850	\$910	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	700	1,700	1,910	2,110	2,220	2,220	2,220	2,220	2,220	2,220	3,220
\$20,000 - 29,999	700	1,700	2,760	3,110	3,310	3,420	3,420	3,420	3,420	3,420	4,420	5,420
\$30,000 - 39,999	850	1,910	3,110	3,460	3,660	3,770	3,770	3,770	3,770	4,770	5,770	6,770
\$40,000 - 49,999	910	2,110	3,310	3,660	3,860	3,970	3,970	3,970	4,970	5,970	6,970	7,970
\$50,000 - 59,999	1,020	2,220	3,420	3,770	3,970	4,080	4,080	5,080	6,080	7,080	8,080	9,080
\$60,000 - 69,999	1,020	2,220	3,420	3,770	3,970	4,080	5,080	6,080	7,080	8,080	9,080	10,080
\$70,000 - 79,999	1,020	2,220	3,420	3,770	3,970	5,080	6,080	7,080	8,080	9,080	10,080	11,080
\$80,000 - 99,999	1,020	2,220	3,420	4,620	5,820	6,930	7,930	8,930	9,930	10,930	11,930	12,930
\$100,000 - 149,999	1,870	4,070	6,270	7,620	8,820	9,930	10,930	11,930	12,930	14,010	15,210	16,410
\$150,000 - 239,999	1,870	4,240	6,640	8,190	9,590	10,890	12,090	13,290	14,490	15,690	16,890	18,090
\$240,000 - 259,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$260,000 - 279,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$280,000 - 299,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$300,000 - 319,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,170	19,170
\$320,000 - 364,999	2,040	4,440	6,840	8,390	9,790	11,100	12,470	14,470	16,470	18,470	20,470	22,470
\$365,000 - 524,999	2,790	6,290	9,790	12,440	14,940	17,350	19,650	21,950	24,250	26,550	28,850	31,150
\$525,000 and over	3,140	6,840	10,540	13,390	16,090	18,700	21,200	23,700	26,200	28,700	31,200	33,700

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$200	\$850	\$1,020	\$1,020	\$1,020	\$1,370	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040
\$10,000 - 19,999	850	1,700	1,870	1,870	2,220	3,220	3,720	3,720	3,720	3,720	3,890	4,090
\$20,000 - 29,999	1,020	1,870	2,040	2,390	3,390	4,390	4,890	4,890	4,890	5,060	5,260	5,460
\$30,000 - 39,999	1,020	1,870	2,390	3,390	4,390	5,390	5,890	5,890	6,060	6,260	6,460	6,660
\$40,000 - 59,999	1,220	3,070	4,240	5,240	6,240	7,240	7,880	8,080	8,280	8,480	8,680	8,880
\$60,000 - 79,999	1,870	3,720	4,890	5,890	7,030	8,230	8,930	9,130	9,330	9,530	9,730	9,930
\$80,000 - 99,999	1,870	3,720	5,030	6,230	7,430	8,630	9,330	9,530	9,730	9,930	10,130	10,580
\$100,000 - 124,999	2,040	4,090	5,460	6,660	7,860	9,060	9,760	9,960	10,160	10,950	11,950	12,950
\$125,000 - 149,999	2,040	4,090	5,460	6,660	7,860	9,060	9,950	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,090	5,460	6,660	8,450	10,450	11,950	12,950	13,950	15,080	16,380	17,680
\$175,000 - 199,999	2,040	4,290	6,450	8,450	10,450	12,450	13,950	15,230	16,530	17,830	19,130	20,430
\$200,000 - 249,999	2,720	5,570	7,900	10,200	12,500	14,800	16,600	17,900	19,200	20,500	21,800	23,100
\$250,000 - 399,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$400,000 - 449,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$450,000 and over	3,140	6,490	9,160	11,660	14,160	16,660	18,660	20,160	21,660	23,160	24,660	26,160

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$450	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870	\$1,870	\$1,870	\$1,890
\$10,000 - 19,999	450	1,450	2,000	2,200	2,220	2,220	2,220	3,180	4,070	4,070	4,090	4,290
\$20,000 - 29,999	850	2,000	2,600	2,800	2,820	2,820	3,780	4,780	5,670	5,690	5,890	6,090
\$30,000 - 39,999	1,000	2,200	2,800	3,000	3,020	3,980	4,980	5,980	6,890	7,090	7,290	7,490
\$40,000 - 59,999	1,020	2,220	2,820	3,830	4,850	5,850	6,850	8,050	9,130	9,330	9,530	9,730
\$60,000 - 79,999	1,020	3,030	4,630	5,830	6,850	8,050	9,250	10,450	11,530	11,730	11,930	12,130
\$80,000 - 99,999	1,870	4,070	5,670	7,060	8,280	9,480	10,680	11,880	12,970	13,170	13,370	13,570
\$100,000 - 124,999	1,950	4,350	6,150	7,550	8,770	9,970	11,170	12,370	13,450	13,650	14,650	15,650
\$125,000 - 149,999	2,040	4,440	6,240	7,640	8,860	10,060	11,260	12,860	14,740	15,740	16,740	17,740
\$150,000 - 174,999	2,040	4,440	6,240	7,640	8,860	10,860	12,860	14,860	16,740	17,740	18,940	20,240
\$175,000 - 199,999	2,040	4,440	6,640	8,840	10,860	12,860	14,860	16,910	19,090	20,390	21,690	22,990
\$200,000 - 249,999	2,720	5,920	8,520	10,960	13,280	15,580	17,880	20,180	22,360	23,660	24,960	26,260
\$250,000 - 449,999	2,970	6,470	9,370	11,870	14,190	16,490	18,790	21,090	23,280	24,580	25,880	27,180
\$450,000 and over	3,140	6,840	9,940	12,640	15,160	17,660	20,160	22,660	25,050	26,550	28,050	29,550



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number	
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. An alien authorized to work until _____ (exp. date, if any)						
If you check Item Number 4. , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p>Additional Information</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)	<p><input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

<p>Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.</p>		First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative
		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

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 an individual temporarily authorized to work for a specific employer because of his or her status or parole: <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 individual's status or parole 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, sex, 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, sex, 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 <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



Supplement A, Preparer and/or Translator Certification for Section 1

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

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 05/31/2027

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial (<i>if any</i>)	
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial (<i>if any</i>)	
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial (<i>if any</i>)	
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial (<i>if any</i>)	
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code



Supplement B, Reverification and Rehire (formerly Section 3)

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

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 05/31/2027

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
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Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

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

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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
---	--	------------------------------------

Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

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

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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
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Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.

EMPLOYEE DIRECT DEPOSIT

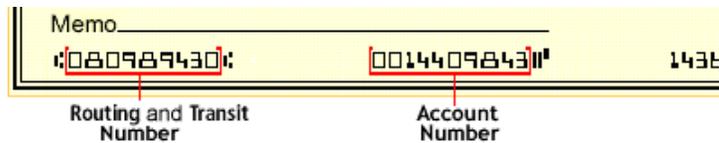
Please print legibly and complete all sections of this form. Failure to do so could cause this form to be returned to you, thus delaying your direct deposit.

