



Propel PEO, Inc. ("Propel HR") New Employee Onboarding Packet

To Be Completed AFTER Employee Receives a Conditional Offer of Employment

ALL new hire paperwork must be completed (including I-9 identification) and posted in the payroll system **PRIOR TO** *or* on the **FIRST DAY OF WORK**.

Client/Company: _____ Employee Start Date: _____

Employee Name: _____ SSN: _____

Employee Email Address: _____ Cell: _____

New Employee Completion Checklist

Please verify that **ALL** information is completed and check off the following:

- _____ New Employee Application
- _____ W4 Completed (2016 Federal form)
- _____ Voluntary Self-Identification Form
- _____ I-9 Form – **IDs REQUIRED** (see list of acceptable IDs)
- _____ Direct Deposit form - Voided check or deposit slip
- _____ Important Notice – Disclaimer (*Handbook Acknowledgement*)
- _____ Harassment Policy & Substance Abuse Policy Acknowledgement form
- xxxxxxxx MarketPlace Exchange Notice – **MUST be given to New Hire**

For Propel HR's Staff Use Only

Client # _____

Payroll

- _____ (Initials) Enter /Confirm new employee information in Apex
- _____ (Initials) Accrual set up (if applicable)

Payroll Dept.: After entering into the system (if applicable), please return to HR for further auditing and scanning.

Human Resources

- _____ (Initials) DATE RECEIVED BY PROPEL: _____
- _____ (Initials) E-Verified Date _____
- _____ (Initials) E-Verified Case No. _____
- _____ (Initials) Scanned into I-9 Advantage
- _____ (Initials) Scanned into DocStar
- _____ (Initials) Shred _____ Yes _____ No
- _____ (Initials) Return to Human Resources for Review

Propel PEO, Inc. ("Propel HR")

New Employee Application

To Be Completed After Employee Receives a Conditional Offer of Employment

**ORIGINAL: Employer
Provide copy to Employee
Provide copy to Propel HR**

Client Company: _____

Location: _____

SECTION I: TO BE COMPLETED & SIGNED BY EMPLOYEE

Date _____ **Propel HR Date of Hire** _____ **Date of Hire (with Present Employer)** _____

Social Security Number _____ **Date of Birth** _____ **Telephone Number** _____

Cell Phone _____ **Email Address** _____

Sex Male Female **Marital Status** Married Single Widowed Divorced

Name _____ **Email:** _____

Last First M.I.

Address _____

Street City State Zip Code

IN CASE OF EMERGENCY NOTIFY

Name Relationship Telephone Number

Propel PEO, Inc. (Propel HR) is a PEO that provides personnel and other related business services for clients. Although workers employed by Propel HR are considered Propel HR employees, such employees are subject to the direct supervision of the client company. Employment with Propel HR is based on the following:

- 1. EMPLOYEE AGREES THAT EMPLOYMENT WITH PROPEL HR/CLIENT IS AT-WILL. EMPLOYEE ACKNOWLEDGES THAT THIS AGREEMENT IS NOT INTENDED TO CREATE A CONTRACT OF EMPLOYMENT BETWEEN PROPEL HR/CLIENT AND EMPLOYEE AND EMPLOYMENT MAY BE TERMINATED AT ANY TIME AND FOR ANY REASON NOT OTHERWISE PROHIBITED BY LAW.**
2. Employee agrees to abide by any policies, standards, or work rules set by the client company.
3. Employee agrees to abide by any policies or standards of employment set by Propel HR and Client.
4. Employee acknowledges that he/she has read any safety rules promulgated by either the Client Company or Propel HR and further agrees to fully comply with such safety rules.
5. Employee acknowledges that Propel HR/Client employees may be required to submit to drug testing at any time.

LEASED EMPLOYEE ACKNOWLEDGEMENT

I acknowledge by my signature that I have been informed I will be a leased employee of Propel HR leased to _____ (name of client company). I also agree that if at any time during this application for employment process, as well as during my employment I am subjected to any type of discrimination, including discrimination because of race, sex, age, religion, color, national origin, disability, marital or veteran status, or if I am subjected to any type of harassment including sexual harassment, I will immediately contact Propel HR at 1-800-446-6567 or Harassment Hotline at 1-800-977-8674 (Company ID Number: 980023) in order to obtain assistance in the resolution of such matters. Propel HR is regulated by the SC Dept of Consumer Affairs, 3600 Forest Drive, 3rd Floor, Columbia, SC 29250 phone (803) 734-4200. The leasing number for Propel HR is SL0040.

