



Welcome to Verigent!

Below outlines everything you will need to fill out and return to assure a safe and healthy working environment, and ensures that you will be compensated accurately and timely.

Please complete all necessary documentation and return as soon as possible. We will be unable to process your initial payroll check without receipt of all required information.

- Verigent Candidate overview form (1 page)
- Verigent Harassment Policy (1 page)
- Verigent Alcohol and Drug Abuse Policy (2 pages)
- Background Check Release & Consent Form (1 page)
- Verigent Employee Safety Policy (3 pages)
- Voluntary Self Identification Form (1 page)
- I9 (2 pages) – be sure to fax or scan your employment authorization documents
- Ceridian Direct Deposit Enrollment Authorization and Instructions (1 page)
- Federal Tax form W4 (2 Pages)
- State Withholding Tax Form W4 (where applicable)
- Approved Timesheet (must be received Mondays by 10:00 am EST by email: payroll@verigent.com or fax: 877-637-6422)

To have your check direct deposited fill out the enclosed direct deposit form. If you elect not to utilize direct deposit, your check will be mailed to the address on your application on Wednesday afternoon from our North Carolina office.

On the job injuries are covered by Worker's Compensation Insurance Policy. If you are injured on the job, report the incident immediately to Kathleen Hackl at 704-230-3048 and your on-site supervisor.

Failure to report an injury within a reasonable period of time may jeopardize your claim. We ask for your assistance in alerting management to any condition, which could lead or contribute to an employee accident for you or someone else.

If you have any questions please contact me at (704) 230-3048 or email or khackl@verigent.com.

Thank you!

Kathleen Hackl
HR Generalist
Verigent, LLC
Mooresville, NC 28117
khackl@verigent.com
Direct: (704) 230-3048
Fax: (877) 637-6422



Verigent Candidate Overview Form

149 Plantation Ridge Drive, Suite 100
 Mooresville, NC 28117
 Fax: (877) 637-6422

<i>for office use only</i>	
EMP ID	_____
Background	_____
Drug Test	_____
SS #	_____
DOB	_____

Name _____
Last First Middle

Home Phone _____ Cell Phone _____ Email _____

Date you can start: _____ Hrs Available _____ Desired Pay Rate: _____ Per Hour Year

How did you hear about Verigent? _____ Driver's License _____
State Number Exp Date

Emergency Contact Phone number: _____

Show Address(es) for Previous Three (3) Years from Date of Application:

Dates: _____ Address _____
Current Address City State Zip

Dates: _____ Address _____
Address City State Zip

***If more space is needed, please include a separate sheet and attach to back of application.*

PROFESSIONAL REFERNCES

Name: _____ Title: _____ Company: _____
Dates Employed: _____ Your Position: _____ Phone/Email: _____

Name: _____ Title: _____ Company: _____
Dates Employed: _____ Your Position: _____ Phone/Email: _____

Name: _____ Title: _____ Company: _____
Dates Employed: _____ Your Position: _____ Phone/Email: _____

Have you ever been employed by Verigent? Yes No If so when: _____

Are you 18 years old or older? Yes No

Are you legally eligible for employment in the U.S.? Yes No

Do you possess an active security clearance? Yes No If so what level: _____

Have you ever been in the U.S. Military? Yes No Branch: _____ Service #: _____

In the past 7 years, have you been charged or convicted for any misdemeanor or felony offense? Yes No

If yes, give the charge, date, description and disposition: _____



Verigent Harassment Policy

Non-Harassment

We prohibit harassment of one employee by another employee, supervisor or third party for any reason including, but not limited to: veteran status, race, color, religion, sex, national origin, age, and physical or mental disability. Harassment of third parties by our employees is also prohibited. The purpose of this policy is not to regulate the personal morality of employees. It is to assure that in the workplace, no employee harasses another for any reason. While it is not easy to define precisely what harassment is, it includes: slurs, epithets, threats, derogatory comments, or visual depictions, unwelcome jokes, and teasing.

Any employee who feels that (s)he is a victim of such harassment should immediately report the matter to the president or any other member of management. The company will investigate all such reports as confidentially as possible. Adverse action will not be taken against an employee because he or she, in good faith, reports or participates in the investigation of a violation of this policy. Violations of this policy are not permitted and may result in disciplinary action, up to and including discharge.