Employee Name: _____ SSN (last 4 digits): _____

Client Name: _____

Check one of the following: First-time setup Cancel Change to existing setup
 Decline direct deposit

- I hereby authorize my employer to directly deposit my pay into the bank account(s) specified.
- I am attaching a **voided** check or a financial institution's letter of direct deposit. This authorization is to remain in force until the Company receives written authorization from me of its termination or change. **DO NOT SEND A DEPOSIT TICKET.**
- I grant my employer the right to correct any electronic funds transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.
- I understand I am responsible for verifying funds are deposited and available for use prior to writing checks or debiting my account.
- I understand that once G&A Partners receives notice of my separation from the company any remaining paychecks may be issued as live checks.



Item	Account Type	Bank Name & Routing Number	Account Number	Amount / Percent	
1	<input type="checkbox"/> Checking			<input type="checkbox"/> Fixed Amt	\$ _____
	<input type="checkbox"/> Savings			<input type="checkbox"/> Percent	_____ %
2	<input type="checkbox"/> Checking			<input type="checkbox"/> Fixed Amt	\$ _____
	<input type="checkbox"/> Savings			<input type="checkbox"/> Percent	_____ %

Note:

1. If this form is a change in your current direct deposit election, you may receive one or two paper checks while your new information is being processed.
2. The employee's name **must** be listed as a signer on accounts.
3. Changes to accounts must be made **8** business days prior to payroll date in order to be activated.

 WORKSITE EMPLOYEE NAME (PRINT)

 WORKSITE EMPLOYEE SIGNATURE

 DATE (MM/DD/YY)

WORKSITE EMPLOYEE ACKNOWLEDGMENT

1. **Introduction to G&A Partners and/or its affiliates.** Your Direct, Common-law Employer (herein referred to as “Worksite Employer”) has entered into a contract with G&A Partners and/or its affiliates (“PEO” or “G&A Partners”) to assist Worksite Employer (as named below) with human resources related matters, such as payroll, workers’ compensation insurance, and employee benefits. The specific terms and conditions of the arrangement between the Worksite Employer and PEO are contained in a separate Customer Service Agreement (“CSA”). Your Worksite Employer is

The term “Worksite Employee” refers to you. The term “G&A Partners” or “PEO” includes the legal entity through which you are paid.

2. **Your Worksite Employer.** You acknowledge that your Worksite Employer, and not PEO, retains control of the worksite; supervises and directs your day-to-day work activities; provides the facilities and furnishes the equipment and supplies for your work, including personal protective equipment, if any is required to perform your job duties; determines your work schedule; monitors your workload and productivity; ensures that you are properly trained to perform your job safely; ensures that you are covered by an effective Injury and Illness Prevention Program, which it has established; and determines your rate of pay and job classification. PEO will take responsibility for certain human resources related administrative matters, as agreed upon between PEO and your Worksite Employer in the CSA. Some states may require PEO to reserve the right to assume specific roles or responsibilities. In addition, certain states require additional information as part of this Acknowledgment. Refer to Exhibit “A” (which is attached hereto and incorporated by reference as if set forth fully herein) for additional information that might be unique to the state in which you work.
3. **At-Will Status.** Your employment relationship with Worksite Employer is at-will, meaning it can be terminated by you or Worksite Employer with or without cause and with or without advance notice. If your employment relationship with Worksite Employer is governed by a collective bargaining agreement, or a separate employment agreement, your employment cannot be terminated at-will and must follow the procedures and conditions outlined in those agreements, including any requirements for cause and advance notice. Regardless of the nature of your employment relationship with Worksite Employer, PEO services related to you can be terminated at any time. If your employment relationship with Worksite Employer ends, your status with PEO will also end. However, if your Worksite Employer and/or PEO end their CSA with one another, thereby terminating your employment status with PEO, that event alone would not result in the termination of your employment relationship with Worksite Employer. Your employment with PEO is at will, is not subject to the terms of any collective bargaining agreement or employment agreement between you and your Worksite Employer and can be terminated by you or by PEO at any time and for any reason with or without advance notice.
4. **PEO Benefits.** As a result of your Worksite Employer’s decision to use PEO’s services, you may be eligible to participate in benefits provided by PEO, while Worksite Employer has a CSA with PEO. The Plan Documents for such benefits will control your eligibility to participate in benefits and the extent of the benefits provided.
5. **Worksite Employer Paid Time Off and Other Benefits.** If your Worksite Employer maintains policies providing paid time off from work, such as vacation, sick leave, PTO, or paid leave for specific reasons such as pregnancy, Worksite Employer is solely responsible for funding or determining eligibility for benefits under such policies. PEO does not provide, and has no policy providing, vacation or other paid time off benefits, except to the extent required by law. To the extent paid time off benefits are paid through PEO’s payroll, it is solely as an administrative service on behalf of Worksite Employer. Similarly, to the extent Worksite Employer provides

WORKSITE EMPLOYEE ACKNOWLEDGMENT

other benefits pursuant to policies to which PEO is not a party, such as severance pay, stock options, bonuses, profit sharing, retirement benefits, disability insurance, and so forth, Worksite Employer is solely responsible for providing such benefits (or procuring the benefits from third parties). To the extent state or local paid sick leave laws apply to you, Worksite Employer is responsible for providing such benefits both on behalf of Worksite Employer and on behalf of PEO (to the extent PEO has any obligations under such laws). By providing examples of potential Worksite Employer benefits, this Acknowledgment does not create any right to such benefits or imply that any such benefits exist.

6. **Discrimination, Harassment and Other Unlawful Treatment.** If you feel that you have been subjected to discrimination, harassment, retaliation, denied a legally-mandated leave, or experienced other unlawful treatment in your employment, or if you require an accommodation to perform the essential functions of your job, including an accommodation for a qualifying disability, pregnancy, childbirth, or other related qualifying medical condition, and/or for your religious beliefs or practices, immediately contact your supervisor or another member of management at your Worksite Employer. If you do not feel comfortable contacting anyone at Worksite Employer, or if you feel that Worksite Employer has not adequately addressed your concerns, notify PEO immediately at 866-497-4222 or customercare@gnapartners.com. The accommodations referenced herein include, but are not limited to, lactation accommodation. Unlawful discrimination, harassment, and retaliation are defined and discussed in separate policies that have been provided to you. Please be certain you read and understand those policies. If such written policies are not yet available to you at a time when you need to review and understand your entitlements, obligations, and rights regarding these subjects, contact Worksite Employer or PEO for assistance.
7. **Wage and Hour Compliance.** Although PEO processes the payroll for your compensation and may assist Worksite Employer with other administrative matters involving your compensation, your Worksite Employer is solely responsible for directing PEO to pay you at the rate that your Worksite Employer agreed to pay you. Your Worksite Employer is also solely responsible for ensuring: your hours of work are all captured and reported correctly for payment; you are classified correctly as exempt or non-exempt; you are paid overtime if overtime is applicable to you; you are reimbursed for reasonable work-related expenses; and you receive the breaks to which you may be entitled. You agree that Worksite Employer has sole control of these topics, and that therefore Worksite Employer is solely responsible for any claims you may have related to these topics. However, if you feel that you have not been compensated correctly or that you have not received breaks to which you were entitled, please contact PEO and Worksite Employer immediately. You are to report all working time accurately and fully so that your time is fully captured. No one at PEO or Worksite Employer can direct you to work "off the clock" or to under-report hours. Failing to record all working time accurately and fully, including all overtime hours worked, is a violation of both PEO and Worksite Employer policy.
8. **Accidents and Injuries.** Worksite Employer is responsible for: providing the facilities and furnishing the equipment and supplies for your work, including personal protective equipment, if any is required to perform your job duties; ensuring that you are properly trained to perform your job safely; and ensuring that you are covered by an effective Injury and Illness Prevention Program. Immediately report work related injuries or accidents, or unsafe working conditions to your supervisor, and contact PEO if the situation is not timely addressed by your supervisor. You should immediately stop working if you feel your work area is unsafe. Additionally, if you are assigned work that you reasonably believe to be dangerous, you may refuse to do that work, and you should contact your supervisor or PEO. Worksite Employer reserves the right to require post-accident/post-injury drug and alcohol screening when permitted by law. Refer to the applicable drug and alcohol policy for more information on drug and alcohol screening.

