

Employee Information Sheet

Employee Identification (to be completed by employee)	Last Name:		First Name:		MI	Social Security No.	
	Gender <input type="checkbox"/> M <input type="checkbox"/> F		Date of Birth		Home Telephone No.		Telephone No.
	Employee Street Address			City		County	State/Zip
	Emergency Contact Name					Emergency Contact Telephone No.	
	Do you need any Special Accommodations in order to perform your job? <input type="checkbox"/> Yes <input type="checkbox"/> No				Driver License Number and State Issued:		Expiration Date:
	Employee Email Address:						
	Employee Race/Ethnic Origin (check one-optional) Any information relating to race, origin, gender and job category is collected in order to demonstrate compliance with federal, state, and local agency regulations. This information is not used in the evaluation of the employee. <input type="radio"/> White <input type="radio"/> African American or Black <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> Asian <input type="radio"/> Hispanic or Latino <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Two or More Races						
Job Category (to be completed by supervisor)	<input type="checkbox"/> Executive/Senior Level Officials and Managers <input type="checkbox"/> First/Mid-Level Officials and Managers <input type="checkbox"/> Professionals		<input type="checkbox"/> Technicians <input type="checkbox"/> Administrative Support Workers <input type="checkbox"/> Craft Workers <input type="checkbox"/> Sales		<input type="checkbox"/> Operatives <input type="checkbox"/> Laborers and Helpers <input type="checkbox"/> Service Worker		
Employment Information (to be completed by supervisor)	Client Name					LHR Hire Date	
	Work City		Work State		Work Zip Code	Worker's Comp Code	Original Hire Date
	Department		Supervisor			Location	
	Job Title				Job Function		
	Check all that apply: <input type="checkbox"/> Full Time (>30 hrs.) <input type="checkbox"/> Part Time (<30 hrs.) <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> PRN /On-call		Pay Rate Hourly#1 _____ #2 _____ Salary/Year _____ Pay Period _____ Commission Draw: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount \$ _____ Is this employee a supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No			Pay Frequency <input type="checkbox"/> Weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	
	Tax Filing Status: Federal Exemptions: M _____ or S _____ State Exemptions: M _____ or S _____						
	Is this employee eligible for overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No				Timekeeping #		
	Authorizing Signature:					For LHR Use Only	
	Please scan paperwork to your payroll processor's email or fax to 1-866-615-2215						

EMPLOYEE HANDBOOK (PARTS 1 and 2) ACKNOWLEDGEMENT FORM

The Handbook that you received describes important information about Lyons HR (LHR) and its' relationship with your current Worksite Employer. Please read it carefully. Part 1 covers general employment laws and policies. The Worksite Employer may have a Part 2 that covers operational policies and benefit offerings specific to them.

I have entered into my employment relationship with LHR/Worksite Employer voluntarily and acknowledge that there is no specified length of employment. **Accordingly, either LHR/worksite employer or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.**

I have received a copy of the notification regarding healthcare options as required by the Affordable Care Act (ACA).

Since the information, policies and benefits described in the Employee Handbook (Parts 1 and 2) are necessarily subject to change, **I acknowledge that revisions to the handbook may occur, except to LHR/Worksite Employer's policy of employment-at-will.** All such changes will be communicated through official notices and/or postings, and I understand that revised information may supersede, modify or eliminate existing policies.

In consideration of LHR/Worksite Employer employing me in a job description wherein I will gain specialized knowledge and experience, I agree that any controversy, claim or action arising out of, or relating to my termination of benefits or employment with LHR/Worksite Employer, including claims against its owners, management or associates shall be resolved by arbitration pursuant to the **Federal Arbitration Act in conformity with applicable state law and the associate dispute rules of the American Arbitration Association.** Arbitration shall be conducted in Gadsden, Alabama.

I give my consent to LHR/Worksite Employer to perform drug/alcohol testing in accordance with applicable Drugs, Alcohol and Controlled Substances policies. My failure to do so will result in my termination from employment.

In connection with my application for employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, LHR/Worksite Employer may be requesting education, credentials, credit, and references. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be notified and given the name and address of the agency or the source that provided the information.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against qualified individuals with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of starting to work. Failure to submit such proof within the required time will result in immediate termination of employment.

Furthermore, I acknowledge that the employee handbook (Parts 1 and 2) is neither a contract of employment nor a legal document. I have received a copy of Parts 1 and 2 of the handbook and I understand that it is my responsibility to read and comply with the policies contained in Part 1 of this handbook and any revisions made to it. I understand it is my duty and responsibility to ask questions with respect to the content of Parts 1 and 2 of this Handbook and my failure to abide with all policies and related statements will result in disciplinary action, up to and including termination of employment.