Sexual Harassment

Sexual harassment is against company and is unlawful under state and federal law. We firmly prohibit sexual harassment of any employee by another employee, supervisor or third party. Harassment of third parties by our employees is also prohibited. The purpose of this policy is not to regulate the morality of employees. It is to assure that in the workplace, no employee is subject to sexual harassment. While it is not easy to define precisely what sexual harassment is, it includes: unwelcome sexual advances, requests for sexual favors and/or verbal or physical conduct of a sexual nature including, but not limited to: sexually related drawings, pictures, jokes, teasing, uninvited touching, or other sexually-related comments.

Sexual harassment of an employee will not be tolerated. Violations of this policy may result in disciplinary action, up to and including discharge. There will be no adverse action taken against employees who, in good faith, report violations of this policy or participate in the investigation of such violations.

Any employee who feels that (s)he is a victim of sexual harassment should immediately report such actions in accordance with the following procedure. All complaints will be promptly and thoroughly investigated as confidentially as possible. Any employee who believes that (s)he is a victim of sexual harassment or retaliated against for complaining of sexual harassment, should report the act immediately to the president. If you prefer not to discuss the matter with the president, you may contact any other member of management. The company will investigate every reported incident immediately. Any employee, supervisor, or agent of the company who has been found to have violated this policy may be subject to appropriate disciplinary action, up to and including immediate discharge.

The company will conduct all investigations in a discreet manner. The company recognizes that every investigation requires a determination based on all acts in the matter. We also recognize the serious impact a false accusation can have. We trust that employees will continue to act responsibly. The reporting employee and any employee participating in any investigation under this policy have the company's assurance that no reprisals will be taken as a result of a sexual harassment complaint. It is our policy to encourage discussion of the matter, to help protect others from being subjected to similar inappropriate behavior.

Employee Name (Printed) _____

Employee Signature _____ Date _____



Verigent Alcohol and Drug Abuse Policy

It has always been the policy of Verigent, LLC to make every reasonable effort to provide employees with a safe, clean, and wholesome place to work. Alcohol and drug use constitutes a potential danger to the security and welfare of Verigent, LLC employees as well as others. For these reasons, it is important that Verigent, LLC employees understand and be aware of Verigent, LLC's policy and rules regarding drugs and alcohol which follows:

Definitions:

The term "client" includes any and all persons or entities which directly utilize the service of Verigent, LLC employees for a fee.

The term "direct employees" includes only those Verigent, LLC employees for which the client directly pays a fee to Verigent, LLC for services rendered by said employees while on assignment.

The term "client's property" includes any property owned, leased, or under the control of the client wherever located, including land, buildings, structures, installations, automobiles, boats, planes, helicopters, and other vehicles.

The term "illicit substances" as used herein refers to a drug or controlled substance that is either not legally obtainable, or which is legally obtainable, but has not been legally obtained (this includes prescribed drugs not legally obtained and prescribed drugs not used for prescribed purposes).

The term "reasonable suspicion" includes, but is not limited to eyewitness reports of drug or alcohol use, sale or possession, excessive unexcused absences and/or lateness, insubordination, accidents, employee failure to meet applicable "job standards", difficulty in maintaining balance, slurred speech, significant changes in performance or behavior or any time an unusual or unexplained incident occurs where drug use or unexplained incident occurs where drug and alcohol use could be a contributing factor.

The term "random testing" shall mean testing on a randomly selected, unannounced basis.

Policy:

This Alcohol and Drug Abuse Policy is applicable to all direct employees of Verigent, LLC.

1. Verigent, LLC shall not knowingly hire any applicant who presents a threat, potential or actual, to the health and welfare of fellow employees and/or others.
2. The use, distribution, transportation, possession, or sale of alcohol, narcotics, hallucinogens, depressants, stimulants, marijuana, or other illicit substances and/or equipment and paraphernalia related to illegal drug or substance abuse on Verigent, LLC's premises, client's property, or in pursuit of client's or Verigent LLC's business, is strictly prohibited. The transfer of controlled prescription drugs to persons other than for whom the drug was prescribed is illegal. The presence of Verigent, LLC's premises or on client's property of an individual with alcohol and/or illicit substances in the body is prohibited. Unauthorized sale, use or consumption of alcohol on the client's property or Verigent, LLC's premises is prohibited. If testing indicates the drug use which an employee describes as prescription drugs, Verigent, LLC may elect to perform or have performed quantitative analysis or other drug testing. If the screening result is again positive, a satisfactory explanation from proper medical authorities must be provided by the respective employee.