WORKSITE EMPLOYEE ACKNOWLEDGMENT

9. **Privacy & Security**. During and in the course of your employment with Worksite Employer and while PEO is providing your Worksite Employer the services for which it contracted in the CSA, you will have access to and/or receive private, confidential, and/or proprietary information ("Private Information") through information systems used to enable the PEO to provide services to the Worksite Employer. Private Information may include (a) your personal data record created through your onboarding and registration of your email account for timekeeping and payroll system applications, including mobile applications, which can only be accessed with the unique password associated with those records, and (b) private, confidential, and/or proprietary information that Worksite Employer maintains, some of which may pertain to or may have been received from employees, job applicants, clients, customers, and other third parties. You agree to exercise due diligence and reasonable care when handling, maintaining, transferring, disposing of, or storing any Private Information to not risk unauthorized use or disclosure of the information or violating any federal or state privacy laws. You acknowledge that you have a duty to maintain the confidentiality of any Private Information you access or receive and to use it only for purposes of performing your job. To protect the integrity of the information contained in your personal data record, you agree not to disclose or otherwise reveal your passwords to third parties. You agree to fully and completely comply with all security and privacy policies and directives of Worksite Employer and PEO. You will immediately give notice to Worksite Employer and PEO of any unauthorized use or disclosure of Private Information and will assist Worksite Employer and PEO in remedying any such unauthorized use or disclosure. During and after your employment with Worksite Employer and during and after the time when PEO is providing your Worksite Employer services, you will honor and comply with all obligations to protect and safeguard such Private Information, will keep it in the strictest confidence, and will not disclose it to anyone (other than Worksite Employer personnel who need to know such information in connection with their work) or use it, except in connection with your work for Worksite Employer.
10. **Access to Information**. As part of the administrative services that PEO provides to Worksite Employer, PEO has contracted with certain service providers, which provide support services to PEO. These service providers may have access to your Private Information in the course of providing services to PEO. You acknowledge and understand that such service providers may have access to your Private Information, and you agree to such access to your Private Information. Any required and applicable notices of privacy rights and privacy policies will be provided to you via separate documents.
11. **Arbitration**. Worksite Employer and PEO utilize binding arbitration to resolve disputes, as set forth in the Arbitration Agreement. You will be required to execute the applicable Arbitration Agreement, which by this reference is incorporated into this Acknowledgment. If you are subject to a separate dispute resolution agreement, such as a collective bargaining agreement, that agreement will apply to disputes between you and Worksite Employer. The Arbitration Agreement between you and PEO will apply to any disputes between you and PEO or that include PEO as a named party.
12. **General Terms**. This Worksite Employee Acknowledgment (including exhibits) is the entire agreement between you and PEO with respect to the subjects addressed in this Acknowledgment, and this Acknowledgment takes the place of all prior and contemporaneous agreements, representations, and understandings regarding the subjects addressed herein. Should any term or provision of this Acknowledgment, or portion thereof, be declared void or unenforceable it shall be severed, and the remainder of this Acknowledgment shall be enforceable. The terms of this Acknowledgment may only be changed in writing, by an authorized representative of PEO.

WORKSITE EMPLOYEE ACKNOWLEDGMENT, EXHIBIT “A” STATE-SPECIFIC CO-EMPLOYER NOTICE AND DISCLOSURE

This Co-Employer Notice and Disclosure modifies the Worksite Employee Acknowledgment as follows:

1. In order to provide its services, certain states require PEO to reserve rights and/or commit to certain obligations with respect to your employment.
2. In addition, if you work in one of the following states, the terms set forth below regarding the applicable state apply to you. Any terms listed below shall not affect PEO’s reservation of rights and/or obligations in any other states not so listed.

a. California

i. *Meal Periods, Rest Breaks, and Recovery Periods*

Worksite Employer provides an uninterrupted, unpaid, duty-free 30-minute meal period to non-exempt Worksite Employees on days when they work more than 5 hours. This meal period begins no later than the end of the fifth hour of work. Worksite Employer also provides a second uninterrupted, duty-free 30-minute meal period to non-exempt Worksite Employees on days when they work more than 10 hours. This second meal period begins no later than the end of the tenth hour of work. Only in limited circumstances can meal periods be waived.

Additionally, Worksite Employer provides an uninterrupted, paid, duty-free 10-minute rest break for every four hours worked (or major fraction thereof), which should be taken so far as practicable in the middle of each work period. Worksite Employer generally will not authorize a rest break for Worksite Employees whose total daily work time is less than three and one-half (3 ½) hours.

Worksite Employer also provides Worksite Employees who work in indoor conditions exceeding 82 degrees and/or outdoor work areas that reach 80 degrees Fahrenheit with the opportunity to take an uninterrupted, paid, cool-down period of at least five (5) minutes, as needed to avoid overheating. Worksite Employer will permit Worksite Employees to access provided shaded area(s) and drinking water at any time to avoid heat illness. In high heat situations, when employees are working in conditions equaling or exceeding 95 degrees Fahrenheit, the Worksite Employer requires employees to take a minimum of ten (10) minutes of net preventive cool-down time every two (2) hours.

