

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 Information, Acknowledgment, & Terms of Employment
- _____ Form W-4 Federal Withholding
- _____ Voluntary Self-Identification Form
- _____ Form I-9 Employment Eligibility Verification & ID(s) *(see list of acceptable IDs)*
- _____ Direct Deposit Form & Voided check or deposit slip
- _____ Handbook Acknowledgment
- _____ Harassment Policy & Substance Abuse Policy Acknowledgment Form
- xxxxxxxx MarketPlace Exchange Notice – **Retained by employee**

For Propel West's Staff Use Only

Client # _____

Payroll

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

After entering into the payroll 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

ORIGINAL: Employer Provide
copy to Employee Provide
copy to Propel West

Propel PEO of Texas, Inc. ("Propel West")

Employee Information & PEO Acknowledgment

(to be completed after employee receives a conditional offer of employment)

Client Company: _____

Location: _____

SECTION I: TO BE COMPLETED & SIGNED BY EMPLOYEE

Today's Date _____ **Propel West Date of Hire** _____ **Date of Hire (with Present Employer)** _____

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

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

Name _____ **Email Address:** _____
Last First M.I.

Address _____
Street City State Zip Code

IN CASE OF EMERGENCY NOTIFY

Name Relationship Telephone Number

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

1. EMPLOYEE AGREES THAT EMPLOYMENT WITH PROPEL WEST/CLIENT IS AT-WILL. EMPLOYEE ACKNOWLEDGES THAT THIS AGREEMENT IS NOT INTENDED TO CREATE A CONTRACT OF EMPLOYMENT BETWEEN PROPEL WEST/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 West and Client.
4. Employee acknowledges that he/she has read any safety rules promulgated by either the Client Company or Propel West and further agrees to fully comply with such safety rules.
5. Employee acknowledges that Propel West/Client employees may be required to submit to drug testing at any time.

CO-EMPLOYMENT ACKNOWLEDGMENT

I acknowledge by my signature that I have been informed I will be a co-employee of Propel West and _____ (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 West 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 West is regulated by the Texas Department of Licensing and Regulation, PO Box 12157, Austin, Texas 78711, 512-463-6599, cs.peo@tdlr.texas.gov. The licensing number for Propel West is 1431.

Employee Signature _____ **Date** _____

SECTION II: TERMS OF EMPLOYMENT TO BE COMPLETED BY HIRING MANAGER

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

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

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

Classification: Full Time Part Time PRN

ReHire: Yes No

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

PTO Eligibility: _____
Yes / No

Benefits' Eligibility: _____
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 (2018)

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

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

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

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

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

General Instructions

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

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

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

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

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

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Specific Instructions

Personal Allowances Worksheet

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

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

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

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

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2018	
▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.					
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶				Date ▶	
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment		10 Employer identification number (EIN)

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

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

Deductions, Adjustments, and Additional Income Worksheet

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

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

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

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more

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

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

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

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

Instructions for Employer

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

New hire reporting. Employers are

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

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

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

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

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

Personal Allowances Worksheet (Keep for your records.)

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

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

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$52,000 (\$24,000 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 above.

Deductions, Adjustments, and Additional Income Worksheet

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

Two-Earners/Multiple Jobs Worksheet

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

- 1** Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) **1** _____
 - 2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" **2** _____
 - 3** If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet **3** _____
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4** Enter the number from line 2 of this worksheet **4** _____
 - 5** Enter the number from line 1 of this worksheet **5** _____
 - 6** **Subtract** line 5 from line 4 **6** _____
 - 7** Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ _____
 - 8** **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____
 - 9** **Divide** line 8 by the number of pay periods remaining in 2018. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2018. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

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

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and

U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You aren't required to provide the information requested on a form that's subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be

retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

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

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

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (Checking/Savings Account OR PayCard Visa Payroll Card)

Please print CLEARLY to avoid delay in processing.

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: _____

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

PayCard Visa Payroll Card

Generally, the direct deposit is noted on the card by 10 am EST on the pay day. Please check your account each pay period prior to use. First PayCard is issued at no cost.

With my acknowledgement and additional information provided herein, I hereby elect the PayCard Visa Payroll option to receive my pay and understand that possession of the card and my pay transferred to such card are my sole responsibility. I further understand that if I lose my card, I must take the following steps immediately:

- ✓ **employee** is to immediately notify Propel HR/Client of lost or stolen card (payday may be delayed); another card will be issued at the employee's cost of \$10 (per card)
- ✓ **employee** is responsible for covering fees to replace the card and with pulling the funds back from the lost or stolen card

I further acknowledge and authorize payroll deduction for fees associated with replacing the card and pulling back money deposited to my card where my card may have been lost, stolen or is missing.