- 3. All employees are expected to report to work in such physical condition as to perform their job fully and present no safety hazard to themselves, to co-workers, or to others.
- 4. Entry onto the client's property or Verigent, LLC's premises constitutes consent to a search or inspection of the employee and his or her property, including vehicles, at any time when on the client's property, or Verigent, LLC's premises.
- 5. Any employee found in violation of the policy, or who refuses to permit a search or inspection as specified above, may be removed and barred from the client's property, and/or Verigent, LLC's premises, at the discretion of Verigent, LLC or the client.
- 6. Verigent, LLC reserves the right to require all job applicants and existing employees to undergo a background screening investigation and drug screening investigation and drug screening test, as required by the client. This screening investigates employment, credit, education, criminal records, etc. and includes a drug screening test. This background investigation is to ensure to the extent reasonably possible that Verigent, LLC employees are stable, reliable, trustworthy personnel who can safely perform in the work environment.
- 7. Verigent, LLC reserves the right to require all job applicants and existing employees to undergo a drug screening test prior to or during assignment with client, as required by client. Further, Verigent, LLC reserves the right to require current employees to undergo a drug screening test on a reasonable belief basis and or random testing basis or as otherwise required by Verigent, LLC's client. Said drug screening test may include, but is not limited to urine analysis. Upon initial application for employment and before testing of existing employees, an "Informed Consent and Waiver of Liability" (copy attached) will be executed by the employee.
- 8. In the event the chemical analysis or other testing results are positive for illicit substances, which the tested employee has described as a prescription drug or legal over-the-counter medication, then Verigent, LLC may elect to perform additional qualitative chemical analysis or other drug testing. In any event said employee shall be required to provide a medical explanation (including a physician's report if required by Verigent, LLC or client) for taking said prescription drugs and legal over-the-counter medications. If a direct correlation between the positive result and the prescription drug and legal over-the-counter medication is established, such results will be documented in the employee's security file and he/she should be able to start an assignment. If no direct correlation is established, then the employee is subject to clause number ten (10) herein.
- 9. If chemical analysis is performed and the results are negative, the results will be documented in the employee's personnel file and he/she should be able to start their assignment immediately.
- 10. If chemical analysis or other testing results are positive for illicit substances, Verigent, LLC will not assign the individual to client's work. In addition the employee is subject to disciplinary action including, but not limited to removal from existing assignment, termination of employment, etc.
- 11. To the extent reasonably possible, positive test results shall be kept confidential.

By affixing his/her signature below, the employee acknowledges that he/she has read and understands Verigent, LLC's policy regarding drug and alcohol usage.

Employee Name (printed) _____

Employee Signature _____ Date _____

Personal History Questionnaire

The items of information requested below are required to process your background investigation. They are intended solely for that purpose and will not be used in a discriminatory manner in business decisions.

Date of Birth: ____ / ____ / ____ (Month, Day, Year)

Driver License # _____ State _____

Social Security # ____ / ____ / ____

Other Names Used & Date Changed _____
(Year changed)

Email Address: _____ Contact Phone Number: _____

Professional License(s): _____ State(s): _____ Type(s): _____ Number(s): _____

May we contact your current employer? Yes No

Residence Addresses For The Past 7 Years: (attach additional sheets, if necessary)

Street Address _____ *City, State & Zip Code* _____ *County* _____ *From Mo./Yr.* _____ *To Mo./Yr.* _____

Current Address.

Criminal History Questionnaire

Have you ever been convicted of, plead guilty, no contest or nolo contendere, to a misdemeanor or felony?*

*Do not report any conviction that has been sealed, expunged, statutorily eradicated, annulled, impounded, erased, dismissed under the First Offender's law, pardoned by the Governor or in which state law allows you to lawfully deny as set forth below. You are also not required to disclose violations, infractions, petty misdemeanors or summary offenses.

_____ Yes _____ No

If yes, provide city, county, and state of conviction and date and nature of the offense, along with sentencing information. Enter N/A if this does not apply to you.

* **California applicant/residents:** You need not disclose any referral to, and participation in, any pre-trial or post-trial diversion program, or any misdemeanor convictions for which probation has been successfully completed and discharged. Do not list any marijuana-related misdemeanor convictions over two years old, or felony marijuana convictions under California Health and Safety Code Section 11360 (c) which occurred prior to 1976.