Employee Signature _____ **Date** _____

SECTION II: TO BE COMPLETED BY HIRING MANAGER

New Hire **OR** Rehire

(Must Be Signed by Hiring Manager AND Employee)

Department: _____ **Position/Title:** _____ **W.C. Code:** _____

Rate of Pay: \$ _____ (Hourly or Per Pay Period) **Pay Frequency:** Weekly Bi-Weekly Semi-Monthly Monthly

Pay Type: Exempt (*not* eligible for overtime) Non-Exempt Hourly (eligible for overtime) Non-Exempt Salaried (eligible for overtime)

Classification: Full Time Part Time PRN

Normal Scheduled Hours: _____ (weekly, bi-weekly or semi-monthly)

PTO Eligibility: _____ **Benefits' Eligibility:** _____
Yes / No Yes / No

An employer may withhold or deduct the following from the wages of an employee during ongoing employment: Federal and state taxes as required by law; Social Security as required by law; garnishment or levy order(s); and any deduction that the employee/employer has agreed to and the employee has expressly authorized in writing in advance.

Supervisor Signature _____ **Date** _____

EMPLOYEE SIGNATURE _____ **Date** _____

EMPLOYEE MUST ACKNOWLEDGE WITH SIGNATURE

Form W-4 (2016)

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 2016 expires February 15, 2017. 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 \$1,050 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 2016. 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	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 \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$114,000 if married), enter "1" for each eligible child 	G	
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H	

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$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	OMB No. 1545-0074 2016
▶ 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.		
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 2016, 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)
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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 2016 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, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over \$311,300 and you are married filing jointly or a qualifying widow(er); \$285,350 if you are head of household; \$259,400 if you are single and not head of household or a qualifying widow(er); or \$155,650 if you are married filing separately. See Pub. 505 for details 1 \$ _____

2 Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,300 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____

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

4 Enter an estimate of your 2016 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 2016 Form W-4* worksheet in Pub. 505.) 5 \$ _____

6 Enter an estimate of your 2016 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 \$4,050 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 2016. 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 2016. 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 - \$0,000	0	\$0 - \$0,000	0	\$0 - \$75,000	\$010	\$0 - \$38,000	\$010
0,001 - 14,000	1	0,001 - 17,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 25,000	2	17,001 - 20,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
25,001 - 27,000	3	20,001 - 34,000	3	205,001 - 300,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	300,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,600		
44,001 - 55,000	6	75,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 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 use of this information include giving it to the Department of Justice for civil and criminal litigation; to state, 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.

Voluntary Self-Identification Form

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

Anti-Discrimination Notice. It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex or national origin.

This employer may be subject to nondiscrimination recordkeeping and reporting requirements which require the employer to invite employees to voluntarily self-identify their gender and race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your gender or race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information.

Gender: Male Female

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark one of the boxes presented below.

What is your race or ethnicity? Please mark **one box** that describes the race/ethnicity category with which you primarily identify.

<input type="checkbox"/>	Hispanic or Latino: a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
<input type="checkbox"/>	White (Not Hispanic or Latino): a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
<input type="checkbox"/>	Black or African American (Not Hispanic or Latino): a person having origins in any of the black racial groups of Africa.
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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 maintains tribal affiliation or community attachment.
<input type="checkbox"/>	Two or More Races: all persons who identify with more than one of the above racial identities.

Name: _____ Date: _____

Print

Signature



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
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)*

3-D Barcode
Do Not Write In This Space

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



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

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

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

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: _____		Document Title: _____		Document Title: _____
Issuing Authority: _____		Issuing Authority: _____		Issuing Authority: _____
Document Number: _____		Document Number: _____		Document Number: _____
Expiration Date (if any)(mm/dd/yyyy): _____		Expiration Date (if any)(mm/dd/yyyy): _____		Expiration Date (if any)(mm/dd/yyyy): _____
Document Title: _____		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p style="text-align: center;">3-D Barcode Do Not Write In This Space</p> </div>		
Issuing Authority: _____				
Document Number: _____				
Expiration Date (if any)(mm/dd/yyyy): _____				
Document Title: _____				
Issuing Authority: _____				
Document Number: _____				
Expiration Date (if any)(mm/dd/yyyy): _____				

Certification

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

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

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

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

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

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

Document Title: _____	Document Number: _____	Expiration Date (if any)(mm/dd/yyyy): _____
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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 document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative: _____	Date (mm/dd/yyyy): _____	Print Name of Employer or Authorized Representative: _____
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LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

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

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

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

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

Please print CLEARLY to
Avoid delay in processing.