Worksite Employer schedules work assignments with the expectation that Worksite Employees will take their duty-free meal periods, rest breaks, and, if applicable, recovery periods, and PEO endorses this policy. Worksite Employer may ask Worksite Employees to confirm in writing that they have been relieved of all duty and otherwise provided all meal periods, rest breaks, and applicable recovery periods during a particular pay period, or in the alternative, identify missed meal periods or rest breaks or denied recovery periods. Worksite Employer does not permit Worksite Employees to perform off-the-clock work or otherwise alter, falsify, or manipulate any aspect of their timekeeping records or to inaccurately reflect or hide meal periods or time spent working during meal periods. Please note, however, that no Worksite Employer manager or supervisor is authorized to instruct Worksite Employees how to spend personal time during a meal period or rest break. Worksite Employees should immediately report a manager’s or supervisor’s instructions to skip or work during a meal period, rest break, or applicable recovery period to Worksite Employer.

ii. *Legally Mandated Leaves*

Worksite Employer provides Worksite Employees time away from scheduled work to the extent required by applicable law provided that eligibility and notice

WORKSITE EMPLOYEE ACKNOWLEDGMENT, EXHIBIT “A” STATE-SPECIFIC CO-EMPLOYER NOTICE AND DISCLOSURE

requirements pertaining to the requested leave are satisfied. Legally-mandated leaves of absence include the following: paid sick leave; leave for jury or witness duty; leave for voting; leave for emergency rescue personnel; civil air patrol leave; leave for victims of felony crimes, domestic violence, sexual assault, or stalking; family-school partnership leave; school disciplinary action leave; organ or bone marrow donor leave; pregnancy disability leave; bereavement leave; reproductive loss leave; alcohol and/or drug rehabilitation leave; Paid Family Leave; FMLA/CFRA leave, including military-related FMLA/CFRA leave; leave for family members of military personnel; and leave to fulfill military duties. PEO endorses this policy.

iii. Alcohol and Drug Testing

Worksite Employer prohibits the unauthorized possession or use of alcohol, drugs, or other mind-altering or intoxicating substances while Worksite Employees are at work or engaged in work-related activities. Worksite Employees may be required to submit to drug/alcohol screening whenever Worksite Employer has a reasonable suspicion that Worksite Employee has violated this rule. Reasonable suspicion may arise from, among other factors, supervisory observation, reports or complaints from other Worksite Employees, performance decline, attendance or behavioral changes, results of drug searches or other detection methods, or involvement in a work-related injury or accident, the circumstances of which create a reasonable suspicion that Worksite Employee has violated this rule. To enforce this policy, Worksite Employer may investigate potential violations and require Worksite Employees to undergo drug/alcohol screening as permitted or required by applicable law, including urinalysis, blood tests or other appropriate tests and, where appropriate, searches of all areas of Worksite Employer’s physical premises, including, but not limited to work areas, personal articles, Worksite Employees’ clothes, desks, work stations, lockers, and vehicles located on Worksite Employer’s premises.

b. Hawaii

- i.* Only to the extent required by State law, PEO shall serve as the employer of record during the term of this Agreement for purposes of complying with all laws relating to unemployment insurance, workers' compensation, temporary disability insurance, and prepaid health care coverage.

c. Montana

- i.* The first sentence of Paragraph 3 of the Worksite Employee Acknowledgment is replaced with this sentence: “If you are providing services to Worksite Employer in Montana, your employment relationship may be terminated by Worksite Employer as set forth in Montana Code section 39-2-901, *et seq.*”
- ii.* Only to the extent required by State law, PEO (a) reserves a right of direction and control over Worksite Employees; and (b) retains authority to hire, terminate, discipline, and reassign Worksite Employees.
- iii.* Worksite Employer retains sufficient direction or control as necessary to conduct its business and without which Worksite Employer would be unable to conduct business, discharge fiduciary responsibilities, or comply with State licensing laws.
- iv.* Worksite Employer retains the right to accept or cancel the assignment of a Worksite Employee.

d. New Mexico

- i.* PEO is in compliance with the State’s workers’ compensation requirements under NMSA § 52-1-4.

e. Rhode Island

WORKSITE EMPLOYEE ACKNOWLEDGMENT, EXHIBIT “A” STATE-SPECIFIC CO-EMPLOYER NOTICE AND DISCLOSURE

- i.* Worksite Employer shall be solely responsible for the quality, adequacy, and safety of the goods or services produced or sold in Worksite Employer’s business.
- ii.* Worksite Employer shall be solely responsible for directing, supervising, training, and controlling the work of the Worksite Employees with respect to the business activities of Worksite Employer and shall be solely responsible for the acts, errors, or omissions of the Worksite Employees regarding those activities.
- iii.* PEO shall not be liable for the acts, errors, or omissions of Worksite Employer or of any Worksite Employee when the Worksite Employee is acting under the express direction and control of Worksite Employer.
- iv.* A Worksite Employee shall not be considered, solely as the result of being a Worksite Employee, an employee of PEO for purposes of general liability insurance, fidelity bonds, surety bonds, employer’s liability which is not covered by workers’ compensation, or other liability insurance carried by PEO unless the Worksite Employees are included by specific, express reference in an applicable employment agreement, insurance contract or bond.

f. South Carolina

- i.* Only to the extent required by State law, PEO (a) reserves a right of direction and control over the Worksite Employees; (b) retains a right to hire, discipline, terminate, and reassign the Worksite Employees; (c) has the responsibility to pay wages to the Worksite Employees and to collect and pay payroll taxes on such wages, regardless of payments by the Worksite Employer to PEO; and (d) retains a right of direction or control over the adoption of employment policies and the management of workers’ compensation claims, claim filings, and related procedures on joint agreement by Worksite Employer and PEO in accordance with applicable federal and state laws.
- ii.* PEO and Worksite Employer are operating under and subject to the Workers’ Compensation Act of South Carolina. In case of accidental injury or death to a Worksite Employee, the injured Worksite Employee, or someone acting on his or her behalf, shall notify immediately PEO at 1-866-497-4222, or your manager. Failure to give immediate notice may be the cause of serious delay in the payment of compensation to a Worksite Employee or a Worksite Employee’s beneficiaries and may result in failure to receive any compensation benefits.
- iii.* PEO and Worksite Employer have agreed that (a) notice to or acknowledgment of the occurrence of an injury on the part of Worksite Employer is notice to or knowledge on the part of PEO and its workers’ compensation insurer; (b) for the purposes of workers’ compensation state law, the jurisdiction of Worksite Employer is the jurisdiction of PEO and its workers’ compensation insurer; (c) PEO and its workers’ compensation insurer are bound by and subject to the awards, judgments, or decrees rendered against them under workers’ compensation state law; and (d) insolvency, bankruptcy, or discharge in bankruptcy of PEO or Worksite Employer does not relieve PEO, Worksite Employer, or their respective workers’ compensation insurers from payment of compensation for disability or death sustained by an employee during the life of a workers’ compensation insurance policy.
- iv.* PEO is licensed and regulated by the South Carolina Department of Consumer Affairs. Worksite Employee understands that any questions, issues, or complaints regarding his or her co-employment, professional employer organizations generally, or PEO specifically, may be brought to either PEO’s or Worksite Employer’s attention at any time. Worksite Employee further understands that any unresolved complaints concerning PEO or questions concerning the regulation of professional employer organizations in South Carolina can be directed to the South Carolina Department of Consumer Affairs, PO Box 5757, Columbia, SC 29250, www.consumer.sc.gov, (803) 734-

**WORKSITE EMPLOYEE ACKNOWLEDGMENT, EXHIBIT “A”
STATE-SPECIFIC CO-EMPLOYER NOTICE AND DISCLOSURE**

4200.

g. Texas

- i. Worksite Employer is solely obligated to pay any wages for which (a) obligation to pay is created by an agreement, contract, plan, or policy between Worksite Employer and PEO; or (b) PEO has not contracted to pay.
- ii. Worksite Employee understands that any questions, issues, or complaints regarding his or her co-employment, professional employer organizations generally, or PEO specifically, may be brought to either PEO’s or Worksite Employer’s attention at any time. Worksite Employee further understands that any unresolved complaints concerning PEO or questions concerning the regulation of professional employer organizations in Texas may be addressed to: Texas Department of Licensing and Regulation, P.O. Box 12157, Austin, Texas 78711, (512) 463-6599, www.tdlr.state.tx.us.

h. Virginia

- i. In case of a work-related accidental injury or death to a Worksite Employee, the injured Worksite Employee, or someone acting on his or her behalf, shall notify immediately PEO at 1-866-497-4222. In case Worksite Employee becomes partially or fully unemployed through no fault of his or her own, Worksite Employee can apply for unemployment benefits by contacting the Virginia Employment Commission at (866) 832-2363, or completing an on-line application by going to www.vec.virginia.gov.