* **Connecticut applicants/residents:** You need not disclose any conviction record that has been erased pursuant to sections 46b-146, 54-76o or 54-142a of the Connecticut General Statutes. Records subject to erasure under these sections are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that was dismissed or nolle, or a criminal charge for which the person was found not guilty or received an absolute pardoned conviction. Any person whose records were erased within the meaning of these three sections may consider such events to have never occurred and may so swear under oath.

* **Hawaii applicants/residents:** Do not respond to this question until you have been given a conditional offer of employment.

* **Kentucky applicants/residents:** You do not respond "Yes" as a result of any misdemeanor conviction where the date of conviction was more than five years ago.

* **Massachusetts applicants/residents:** An applicant for employment with a sealed record on file with the commissioner of probation may answer "no" to the above with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer "no" to the above with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.

You may exclude information regarding first convictions for the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace, or a conviction for any misdemeanor where the conviction occurred or any prison sentence ended five or more years ago whichever date is later, unless you have been convicted of another offense within the last 5 years.

* **Washington applicants/residents:** You may exclude convictions that occurred over ten years ago.

**NOTICE REGARDING BACKGROUND INVESTIGATION
PURSUANT TO CALIFORNIA LAW**

Verigent, LLC (the “Company”) intends to obtain information about you for employment purposes from a consumer reporting agency. Thus, you can expect to be the subject of “investigative consumer reports” and “consumer credit reports” obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency (“ICRA”), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439, 800-886-4777. The source of any credit report will be Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439, 800-886-4777. The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA’s file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA’s file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRA’s complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA’s.

“Proper Identification” includes documents such as a valid driver’s license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person’s presence.



Employee Safety Policy

Employee safety is a top priority at Verigent. Below please find a reminder of our accident notification procedures and safety tips to help you avoid accidents on the job.

Notifications and Identification of Risks

All accidents should be reported to Kathleen Hackl at 704-230-3048 or Pam McNeill at 704-658-3272. You must also report this accident to your on-site supervisor as it is the client's responsibility to record it on their OSHA 2300 injury and illness log. All reportable accidents and dangerous occurrences are reported to the enforcing authority in accordance with the requirements of this Program Health and Safety Manual.

Accident/Near Miss Reporting Procedure

Employee's Duties:

- To report at once to their immediate superior any practice, function, or occurrence (including a near miss) or instruction which they consider to be unsafe or a risk to health.
- Immediately following an accident, obtain treatment from a first aide or an appointed person. If an emergency arises, an ambulance must be called at the first opportunity.
- Inform the immediate supervisor or manager of the injured/sick employee.
- In the case of injury or illness to an employee requiring hospitalization, it will be the responsibility of the supervisor or other members of the Company Management team to inform the employee's nearest relative.
- To keep the Company informed of any after effects of the incident, including periods of total or partial incapacity to work.

Immediate Verbal Notification

Certain incidents and conditions require immediate notification to the relevant enforcing authority and as such, every effort must be made to contact the employee's Manager. Verbal notification shall be provided immediately if any of the following incidents occur:

- The death of a person, whether or not at work, as a result of an accident arising out of or in connection with work.
- Any person suffering a specified major injury or condition as a result of an accident arising out of, or in connection with work.
- A specified dangerous occurrence.

Motor Vehicle

Motor vehicle accidents are the single largest cause of occupational fatalities. Each year in the U.S. there are approximately 2,100 fatalities and 91,000 lost-workday injuries due to work-related motor vehicle accidents. It is evident from the above statistics that motor vehicle accidents present a potential risk to employees. Verigent believes that the procedures outlined below can reduce occupational motor vehicle accidents. These procedures apply to all motor vehicles use for business unless otherwise specified.

Qualifications of Drivers

Each employee operating a motor vehicle for business must have a current valid operator's license for the class of vehicle being operated. The operation of a motor vehicle with a gross vehicle weight rating above 26,001 pounds requires a commercial driver's license is also required whenever placard quantities of hazardous materials are transported regardless of the gross weight rating of the vehicle.

Operation of Motor Vehicles

- Employees must use defensive driving.
- Employees operating vehicles on business are not to exceed posted speed limits.
- Passengers must be wearing seat belts when the vehicle is in motion.
- Vehicles shall never be loaded beyond its designed passenger capacity. This practice exposes unbelted employees to the risk of being ejected when driving over rough terrain or on impact in an accident.
- Vehicles shall never be loaded beyond their rated load capacity. Overloaded vehicles cannot stop within rated distances.
- Cargo that extends beyond the sides or rear of vehicle must carry a red flag. The flag should be 12 inches square and be placed at the end of the progression.
- Vehicles shall never be loaded in a manner that obscures the driver's front or side views.