Authorization Agreement for Direct Deposit

(Checking/Savings Account)

Direct Deposit automatically deposits your paycheck for you every payday in your checking/savings account at your own financial institution.

Name: _____ SSN: _____ DOB: _____

Address: _____ Phone No.: _____
Street City State Zip

I hereby authorize Propel HR/Client to initiate credit entries and initiate, if necessary, debit entries and adjustments for any credit entries to my account selected below and the depository named below to credit and/or debit the same to such account. Further, I agree not to hold Propel HR/Client responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me.

This authority is to remain in full force and effect until Propel HR/Client has received written notification from me of its termination in such manner as to afford Propel HR/Client reasonable opportunity to act on it.

Signature: _____ Date: _____

Direct Deposit – Bank Account

*(A VOIDED CHECK and/or SAVINGS DEPOSIT **MUST** BE ATTACHED)*

Select One: _____ Checking Account _____ Savings Account

Enter Dollar Amount or a percentage of Net Pay: _____ (\$\$\$) **OR** _____ (%)

Financial Institution: _____ Branch: _____

City: _____ State: _____ Zip: _____

Transit/ABA No.: _____ Account No.: _____

Direct Deposit – Bank Account

*(A VOIDED CHECK and/or SAVINGS DEPOSIT **MUST** BE ATTACHED)*

Select One: _____ Checking Account _____ Savings Account

Enter Dollar Amount or a percentage of Net Pay: _____ (\$\$\$) **OR** _____ (%)

Financial Institution: _____ Branch: _____

City: _____ State: _____ Zip: _____

Transit/ABA No.: _____ Account No.: _____

IMPORTANT NOTICE – DISCLAIMER

THIS EMPLOYEE HANDBOOK (“HANDBOOK”), IS A GUIDE TO GENERAL EMPLOYMENT PROCEDURES AND POLICIES OF PROPEL PEO, INC. DBA PROPEL HR (“PROPEL HR”) AND CLIENT, ALL COMMONLY REFERRED TO AS “PROPEL HR/CLIENT” OR “COMPANY”. THE HANDBOOK IS FOR INFORMATION ONLY AND IS NOT A CONTRACT OF EMPLOYMENT. ANY COMPANY PROCEDURE OR POLICY, INCLUDING ANY POLICY, PROCEDURE, OR PROVISION IN OR REFERRED TO IN THIS HANDBOOK, MAY BE MODIFIED, AMENDED, INCREASED, DECREASED OR DELETED BY THE COMPANY AT ANY TIME, WITH OR WITHOUT NOCITCE, UNLESS THE PROCEDURE OR POLICY IS GOVERNED BY A LEGALLY BINDING WRITTEN CONTRACT.

THIS HANDBOOK CONTAINS SIGNIFICANT CHANGES FROM PRIOR HANDBOOKS, INCLUDING A NEW “IMPORTANT NOTICE-DISCLAIMER” SECTION AND SUPERSEDES AND REPLACES ALL OTHER HANDBOOKS OR SIMILAR MATERIALS WHICH HAVE BEEN PUBLISHED OR DISTRIBUTED. EFFECTIVE IMMEDIATELY ALL (1) PRIOR HANDBOOKS, (2) PRIOR POLICY HANDBOOKS, AND (3) PRIOR POLICIEIS OR PRACTICES COVERING TOPICS NOW ADDRESSED IN THIS HANDBOOK ARE HEREBY REVOKED AND DECLARED NULL AND VOID.

THIS HANDBOOK DOES NOT AND IS NOT INTENDED TO ADDRESS EVERY POSSIBLE EMPLOYMENT/EMPLOYEE SITUATION. THE COMPANY RESERVES THE RIGHT TO TAKE ACTION OR MAKE A DECISION WHICH IS INCONSISTENT WITH THE PROVISIONS OF THIS HANDBOOK, TO ADDRESS VARIOUS OR UNIQUE SITUATIONS, ON A CASE-BY-CASE BASIS, IN THE COMPANY’S SOLE DISCRETION.