- 3. Notwithstanding the above, PEO assumes no obligations beyond that which are required by law in order to provide PEO’s services. To the extent consent to the PEO co-employment arrangement is required in the state where you work, your signature on the Worksite Employee Acknowledgment represents your consent.
- 4. In the event of any conflict between the Worksite Employee Acknowledgment and this Co-Employer Notice and Disclosure, this Co-Employer Notice and Disclosure shall control. Except as set forth herein, this Exhibit “A.” does not modify the Worksite Employee Acknowledgment

WORKSITE EMPLOYEE NAME (PRINT)

WORKSITE EMPLOYEE SIGNATURE

DATE (MM/DD/YY)

ARBITRATION AGREEMENT

“Employee”, _____, on the one hand, and Worksite Employer,

_____, (“Company”), and G&A Partners (“PEO” or “G&A Partners”), on the other hand, agree to utilize binding arbitration as the sole and exclusive means to resolve all covered disputes that may arise by and between Employee and the Company and/or Employee and PEO, arising out of or related to the application and selection process, the employment relationship, termination of employment, and compensation. For purposes of this Agreement, any reference to “G&A Partners” or “PEO” is intended to broadly refer to and specifically include the G&A Partners business or legal entity that actually pays you or paid you at any time and/or any of its parents, subsidiaries, or affiliates. This Agreement is governed by the Federal Arbitration Act, 9 U.S.C. § 1 et seq. (“FAA”). **All disputes covered by this Agreement will be decided by a single arbitrator through final and binding arbitration and not by way of court or jury trial.**

COVERED CLAIMS. This Agreement is intended to be as broad as legally permissible, and except as otherwise provided in this Agreement, Employee, the Company, and G&A Partners agree that any claim, dispute, and/or controversy, past, present, or future, arising out of or related to the application and selection process, the employment relationship, termination of employment, and compensation that Employee may have against the Company (or its owners, directors, officers, managers, employees, or agents, who are intended or third-party beneficiaries and may enforce this Agreement as intended or third-party beneficiaries), or G&A Partners (or its owners, directors, officers, managers, employees, or agents, who are intended or third-party beneficiaries) and may enforce this Agreement as intended or third-party beneficiaries), or that the Company or G&A Partners may have against Employee, shall be submitted to and determined exclusively by final and binding arbitration. Except as otherwise provided, included within the scope of this Agreement are all disputes arising out of or related to the application and selection process, the employment relationship, termination of employment, and compensation, whether based on tort, contract, common law, statute (including, but not limited to, any claims of discrimination, harassment and/or retaliation, or unpaid wages, minimum wage, overtime, meal and rest periods, compensation owed, privacy, background checks, or benefits), and claims based on Title VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act, the Americans with Disabilities Act, the Fair Labor Standards Act, Employee Retirement Income Security Act (except for claims for employee benefits under any benefit plan sponsored by G&A Partners and (a) covered by the Employee Retirement Income Security Act of 1974 or (b) funded by insurance), the Family and Medical Leave Act, Older Workers Benefit Protection Act, Pregnancy Discrimination Act, Pregnant Workers Fairness Act, Equal Pay Act, Occupational Safety and Health Act, Genetic Information Non-Discrimination Act, Uniformed Services Employment and Reemployment Rights Act, Worker Adjustment and Retraining Notification Act, Consolidated Omnibus Budget Reconciliation Act of 1985, the False Claims Act, each as amended, state or local statutes or regulations addressing the same or similar subject matters, or any other state or federal law or regulation, equitable law, or otherwise arising out of or related to the application and selection process, the employment relationship, termination of employment, and compensation.

The arbitrator—and not any federal, state, or local court or agency—will have exclusive authority to resolve any dispute relating to the scope, applicability, validity, enforceability, or waiver of this Agreement (“Delegation Provision”). However, the Delegation Provision does not apply to disputes about the Ending Forced Arbitration of Sexual Assault and Sexual Harassment Act, and it does not apply to the Class Action Waiver and/or California PAGA Individual Action Requirement, each as further described below. Notwithstanding any other clause or language in this Agreement and/or any rules or procedures that might otherwise apply by virtue of this Agreement (including without limitation the AAA Rules discussed below) or any amendments and/or modifications to those rules, any disputes about the Ending Forced Arbitration of Sexual Assault and Sexual Harassment Act and/or any claim that all or any portion of the Class Action Waiver or California PAGA Individual Action Requirement is unenforceable, inapplicable, unconscionable, or void or voidable, will be determined only by a court of competent jurisdiction and not by an arbitrator.

CLAIMS NOT COVERED BY THIS AGREEMENT AND LIMITATIONS ON HOW THIS AGREEMENT APPLIES. The following claims are not covered under this Agreement: (i) workers’ compensation benefits, state disability insurance benefits or unemployment insurance benefits; however, this Agreement applies to discrimination or retaliation claims based upon seeking such benefits; (ii) disputes that an applicable federal statute expressly states cannot be arbitrated or subject to a pre-dispute arbitration agreement; and (iii) disputes that are not subject to a pre-dispute arbitration agreement under the Ending Forced Arbitration of Sexual Assault and Sexual Harassment Act (at Employee’s election). If any claim(s) not covered under this Agreement are combined with claims that are covered under this Agreement, to the maximum extent permitted under

ARBITRATION AGREEMENT

applicable law, the covered claims will be arbitrated and continue to be covered under this Agreement.

Nothing in this Agreement prevents Employee from making a report to or filing a claim or charge with a government agency, including without limitation the Equal Employment Opportunity Commission, U.S. Department of Labor, National Labor Relations Board, Occupational Safety and Health Administration, or law enforcement authorities. Nothing in this Agreement prevents the investigation by a government agency of any report, claim or charge otherwise covered by this Agreement. This Agreement also does not prevent federal administrative agencies from adjudicating claims and awarding remedies based on those claims, even if the claims would otherwise be covered by this Agreement. Nothing in this Agreement prevents or excuses a party from satisfying any conditions precedent and/or exhausting administrative remedies under applicable law before bringing a claim in arbitration. This Agreement also does not prevent or prohibit Employee from reporting, communicating about, or disclosing claims for discrimination, harassment, retaliation, or sexual abuse.