Vehicle Inspection and Maintenance:

National Highway Traffic Safety Administration research has demonstrated a direct correlation between proper vehicle maintenance and lower accident rates. Before operating a vehicle, the driver shall check the following parts, equipment, and accessories to assure correct operation:

- Brakes
- Tires
- Horn
- Steering mechanism
- Seat belts
- Operating controls
- Coupling devices (if applicable)
- Accessories including lights, reflectors, windshield wipers, and defroster.

Proper Lifting Technique

- Remember—stop and think before lifting, pre-plan your route, and use your **COMMON SENSE**.
- Assume the position of strength. Get a firm footing. Keep your feet parted; one beside and one behind the object.
- When lifting from the floor, squat down close to the load.
- Keep your back straight, in line from head to seat, so that the thighs and arms absorb the strain – not the back.
- Tuck in your chin so the head and neck continue the straight back line.
- Grip the object with the whole hand. Get a firm grip with the palms of your hands. The palms are stronger than the fingers alone.
- Draw the object close to you, with arms and elbows tucked into the sides of the body to keep body weight centered.
- A hernia can be caused by incorrect lifting. Exhale as you lift with your thigh muscles, keeping your back straight.
- Life with smooth, easy motion by straightening the legs. Let your stronger thigh muscles do the work of lifting, not your weaker back muscles.
- Never twist your body. When you are turning with the load, turn your entire body, including your feet. Turn the forward foot out and point it in the direction you intend to move.
- If two people are carrying a load, they shall carry it all at the same level. One person shall direct and call the signals.
- Don't lift a load that is too heavy or unmanageable. Ask for help or use a mechanical aid.
- Never carry a load that obscures your vision.
- Always push, do not pull the load. Use the Position of Strength and Power Breathing.

Stepadders

- It is the responsibility of the user to inspect the stepladder to ensure it is in good condition before climbing.
- Do not use the stepladder if it has broken or missing steps, broken side rails, missing or defective spreader braces.
- The stepladder must be fully open and the spreader braces firmly set before climbing.
- The stepladder must be on firm, level footing before climbing.
- The safe working height on any stepladder is not higher than the second step from the top.
- Do not place objects on the steps.
- Avoid overreaching.
- Do not use a stepladder in a leaning position unless it is secured to prevent sliding at the bottom.

Extension Ladders Care and Maintenance

- It is the responsibility of the user to inspect ladders and attachments to ensure that the equipment is in good condition before use.
- Do not use a ladder with broken or missing rungs, broken side rails, broken locks, defective ladder ropes, missing or defective safety feet.
- When the surface on which the base of the ladder is resting is such that the ladder may have a tendency to slip, the ladder must be secured.
- Before climbing an extension ladder, make certain the ladder locks are properly engaged and the ladder rope is securely tied to one of the rungs of the butt section.
- Set the ladder only on secure footing.
- Use care in positioning the ladder before climbing.
- Protect the ladder work area with appropriate safety cones, work area signs and/or vehicle positioning depending upon pedestrian or vehicular traffic and local regulations.
- Do not hurry climbing up or down a ladder; take one-step at a time and always face the ladder being sure to have both hands free to hold the rungs of the ladder. Use the three point contact – one hand and two feet or two hands and one foot.
- ~~Avoid overreaching while working on a ladder. Place the ladder so it is never necessary to extend~~

the body more than 12 inches beyond the side rails.

- Extension ladders shall be used at such a pitch that the horizontal distance at the foot of the ladder is about $\frac{1}{4}$ of the working length of the ladder.
- Only extension ladders equipped with a pole safety device shall be used on poles.
- When the ladder is to be used on strand shall be placed so that at least two rungs extend above the strand and must be secured by a rope or strap.
- Employees working on ladders, with or without ladder hooks, placed against strand shall secure themselves by passing a safety strap around one outer side rail of the ladder, over the strand under and over the rung of the ladder, over the strand again and around the opposite outer side rail of the ladder and into the "D" ring of the safety belt.
- Never carry an extension ladder from one location to another while it is extended.