I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference, or insurance company contacted by Lyons HR, Inc, or their agent, to furnish information described in paragraph 5 above. I represent and warrant that I have read and fully understand the foregoing.

NAME OF WORKSITE EMPLOYER: _____

ASSOCIATE'S NAME (printed): _____

ASSOCIATE'S SIGNATURE: _____

DATE: _____

**Completed and Signed Acknowledgement
Must Be Returned Before Payroll Can Be Processed!**

NOTICE OF EMPLOYEE BENEFITS ELIGIBILITY

As an employee of Lyons HR and our Client, you are now eligible to participate in a number of Employee Benefit programs sponsored by Lyons HR and / or your Worksite Employer. Eligibility is determined by your full-time or part-time status and length of service with the company. Initial eligibility occurs as soon as the first day of the calendar month following sixty (60) days of continuous full-time employment.

It is your responsibility to timely enroll in the Employee Benefit plans of your choosing. Failure to make timely Benefit elections may cause you to lose certain guarantee of issuance of rights as well as cause you to incur expense for which you will have no Benefit coverage.

You must make plan elections and complete enrollment documentation within the first thirty (30) days of employment to meet the conditions of your Initial Eligibility period. If Employee Benefit elections are not made within your Initial Eligibility period, your next regular opportunity to enroll in Employee Benefits will be during the annual Open Enrollment period. Open Enrollment is conducted during the final quarter of each calendar year. Benefit elections made during Open Enrollment become effective on the first day of January of the following calendar year. You may also be eligible to make conditional enrollments under certain circumstances such as occur when you become ineligible under a previously elected benefit plan, you experience the birth of a child or other such 'life-changing' event. Your Benefits representative can provide you with full information on such special enrollment conditions. For more information about eligibility for the Employee Benefit plans available to you, you may call, email or visit our website at www.lyonshr.com. Telephone and email contact information is listed below.

Your signature below acknowledges your understanding that it is your responsibility to timely make Employee Benefit elections and that Lyons HR and your Worksite Employer cannot make such elections on your behalf. You must make your own elections during an eligibility period as outlined above.

Signature

Date

Print Name

For more information, please call 888-212-3687 or email benefits@lyonshr.com.



www.lyonshr.com

Form W-4 (2017)

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 2017 expires February 15, 2018. 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 can't claim exemption from withholding if your total 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 don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't 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 2017. 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: <table><tr><td>• You're single and have only one job; or</td><td rowspan="3">}</td></tr><tr><td>• You're married, have only one job, and your spouse doesn't work; or</td></tr><tr><td>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</td></tr></table>	• You're single and have only one job; or	}	• You're married, 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.	B	_____
• You're single and have only one job; or	}						
• You're married, 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.							
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	_____				
(Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)							
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • 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 \$119,000 if married), enter "1" for each eligible child.	G	_____				
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ►	H	_____				
For accuracy, complete all worksheets that apply. <table><tr><td>• 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.</td></tr><tr><td>• 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.</td></tr><tr><td>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</td></tr></table>				• 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.	
• 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	
► 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.		2017			
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 2017, and I certify that I meet both of the following conditions for exemption. • 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.) ►					
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)	



Direct Deposit Authorization Agreement

Worksite Employer: _____

Name on Account: _____ Social Security # _____

Address: _____

City: _____ State: _____ Zip _____ Phone Number _____

Please identify up to four bank accounts where you want your pay deposited. If you are using more than one direct deposit account, you must indicate the amount to be deposited into each account. If using a Global Cash Card, mark the appropriate box and note the card number.

****A VOIDED CHECK MUST BE ATTACHED FOR EACH DIRECT DEPOSIT BANK ACCOUNT****

Bank Name #1 _____
Routing #: _____
Account #: _____
Type of Account: _____ Checking _____ Savings
Percentage of Check to be deposited _____ %
Dollar Amount of Check to be deposited \$ _____

Bank Name #2 _____
Routing #: _____
Account #: _____
Type of Account: _____ Checking _____ Savings
Percentage of Check to be deposited _____ %
Dollar Amount of Check to be deposited \$ _____

Bank Name #3 _____
Routing #: _____
Account #: _____
Type of Account: _____ Checking _____ Savings
Percentage of Check to be deposited _____ %
Dollar Amount of Check to be deposited \$ _____

Bank Name #4 _____
Routing #: _____
Account #: _____
Type of Account: _____ Checking _____ Savings
_____ Deposit Remainder of Money into this account

☐ Global Cash Card #: _____

I understand that I may receive an actual check on the first pay date and all others will be direct deposited.

Signature of Person Authorizing: _____ Date: _____



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		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</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		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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