Any party may apply to a court of competent jurisdiction for temporary or preliminary injunctive relief in connection with an arbitrable controversy ("Provisional Relief"), but only upon the ground that the award to which that party may be entitled may be rendered ineffectual without such relief or where the relief is sought to secure performance of an agreement designed to prevent irreparable harm. The court to which the application is made is authorized to consider the merits of the arbitrable controversy for the limited purposes of evaluating the elements of probable success and possibility of irreparable injury to the extent required and applicable for the issuance of Provisional Relief under controlling law. All determinations of final relief will be decided in arbitration, and the pursuit of Provisional Relief shall not be deemed incompatible with or constitute a waiver of rights under this Agreement.

PROCEDURES AND RULES. The parties will select the neutral arbitrator by mutual agreement. The arbitrator selected by the parties must make disclosures to the parties about any circumstance likely to give rise to justifiable doubt as to the arbitrator's impartiality or independence, including any bias or any financial or personal interest in the result of the arbitration or any past or present relationship with the parties or their representatives, and such obligation will remain in effect throughout the arbitration.

If the parties still cannot mutually agree to an arbitrator, the arbitration will be administered by the American Arbitration Association ("AAA"), and except as provided in this Agreement, will be under the then current Employment/Workplace Arbitration Rules of the AAA ("AAA Rules") (the AAA Rules are available at www.adr.org/employment). Unless the parties jointly agree otherwise, the AAA arbitrator will be a retired judge from any jurisdiction. Unless the parties agree otherwise, the arbitration will take place in or near the city and in the state in which Employee works or last worked for the Company that is/was G&A Partners' client, as applicable.

Unless the parties mutually agree on an arbitrator, the arbitrator will be selected as follows: AAA will give each party a list of nine (9) arbitrators (subject to the qualifications for AAA arbitrators listed in the preceding paragraph) drawn from its panel of arbitrators. Each party will have ten (10) calendar days to strike all names on the list it deems unacceptable. If only one common name remains on the lists of all parties, that individual will be designated as the arbitrator. If more than one common name remains on the lists of all parties, the parties will strike names alternately from the list of common names on a telephone call administered by AAA, with the side striking first to be determined by a coin toss, until only one remains. If no common name remains on the lists of all parties, the AAA will furnish a new list of nine (9) arbitrators from which each side will strike alternately on a telephone call administered by AAA, with the side striking first to be determined by a coin toss, until only one name remains. That person will be designated as the arbitrator. If the individual selected cannot serve, AAA will issue a new panel of nine (9) arbitrators and repeat the alternate selection process. If AAA will not administer the arbitration or will not administer the arbitration consistent with this Agreement, either party may apply to a court of competent jurisdiction with authority over the location where the arbitration will be conducted to appoint a neutral arbitrator, who shall act under this Agreement with the same force and effect as if he or she had been specifically named herein.

The arbitrator may award any party any remedy to which that party is entitled under applicable law, but such remedies are limited to those that would be available to a party in its/his or her individual capacity in a court of law for the disputes presented to and decided by the arbitrator. The arbitrator shall apply the substantive federal, state, or local law applicable to the claims asserted. The Federal Rules of Evidence apply. Each party may take the deposition of two (2) individual fact witnesses and

ARBITRATION AGREEMENT

any expert witness designated by another party. Each party may also propound requests production of documents and ten (10) interrogatories, and each party (or at a party's request, the arbitrator) may subpoena witnesses and documents for discovery or the arbitration hearing, including testimony and documents relevant to the case from third parties, in accordance with any applicable state or federal law. Additional discovery may be conducted by mutual stipulation, and the arbitrator will have exclusive authority to entertain requests for additional discovery, and to grant or deny such requests, based on the arbitrator's determination whether additional discovery is necessary under the circumstances of a particular case to allow fair and adequate opportunity for the parties to present evidence that the Arbitrator determines is material and relevant to the dispute.

Any party may file a motion to dismiss and/or a motion for summary judgment and the arbitrator will apply the standards governing such motions under the Federal Rules of Civil Procedure. The arbitrator shall set a briefing schedule for such motion(s) upon the request of either party. At least thirty (30) days before the arbitration, the parties must exchange lists of witnesses, including any experts, and copies of all exhibits intended to be used at the arbitration.

The arbitrator shall render an award by written opinion that will include the factual and legal basis for the decision no later than thirty (30) days from the date the arbitration hearing concludes or the post-hearing briefs (if requested) are received, whichever is later, unless the parties agree otherwise. The decision of the arbitrator may be entered and enforced as a final judgment in any court of competent jurisdiction. The parties agree that any arbitration award shall have no preclusive effect as to issues or claims in any other dispute or arbitration proceeding between any other employee and Company or between any other employee and G&A Partners.

ARBITRATION FEES AND COSTS. The Company and/or G&A Partners will pay all costs and expenses unique to arbitration, including, without limitation, the arbitrator's fees, except for the filing fee (if any) as required by the mutually selected arbitrator or AAA Rules (if the parties do not mutually select the arbitrator), but Employee will not be responsible for any portion of those fees more than the filing or initial appearance fees applicable to court actions in the jurisdiction where the arbitration will be conducted. The Company and/or G&A Partners will pay any remaining portion of the filing fee. Unless otherwise agreed to by the Parties, each party will pay for its own costs and attorneys' fees, if any, except that the arbitrator may award reasonable costs and attorneys' fees to the prevailing party as provided by law. The arbitrator will resolve any disputes regarding costs/fees associated with arbitration.

CLASS ACTION WAIVER. The Company, G&A Partners, and Employee agree to bring any claim on an individual basis only. Accordingly,

THE COMPANY, G&A PARTNERS, AND EMPLOYEE WAIVE ANY RIGHT FOR ANY DISPUTE TO BE BROUGHT, HEARD, DECIDED OR ARBITRATED AS A CLASS AND/OR COLLECTIVE ACTION AND THE ARBITRATOR WILL HAVE NO AUTHORITY TO HEAR OR PRESIDE OVER ANY CLASS AND/OR COLLECTIVE ACTION ("Class Action Waiver"). Additionally, no arbitration proceeding under this Agreement may be consolidated or joined in any way with an arbitration proceeding involving claims by different employees. The Class Action Waiver will be severable from this Agreement if there is a final judicial determination that the Class Action Waiver is invalid, unenforceable, unconscionable, void, or voidable. In such case, the class and/or collective action must be litigated in a civil court of competent jurisdiction—not in arbitration—but the portion of the Class Action Waiver that is enforceable will be enforced in arbitration.