Voluntary Self-Identification Form

We are subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite our employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and report to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Employee Name _____

Employee Signature _____ Date _____

I understand the reason for this request for voluntary self-identification as stated above and choose to decline.

OR

I understand the reason for this request for voluntary self-identification as stated above and have opted to complete this form.

Gender: Male _____ Female _____

Race/Ethnicity:

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Yes _____ No _____

If you answered no to the question above, please select the appropriate designation below:

_____ 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 Alaskan Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North or South America (including Central America), and who maintain tribal affiliations or community attachment.

_____ Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.

If you have any questions regarding this form, please contact the Human Resource Department.



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation <i>(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.)</i>				
Last Name (Family Name)		First Name (Given Name)		Middle Initial
Other Names Used (if any)				
Address (Street Number and Name)		Apt. Number	City or Town	State
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number	E-mail Address	
Telephone Number				

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

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

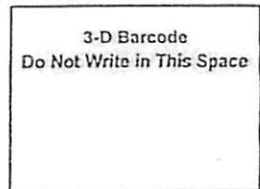
- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____ . Some aliens may write "N/A" in this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

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

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



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

Foreign Passport Number: _____

Country of Issuance: _____

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

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

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

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

STOP Employer Completes Next Page **STOP**

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

Documents that Establish Both
Identity and Employment
Authorization

LIST B

Documents that Establish
Identity

LIST C

Documents that Establish
Employment Authorization

OR

AND

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

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



IDs REQUIRED FOR FEDERAL VERIFICATION

1 ID FROM LIST A OR

1 ID FROM LIST A OR

2 IDs - 1 ID FROM LIST B AND 1 ID FROM LIST C

1 ID FROM LIST B AND

1 ID FROM LIST C



Direct Deposit Authorization Form

Name: _____ Social Security # _____

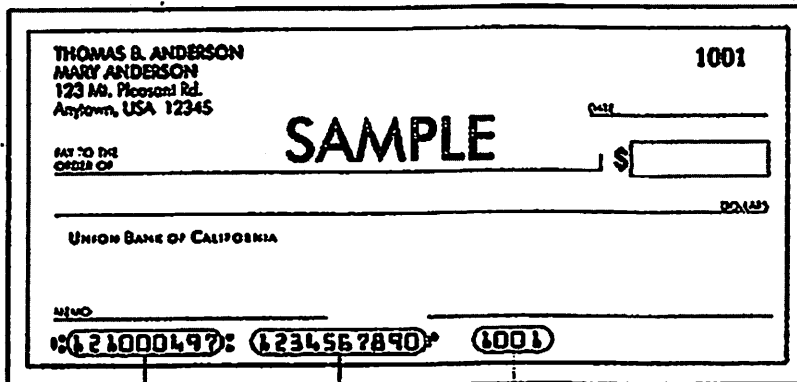
Name on the account (if different than above): _____

Bank Name: _____

Bank Routing # (must be 9 digits) _____

Bank Accounting # _____

Is this account a Checking, Savings, or Pay Card account? _____



1. Routing Number 2. Account Number 3. Check Number

ENROLLMENT AUTHORIZATION

Please enroll me in the Direct Deposit Program.

I authorize the Company to make payments of my net pay by initiating credit entries or correcting entries to the bank accounts I've designated above.

I have had an opportunity to read and understand all of the information provided by the Company regarding this program.

I understand that this authorization will continue in force unless discontinued by my written request, and it is also my responsibility to maintain the designated account as open to prevent rejected or returned entries.

SIGNATURE

DATE

Form W-4 (2014)

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

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2014 expires February 17, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

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

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

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

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

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

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

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	_____
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	_____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child 	G	_____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	_____
For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 			

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

Form W-4 Department of the Treasury Internal Revenue Service	Employee's Withholding Allowance Certificate ▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2014</div>
1 Your first name and middle initial _____ Last name _____		2 Your social security number _____
Home address (number and street or rural route) _____		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code _____		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) _____		5 _____
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 2014, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ 7 _____		

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.) ▶ _____		Date ▶ _____	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) _____	9 Office code (optional) _____	10 Employer identification number (EIN) _____	

Deductions and Adjustments Worksheet

Note. Use this worksheet only if you plan to itemize deductions or claim certain credits or adjustments to income.

1 Enter an estimate of your 2014 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1950) of your income, and miscellaneous deductions. For 2014, you may have to reduce your itemized deductions if your income is over \$305,000 and you are married filing jointly or are a qualifying widow(er); \$279,650 if you are head of household; \$254,200 if you are single and not head of household or a qualifying widow(er); or \$152,625 if you are married filing separately. See Pub. 505 for details 1 \$ _____

2 Enter: $\left\{ \begin{array}{l} \$12,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,100 \text{ if head of household} \\ \$6,200 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____

3 Subtract line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____

4 Enter an estimate of your 2014 adjustments to income and any additional standard deduction (see Pub. 505) 4 \$ _____

5 Add lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2014 Form W-4* worksheet in Pub. 505.) 5 \$ _____

6 Enter an estimate of your 2014 nonwage income (such as dividends or interest) 6 \$ _____

7 Subtract line 6 from line 5. If zero or less, enter "-0-" 7 \$ _____

8 Divide the amount on line 7 by \$3,950 and enter the result here. Drop any fraction 8 _____

9 Enter the number from the *Personal Allowances Worksheet*, line H, page 1 9 _____

10 Add lines 8 and 9 and enter the total here. If you plan to use the *Two-Earners/Multiple Jobs Worksheet*, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet only if the instructions under line H on page 1 direct you here.

1 Enter the number from line H, page 1 (or from line 10 above if you used the *Deductions and Adjustments Worksheet*) 1 _____

2 Find the number in Table 1 below that applies to the **LOWEST** paying job and enter it here. However, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" 2 _____

3 If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet 3 _____

Note. If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4 Enter the number from line 2 of this worksheet 4 _____

5 Enter the number from line 1 of this worksheet 5 _____

6 Subtract line 5 from line 4 6 _____

7 Find the amount in Table 2 below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____

8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____

9 Divide line 8 by the number of pay periods remaining in 2014. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2014. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are--	Enter on line 2 above	If wages from LOWEST paying job are--	Enter on line 2 above	If wages from HIGHEST paying job are--	Enter on line 7 above	If wages from HIGHEST paying job are--	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$6,000	0	\$0 - \$74,000	\$590	\$0 - \$37,000	\$590
6,001 - 13,000	1	6,001 - 16,000	1	74,001 - 130,000	990	37,001 - 80,000	990
13,001 - 24,000	2	16,001 - 25,000	2	130,001 - 200,000	1,110	80,001 - 175,000	1,110
24,001 - 26,000	3	25,001 - 34,000	3	200,001 - 355,000	1,300	175,001 - 385,000	1,300
26,001 - 33,000	4	34,001 - 43,000	4	355,001 - 400,000	1,380	385,001 and over	1,560
33,001 - 43,000	5	43,001 - 70,000	5	400,001 and over	1,560		
43,001 - 49,000	6	70,001 - 85,000	6				
49,001 - 60,000	7	85,001 - 110,000	7				
60,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

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

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

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

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



RETURN TO WORK POLICY

Note: This document is not designed as a substitute for reasonable accommodation under any applicable federal or state laws, such as Americans with Disabilities Act, The Rehabilitation Act of 1973, or other applicable laws.

To preserve the ability to meet company needs under changing conditions, this company reserves the right to revoke, change, or supplement guidelines at any time with written notice. The policies and procedures in this return-to-work program are not intended to be contractual commitments and they shall not be construed as such by our employees. This policy is not intended as a guarantee of continuity of benefits or rights. No permanent employment for any term is intended or can be implied by this policy.

Objectives

Verigent has developed a return-to-work policy. Its purpose is to return employees to employment at the earliest date following any injury or illness. We desire to speed recovery from injury or illness and reduce insurance costs. This policy applies to all employees and will be followed whenever appropriate.

Verigent defines “transitional” work as temporary modified work assignments within the employee’s physical abilities, knowledge, and skills. Where feasible, transitional positions will be made available to injured employees in order to minimize or eliminate time loss.

For any business reason, at any time, we may elect to change the working shift of any employee based on the business needs of this company.

The physical requirements of transitional/temporary work will be provided to the attending physician. Transitional/temporary positions are then developed with consideration of the employee’s physical abilities, the business needs of Verigent, and the availability of transitional work.

In case of an on-the-job accident

If you have a work-related injury contact Verigent’s Human Resources Department immediately at 704-658-9101 x 3048. Any lost time due to the injury should be discussed at this time.

Transitional temporary work assignment

Verigent will determine appropriate work hours, shifts, duration, and locations of all work assignments. Verigent reserves the right to determine the availability, appropriateness, and continuation of all transitional assignments and job offers.