NEITHER THIS HANDBOOK NOR ANY OTHER HANDBOOK OR POLICY ALTERS IN ANY WAY THE AT-WILL EMPLOYMENT STATUS OF COMPANY EMPLOYEES. “AT-WILL” EMPLOYMENT MEANS THAT EITHER YOU OR THE COMPANY CAN TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY OR NO REASON, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, SUBJECT TO RESTRICTIONS UNDER ANY APPLICABLE LAW. THE AT-WILL EMPLOYMENT STATUS OF EACH EMPLOYEE CANNOT BE ALTERED BY ANY VERBAL STATEMENT OR ALLEGED VERBAL AGREEMENT. IT CAN ONLY BE CHANED BY A LEGALLY BINDING, WRITTEN CONTRACT COVERING EMPLOYMENT STATUS. AN EXAMPLE OF THIS WOULD BE A WRITTEN EMPLOYMENT AGREEMENT FOR A SPECIFIC DURATION OF TIME.

EMPLOYEE ACKNOWLEDGMENT

I ACKNOWLEDGE RECEIPT OF THE HANDBOOK. I HAVE READ THE HANDBOOK CAREFULLY, PARTICULARLY THE ABOVE DEFINITION OF “AT-WILL” EMPLOYMENT. I UNDERSTAND THE HANDBOOK IS NOT AN EMPLOYMENT CONTRACT, AND I KNOW THAT MY EMPLOYMENT IS “AT WILL” AS DEFINED ABOVE.

DATE

EMPLOYEE SIGNATURE

DATE

COMPANY REPRESENTATIVE

HARASSMENT POLICY & SUBSTANCE ABUSE POLICY

PROPEL PEO, INC. Referred to as "Propel HR/Client"

Employee Acknowledgment of Receipt and Understanding

I, _____, (name) hereby acknowledge, that I have reviewed a copy of Propel HR/Client's Harassment Policy and the Substance Abuse Policy contained in the Handbook, and I have had an opportunity to have explained to me any aspect of the Policies which I did not understand. I understand that I must abide by the policies at all times as a condition of employment with Propel HR/Client and any violation may result in disciplinary action up to and including discharge.

Harassment Policy Reference: Propel HR/Client's harassment policy prohibits any form of harassment or retaliation based on race, color, age, religion, national origin, sex, disability, genetic information, sexual orientation, gender identification, HIV status, veteran status, uniformed services, or on any characteristic protected by applicable federal, state, or local law. I understand that according to Propel HR/Client' harassment policy, I must immediately report any harassing or retaliatory conduct to Propel HR by calling (800)446-6567 or by calling (800)977-8674 - a confidential reporting hotline. If I use the confidential reporting hotline to report harassment, I understand that I should identify Propel HR, whose company identification number is 980023, as my employer. I further understand that I may also report any harassing conduct to my on-site supervisor, manager, or to the human resources department.

Substance Abuse Policy: Further, I understand that during my employment I may be required to submit to other testing for the presence of drugs or alcohol pursuant to the Policy. I understand submission to such testing is a condition of employment with Propel HR/Client, and disciplinary action up to and including discharge may result if I refuse to consent to such testing, if I refuse to execute all forms of consent and release of liability as are usually and reasonably attendant to such examinations, if I refuse to authorize release of the test results to Propel HR/Client, or if the test establishes a violation of Propel HR/Client's Substance Abuse Policy. I also understand in case of an accident, I will be required to submit to a drug screen at the facility where I am treated for the accident. Tests with a positive result will be my sole responsibility and the Worker's Compensation claim will be denied.

I ALSO UNDERSTAND THAT THE SUBSTANCE ABUSE POLICY AND RELATED DOCUMENTS ARE NOT INTENDED TO CONSTITUTE A CONTRACT BETWEEN PROPEL HR/CLIENT AND ME.

THE UNDERSIGNED FURTHER STATES THAT HE OR SHE HAS READ THE FOREGOING ACKNOWLEDGMENT AND KNOWS THE CONTENTS THEREOF AND SIGNS THE SAME OF HIS OR HER OWN FREE WILL.

Employee's Signature

Date

Client Company Name

Company Representative

Date



New Health Insurance Marketplace Coverage Options and Your Health Coverage

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

PART A: General Information

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

What is the Health Insurance Marketplace?

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

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

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

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

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

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

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact:

**Your office administrator, human resources, company representative or visit the website:
www.HealthCare.gov**

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

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