CALIFORNIA PRIVATE ATTORNEYS GENERAL ACT ("PAGA") INDIVIDUAL ACTION REQUIREMENT. The Company, G&A Partners, and Employee agree to arbitrate PAGA claims on an individual basis only. Therefore, any claim by Employee under PAGA to recover Employee's unpaid wages, penalties, or other individual relief must be arbitrated under this Agreement. Employee, the Company, and G&A Partners also agree and stipulate that any non-individual PAGA claims shall be stayed in the trial court, pending a final determination and written decision by the arbitrator in arbitration with respect to Employee's alleged status as an "aggrieved employee," and Employee, the Company, and G&A Partners agree that the arbitrator, and not the court, will make this determination. The preceding sentence applies even if Employee seeks to assert only a representative claim without including an individual PAGA claim and/or if Employee disclaims the individual PAGA claim. The Arbitrator is without authority to preside over any PAGA claim by Employee on behalf of any other person or joined by or consolidated with another person's or entity's PAGA claim. This PAGA Individual Action Requirement clause will be severable from this

ARBITRATION AGREEMENT

Agreement if there is a final judicial determination that it is invalid, unenforceable, unconscionable, void, or voidable. In such case, the PAGA action must be litigated in a court of competent jurisdiction—not in arbitration—but the portion of the PAGA Individual Action Requirement that is enforceable will be enforced in arbitration.

CONSTRUCTION AND ENFORCEMENT OF THIS AGREEMENT. This is the entire agreement between Employee, on the one hand, and the Company and/or G&A Partners, on the other hand, regarding arbitration of covered disputes, and unless this Agreement is deemed invalid, unenforceable, or inapplicable in its entirety, this Agreement supersedes any prior agreements regarding these issues. Subject to the Class Action Waiver and California PAGA Individual Action Requirement above (which include their own severability provisions), if any provision of this Agreement is deemed to be void, voidable or otherwise unenforceable, in whole or in part, such provision will be severed from this Agreement. All remaining provisions will remain in full force and effect. Any agreement contrary to this Agreement must be entered into, in writing, by Employee and the President of the Company, and the President of PEO. Any contractual disclaimers that the Company and/or PEO have in any handbooks, other agreements, or policies do not apply to this Agreement. The Company's and PEO's respective owners, affiliates, future affiliates, directors, officers, members, managers, employees, or agents are third-party beneficiaries of this Agreement and may enforce this Agreement. If the FAA does not apply to a particular dispute or to one or more parties, the arbitration act of the jurisdiction where the arbitration will take place will apply. Absent some later amendment agreed to in writing by the parties that expressly states an intent to restrict the Delegation Provision in this Agreement as to future agreements between the parties, the Delegation Provision above shall also apply to any future agreements between the parties, including questions concerning whether a dispute should be routed to arbitration. This Agreement does not alter the "at-will" status of Employee's employment. This Agreement will be enforceable throughout Employee's employment, and thereafter with respect to any such claims arising from or relating to Employee's application and selection for employment, employment, and termination of Employee's employment. No party is relying on any representations, oral or written, about the effect, enforceability, or meaning of this Agreement, except as set forth in this Agreement. This Agreement does not alter the "at-will" status of Employee's employment.

AGREED BY EMPLOYEE:

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ AND UNDERSTAND THIS ARBITRATION AGREEMENT. BY CLICKING "I AGREE" AND CLICKING ON THE SUBMIT BUTTON ("E-SIGNATURE"), I AM AGREEING TO THIS ARBITRATION AGREEMENT AND AGREE THAT THE COMPANY, G&A PARTNERS, AND I ARE GIVING UP OUR RIGHTS TO A COURT OR JURY TRIAL AND AGREEING TO ARBITRATE CLAIMS COVERED BY THIS AGREEMENT. I ALSO AGREE AND AUTHORIZE THE USE OF AN ELECTRONIC SIGNATURE AS MY ACCEPTANCE TO THIS AGREEMENT AND UNDERSTAND AND ACKNOWLEDGE THAT MY E-SIGNATURE IS INTENDED TO SHOW MY ACCEPTANCE AND IS AS VALID AND HAS THE SAME LEGAL EFFECT AS AN INK SIGNATURE.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AGREEMENT.

BY ISSUING THIS AGREEMENT, THE COMPANY AND G&A PARTNERS AGREE TO BE BOUND BY THE TERMS OF THIS AGREEMENT WITHOUT ANY REQUIREMENT TO SIGN THIS AGREEMENT.

AGREED: *THE COMPANY*

AGREED: *G&A PARTNERS*

WORKSITE EMPLOYEE NAME (PRINT)

DATE (MM/DD/YY)

WORKSITE EMPLOYEE SIGNATURE

DRUG-FREE WORKPLACE POLICY

Worksite Employer (“the Company”) has a standard of conduct, which prohibits the sale, purchase, possession, use or distribution of illegal drugs, alcohol, or illegal substances by employees while at work, while on the Company’s worksites, or while operating an assigned vehicle or equipment (including Company owned and any private vehicles used for the Company’s business, or vehicles parked on the worksite premises.) Employees are expected to be in suitable mental and physical condition at work, capable of performing their jobs satisfactorily and behaving properly.

It is the goal of the Company to maintain a drug-free workplace. To that end, the Company has adopted the following policies:

- The unlawful manufacture, sale, possession, distribution or use of illegal substances or alcohol at any worksite, during work hours, while operating an assigned vehicle, or during non-working time where such activities would affect the reputation of the Company to the general public or threaten its integrity, is strictly prohibited.
- This policy excludes over-the-counter or legally prescribed medication to the extent that the use of such medications does not adversely affect the employee’s judgment, performance, behavior, safety, or the safety of others. Please consult with management prior to using prescription medication while working.

In accordance with federal, state and local laws, the Company may provide reasonable accommodations for qualified individuals.

The Company reserves the right to require a drug/alcohol test under the following conditions:

- Pre-Employment: Drug screen conducted prior to, or shortly after the acceptance, of a position where all offers of employment are conditioned upon successful completion of the drug test;
- Reasonable Suspicion: Drug or alcohol screen conducted when the employee is suspected to be under the influence of illegal substances or alcohol on the job, based on objective symptoms and factors (prior approval of Management is required);
- Post-Accident: Drug or alcohol screen conducted following a workplace accident in which the employee caused or contributed to the accident in such a manner as to create reasonable suspicion of drug or alcohol use (prior approval of Management is required.)
- Local Ordinance: For employees working in jurisdictions where local ordinances impose additional limits on drug and alcohol testing, the Company will adhere to those ordinances.

As a condition of your employment with the Company, you must abide by the terms of this policy. Any violation of this policy will result in disciplinary action up to and including termination.

The Company strongly urges employees to use available community health and counseling facilities for help with alcohol or drug problems. It is each employee’s responsibility to seek assistance before the problem affects judgment, performance or behavior.

DRUG-FREE WORKPLACE POLICY ACKNOWLEDGEMENT

I have received and read the Drug-Free Workplace Policy. I understand and acknowledge that I must abide by the terms of this policy and that if I violate this policy, I may be subject to disciplinary action up to and including termination.

I also understand that I may need to submit to a pre-employment drug screen as a condition of employment and /or may be subject to a "post-accident" drug screen, as permitted under applicable law. Further, I hereby consent to the release of the test results to those officials who make employment decisions. I understand that any positive result from such test, like any other pre-employment investigation, which indicates my inability to satisfactorily perform the job for which I am applying, may preclude my employment. Further, I understand that my failure to execute this voluntary consent will result in my not being further considered for employment.