Communication

It is the responsibility of the employee and/or supervisor to immediately notify HR of any changes concerning a transitional/temporary work assignment. HR will then communicate with the insurance carrier and attending physician as applicable.



Employee responsibilities

Accident reporting

- An accident is any unplanned event that disrupts normal work activities and may or may not result in injury or property damage. All work-related accidents, injuries, and near misses must be reported immediately to Personnel.
- If an accident occurs, but does not require professional medical treatment, the supervisor should immediately be informed so that an accident analysis can be completed. If first-aid treatment is needed, it should be sought on-site.
- If an accident occurs which requires professional medical treatment, the employee should follow the emergency response plan. The employee must fill out an accident report as soon as possible.

Employee's physical condition

- If professional medical treatment is sought, the employee should inform the attending physician that Verigent has a return-to-work program with light duty/modified assignments available.
- The employee should obtain a **Release to Return-to-Work** form and completed **Job Description** form (if available) from HR. This should be provided to the treating physician and should be returned to HR following the initial medical treatment.

Employee able to return to work

- If the attending physician releases the employee to return to work, as evidenced by completion of a **Release to Return-to-Work** form and **Job Description Form**, the form(s) must be returned to Personnel within 24 hours for assignment of light duty/modified work. The employee must report for work at the designated time.
- The employee cannot return to work without a release from the attending physician.
- If the employee returns to a transitional/temporary job, the employee must make sure that he or she does not go beyond either the duties of the job or the physician's restrictions. If the employee's restrictions change at any time, he or she must notify his or her supervisor at once and give the supervisor a copy of the new medical release.

Employee unable to return to work

- If the employee is unable to report for any kind of work, the employee must call in at least weekly to report medical status.
- While off work, it is the responsibility of the employee to supply HR with a current telephone number (listed or unlisted) and an address where the employee can be reached.
- The employee will notify HR within 24 hours of all changes in medical condition.



Employer responsibilities

Accident reporting

- The supervisor will conduct an accident analysis on all accidents, regardless of whether an injury occurs.
- When an accident occurs which results in injury requiring professional medical treatment, HR will initiate a claim with the insurance carrier within five (5) calendar days of knowledge of the injury or illness.
- Other information will be forwarded as soon as developed, including:
 - Name of employee's attending physician
 - Completed **Release to Return-to-Work Form** from attending physician and medical documentation, if appropriate.
 - Completed transitional/modified or regular **Job Description**
 - **Job Offer** letter and responses
- The supervisor will notify the insurance carrier of any changes in the employee's medical or work status as soon as possible.

Medical treatment and temporary/transitional duty physical condition

- A **Release to Return-to-Work** form and a completed **Job Description** form (if available) will be provided to the employee to take to the attending physician for completion and/or approval.
- At the time of first medical treatment the **Release to Return-to-Work** form must be completed and returned to Personnel. If one is not, Personnel will request one from the attending physician.
- The completed **Release to Return-to-Work** form will be reviewed by Personnel. A temporary/transitional **Job Description** form will be prepared from information obtained from the attending physician for review and approval.

Job Offer letter

- Upon receipt of a signed temporary/transitional **Job Description** form from the attending physician, a written **Job Offer** letter will be prepared by the employer. It will be mailed by both regular and certified mail to the employee's last known address or presented to the employee.
- The letter will note the doctor's approval and will explain the job duties, report date, wage, hours, report time duration of transitional work assignment, phone number, and location of the transitional assignment.
- The employee will be asked to sign the bottom of the **Job Offer** letter indicating acceptance or refusal of the offered work assignment.
- Copies of the **Job Description**, **Work Releases**, and **Job Offer** letters will be forwarded to the insurance carrier.



Supervisor

- The supervisor will monitor the employee's performance to ensure the employee does not exceed the employee's physician release.
- The supervisor will monitor the employee's recovery progress through regular contact to assess when and how often duties may be changed. The supervisor will assess the company's ability to adjust work assignments upon receipt of changes in physical capacities.

Employee acknowledgment

- The return-to-work policy and procedures have been explained to me.
- I have read and fully understand all procedures and responsibilities.
- I agree to observe and follow these procedures.
- I have received a copy of this policy and procedure.
- I understand failure to follow these procedures may affect my re-employment, reinstatement, and vocational assistance rights.

Employee Name Printed

Employee signature

Date