Signature: _____ Date: _____

VOLUNTARY SELF- IDENTIFICATION 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 or other protected characteristic.

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.

Please mark indicate the following category with which you primarily identify.

Please note: 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 Equal Employment Opportunity 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.

<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

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

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

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

Refer to the instructions for more information about acceptable receipts.



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

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

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

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

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

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

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

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

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

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

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

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



Employer Completes Next Page





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

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

Section 2. Employer or Authorized Representative Review and Verification

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

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

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

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

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

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

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

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

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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HANDBOOK ACKNOWLEDGMENT

IMPORTANT NOTICE – DISCLAIMER

THIS EMPLOYEE HANDBOOK (“HANDBOOK”) IS A GUIDE TO GENERAL EMPLOYMENT PROCEDURES AND POLICIES OF PROPEL PEO OF TEXAS, INC. DBA PROPEL WEST OF TEXAS (“PROPEL WEST”) AND CLIENT COMPANY COMMONLY AND JOINTLY REFERRED TO AS “PROPEL WEST/CLIENT” OR “COMPANY”. THIS HANDBOOK IS FOR INFORMATION ONLY AND IS NOT A CONTRACT OF EMPLOYMENT. THE EMPLOYEE IS ADVISED THAT BECAUSE BUSINESS CONDITIONS AND CONSIDERATIONS MAY CHANGE FROM TIME TO TIME, THE COMPANY RESERVES THE RIGHT TO MODIFY, AMEND, ELIMINATE, OR DEVIATE FROM ANY OR ALL OF ITS POLICIES, PROCEDURES, AND PRACTICES IN ITS SOLE DISCRETION. THIS HANDBOOK SUPERSEDES AND REPLACES ALL OTHER HANDBOOKS OR SIMILAR MATERIALS WHICH MAY HAVE BEEN PUBLISHED OR DISTRIBUTED AND WHICH 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 THE EMPLOYEE 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 REPRESENTATION, BUT CAN ONLY BE CHANGED BY A LEGALLY BINDING WRITTEN CONTRACT THAT IS: (1) SIGNED BY THE PRESIDENT OR AN OWNER OF CLIENT COMPANY, (2) LABELED WITH THE WORD “CONTRACT” ON THE TOP OF THE DOCUMENT, AND (3) STATES THE TERM OF EMPLOYMENT.

EMPLOYEE ACKNOWLEDGMENT

I ACKNOWLEDGE THAT I AM IN RECEIPT OF THE HANDBOOK OR HAVE BEEN DIRECTED TO WHERE IT CAN BE ACCESSED ELECTRONICALLY. I FURTHER ACKNOWLEDGE THAT IT IS EFFECTIVE IMMEDIATELY AND THAT IT IS MY RESPONSIBILITY TO READ THE ENTIRE HANDBOOK CAREFULLY AND TO BECOME FAMILIAR WITH ITS CONTENTS. I HAVE READ THE DISCLAIMER ON THIS PAGE AND I UNDERSTAND THAT THE HANDBOOK IS NOT AN EMPLOYMENT CONTRACT. I KNOW THAT MY EMPLOYMENT IS AT WILL AND VOLUNTARY, UNLESS IT IS GOVERNED BY A WRITTEN EMPLOYMENT CONTRACT AS OUTLINED IN THE DISCLAIMER ON THIS PAGE.

DATE

EMPLOYEE SIGNATURE

EMPLOYEE NAME (PRINT)

DATE

COMPANY REPRESENTATIVE SIGNATURE

HARASSMENT POLICY & SUBSTANCE ABUSE POLICY
PROPEL PEO OF TEXAS, INC. Referred to as "Propel West/Client"

Employee Acknowledgment of Receipt and Understanding

I, _____, _____ (name) hereby acknowledge, that I have reviewed a copy of Propel West/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 West/Client and any violation may result in disciplinary action up to and including discharge.

Harassment Policy Reference: Propel West/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 West/Client' harassment policy, I must immediately report any harassing or retaliatory conduct to Propel West 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 West, 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 West/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 West/Client, or if the test establishes a violation of Propel West/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 WEST/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.

DATE

EMPLOYEE SIGNATURE

EMPLOYEE NAME (PRINT)

DATE

COMPANY REPRESENTATIVE SIGNATURE



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 5-31-2020)

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 Human Resource Business Partner**.

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.