WORKSITE EMPLOYEE NAME (PRINT)

WORKSITE EMPLOYEE SIGNATURE

DATE (MM/DD/YY)

WAGE DEDUCTION AUTHORIZATION (TX)

I understand and agree that my employer, _____ ("the Company"), may deduct money from my pay from time to time for reasons that fall into the following categories:

1. My share of the premiums for the Company's group medical/dental plan;
2. Any contributions I may make into a retirement or pension plan sponsored, controlled or managed by the Company;
3. Installment payments on loans or wage advances given to me by the Company and, if there is a balance remaining when I leave the Company, the balance of such loans or advances;
4. Installment payments on loans based upon store credit that I use for my own personal purchases, including the value of merchandise or services that I purchase or have purchased for personal, non-business reasons using my employee charge account or credit card, an account or credit card assigned to another employee, or a general company account or credit card, regardless of whether such purchase was authorized and, if there is a balance remaining when I leave the Company, the balance of such store credit or charges;
5. If I receive an overpayment of wages for any reason, repayment to the Company of such overpayments (the deduction for such a repayment will equal the entire amount of the overpayment, unless the Company and I agree in writing to a series of smaller deductions in specified amounts);
6. The cost to the Company of personal long-distance calls I may make on Company phones or on Company accounts, of personal faxes sent by me using Company equipment or Company accounts, or of non-work-related access to the internet or other computer networks by me using Company equipment or Company accounts;
7. The cost of repairing or replacing any Company supplies, materials, equipment, money or other property that I may damage (other than normal wear and tear), lose, fail to return or take without appropriate authorization from the Company during my employment (except in the case of misappropriation of money by me, I understand that no such deduction will take my pay below minimum wage or, if I am a salaried exempt employee, reduce my salary below its predetermined amount);
8. The cost of Company uniforms and of cleaning the uniforms;
9. The reasonable cost or fair value, whichever is less, of meals, lodging and other facilities furnished to me by the Company in connection with my employment;
10. Administrative fees in connection with court-ordered garnishments or legally-required wage attachments of my pay, limited in extent to the amount or amounts allowed under applicable laws;
11. If I take paid vacation or sick leave in advance of the date I would normally be entitled to it and I separate from the Company before accruing time to cover such advance leave, the value of such leave taken in advance that is not so covered;
12. The value of any time off for absences to which paid leave is not applied (non-exempt salaried employees will have all such unpaid leave deducted from their salary, while exempt salaried employees will experience salary reductions only in units of a full day or week at a time, depending upon the exact nature of the absence, unless partial-day deductions are specifically allowed under federal law); and
13. If my employer pays any insurance premiums or retirement system contributions ("payments") on my behalf that I would normally make under the applicable Company benefit plan, the amount of such payments made by the Company, such payments being an advance of future wages payable to me.

WAGE DEDUCTION AUTHORIZATION (TX)

I agree that the Company may deduct money from my pay under the above circumstances, or if any of the above situations occur. I further understand that the Company has stated its intention to abide by all applicable federal and Texas wage and hour laws and that if I believe that any such law has not been followed, I have the right to file a wage claim with appropriate Texas and federal agencies.

WORKSITE EMPLOYEE NAME (PRINT)

WORKSITE EMPLOYEE SIGNATURE

DATE(MM/DD/YY)

BACKGROUND CHECK DISCLOSURE

The Company _____ (client name), may order a “consumer report” (a background report) on you in connection with your employment application and, if you are hired or if you already work for the Company, may order additional background reports on you for employment purposes.

The Company may also order an “investigative consumer report.” An “investigative consumer report” is a background report that includes information from personal interviews, most commonly from an applicant’s prior employers and references. The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, criminal history and credit standing. Information may be obtained from private and public-record sources and, for investigative consumer reports, from personal interviews as noted above.

You have the right to request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company, the Company’s management or the Company’s Human Resources representative.

WORKSITE EMPLOYEE NAME (PRINT)

WORKSITE EMPLOYEE SIGNATURE

DATE(MM/DD/YY)

STATE NOTICE ADDENDUM

If you live in or work for the Company in any of the states listed below, please note the following:

CALIFORNIA: You have a right to view the file that the consumer reporting agency ("CRA") has with your information, and order a copy of the file, upon submitting proper identification (such as a valid driver's license, Social Security account number, military identification card or credit card) and paying actual copying costs, by coming to their offices during normal business hours and on reasonable notice. You also have a right to submit a written request, to include proper identification, for a copy of your file to be sent by certified mail or for a telephonic file summary. The CRA will provide trained personnel to explain to you the information furnished and can answer questions about information in your file, including any coded information. If you come to their offices in person another person can join you, so long as that person can show proper identification. More specific information is set out below.

The CRA, _____ (CRA name), will prepare the background report for the Company. The CRA is located at _____, (CRA address) and can be reached at _____ (CRA phone). The privacy policies for the CRA can be found at its website: _____ (CRA website URL).

MASSACHUSETTS: If you contact the Company's human resources department, you have the right to know whether the Company ordered an investigative consumer report about you. You also have the right to ask the CRA for a copy of any such report.

MINNESOTA: You have the right in most circumstances to submit a written request to the CRA for a complete and accurate disclosure of the nature and scope of any consumer report the Company ordered about you. The CRA must provide you with this disclosure within five business days after its receipt of your request or the report was requested by the Company, whichever date is later.

NEW JERSEY: You have the right to submit a request to the CRA for a copy of any investigative consumer report the Company ordered about you.

NEW YORK: If you contact the Company's human resources department, you have the right to know whether the Company ordered a consumer report or investigative consumer report about you. Shown above is the CRA's address and telephone number. You have the right to contact the CRA to inspect or receive a copy of any such report. A copy of Article 23-A of the Correction Law is provided below.

WASHINGTON STATE: If you submit a written request to the Company's human resources department, you have the right to a complete and accurate disclosure of the nature and scope of any investigative consumer report the Company ordered about you. You are entitled to this disclosure within five business days after the date your request is received or we ordered the report, whichever is later. You also have the right to request a written summary of your rights under the Washington Fair Credit Reporting Act.

BACKGROUND CHECK AUTHORIZATION

By signing below, I authorize _____ (client name), (also referred to as "the Company" for the purposes of this agreement), to order my background check, including investigative consumer reports. I understand that, as allowed by law, the Company may rely on this authorization to order additional background reports without asking me for my authorization again at any time during my employment.

I also authorize all of the following to disclose to the consumer reporting agency and its agents all information about or concerning me, as allowed by law, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and any other person, organization or agency with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents, as allowed by law, includes but is not limited to: information concerning my employment and earnings history; education; credit history; motor vehicle history; criminal history; military service; and professional credentials and licenses.

Last name: _____ First: _____ Middle: _____

Maiden name(s): _____ Years Used: _____

Other names: _____ Years Used: _____

Social Security Number: _____

Driver's License Number: _____ State: _____

Other driver's licenses held in the past five years (include states): _____

FOR IDENTIFICATION PURPOSES ONLY

Date of birth (Month/Day/Year): _____

Current address:

Street address: _____

City/State/Zip: _____

WORKSITE EMPLOYEE NAME (PRINT)

WORKSITE EMPLOYEE SIGNATURE

DATE (MM/DD/YY)

If you live or work for the Company in California, Minnesota or Oklahoma, check this box if you would like a free copy of your background report: