



TO BE COMPLETED BY THE BUSINESS OWNER

Client Company _____ Client # _____

Employee Name: _____

Employee Leasing Enrollment Report

Esto es un importante documento legal. Si usted necesita una versión en Español, por favor lo solicita de su empleador o llamada ELS a 1-800-293-3600. This Employment Report is **NOT** an application for employment and is **NOT** intended to be used as such.

Employee Leasing Acknowledgment

I hereby acknowledge that I have been informed that my current employer (Client Company) has entered into an employee leasing contract with Employee Leasing Solutions (ELS). Through this contract ELS will provide Client Company with certain professional employer services and under this arrangement Client Company and ELS will become co-employers. Under this co-employer relationship, I will be a leased employee of ELS assigned solely and exclusively to Client Company. I will also remain an employee of Client Company and Client Company will continue to have control over my day-to-day job duties and the work site. Client Company will also provide on site supervision, including but not limited to, determining my job assignments and training requirements, evaluating my performance, and establishing pay rates. ELS will not have an on-site supervisor or representative at my work-site.

I further understand that ELS is an at-will employer and as such, employment with ELS is not for a fixed term or definite period and may be terminated at any time at the will of either ELS or myself, with or without cause, and without prior notice. The employee leasing contract between Client Company and ELS will not affect any agreement for employment or compensation which exists with my Client Company. If the contract between my Client Company and ELS is terminated, my work site employee status with ELS will also end on the date of the contract termination.

If ELS does not receive payment from my Client Company for services which I perform, ELS will then pay me the minimum wage or the legally required minimum salary or overtime pay for that period and I agree to this method of compensation. I also agree that ELS does not assume responsibility for payment of any bonuses, commissions, severance pay, deferred compensation, profit sharing, vacation, sick, or other paid time off pay, or for any other payment, where ELS has not received in advance full payment for such items from Client Company. I acknowledge that my Client Company remains legally obligated to pay me my regular rate of pay even if Client Company fails to pay ELS. If the contract with my Client Company is terminated, my employment with ELS will end the date the contract terminates and ELS's responsibilities as an employer shall also terminate at that time.

I agree to comply with any drug testing policy which Client Company or ELS may adopt, and I specifically agree to post accident drug testing.

I agree I will promptly report all incidents of discrimination, harassment or retaliation to Client Company. I acknowledge that Client Company is responsible for investigating any complaints and taking appropriate action to end or remediate any such discrimination, harassment, or retaliation. I acknowledge and agree that ELS does not have actual control over my workplace and would not be in a position to know of any alleged discrimination, harassment, or retaliation. I agree Client Company will be solely responsible for investigating and remediating such matters.

As a condition of my employment with ELS as an at-will leased employee, I agree to waive my right to a jury trial in any action or proceeding related to, or arising out of, my employment with ELS and with regard to the Client Company to which I have been assigned. This includes all disputes, whether based in tort, contract, statute (including, but not limited to, any claims of discrimination based on race, sex, disability, handicap, color, age, retaliation, national origin, religion, marital status or other basis) equitable law, or otherwise. Before filing a complaint in any court, I agree to first present any claims in writing and in full detail to the Client Company of ELS for which I am performing services and to fully cooperate with any Client Company internal review process. As a leased employee, I understand that if I should be involved in a work related accident, I will promptly and without delay report any injuries to my immediate supervisor or manager.

If I am a new hire, I acknowledge I am hereby notified within 7 days of my employment with Employment Leasing Solutions that I am being employed on an established 90 day probationary period.

Signature _____

Date _____

Discrimination, Harassment Policy

I acknowledge receipt of Employee Leasing Solutions' Discrimination and Harassment Policy contained in this package. I agree that if any time during my employment I am subjected to discrimination or harassment, including discrimination or harassment because of race, sex, age, religion, color, or national origin, disability, marital status, or any other type of protected category, I will immediately contact my immediate supervisor, or the president/owner of my client company.

Drug Testing Authorization

I agree to comply with Employee Leasing Solutions' drug testing policy and specifically agree when requested, to post-accident drug testing in any situation allowable by law. I agree that a photocopy of this authorization shall be valid as the original.

Workers' Compensation Compliance

No one is obligated to provide any medical information until an offer of employment is made and accepted. I authorize any physician, medical practitioner, hospital, clinic or other health facility, or employer, to release any and all medical and non-medical information in its possession about me to Employee Leasing Solutions' Workers' Compensation carrier or its legal representatives for purposes of a workers' compensation claim. (Medical information means all information in the possession of or derived from providers of health care regarding the medical history, mental or physical condition, or treatment of me.) I shall comply with the provisions of Florida Statute 440 concerning claims for workers' compensation benefits. If I provide false or misleading information to obtain workers' compensation benefits, I may be denied such benefits. I may request and receive a copy of this authorization. A photocopy of this authorization shall be valid as the original.

Employee Signature **X** _____ Date: _____
 Employee Name _____ Date of Birth: _____
 Address _____
 City, State, Zip _____
 Telephone Number _____ Social Security No _____

Voluntary EEO Identification

Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, sex and type of position for which an applicant applies. The information requested here is for compliance with certain record keeping requirements.

- White (Not of Hispanic or Latino origin) - Origins of Europe, North Africa, or the Middle East.
- Black or African American (Not of Hispanic or Latino origin) - Origins in any of the Black racial groups of Africa
- Hispanic or Latino - Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Asian (Not of Hispanic or Latino origin) - Origins of the Far East, Southeast Asia, the Indian Subcontinent Far East, Southeast Asia, the Indian Subcontinent
- Native Hawaiian or other Pacific Islander - Origins of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian/Alaska Native - Origins of North or South America (including Central America), who maintain tribal affiliation and community recognition.
- Two or more races (Not of Hispanic or Latino origin) - All persons who identify with more than one of the listed races.
- If the employee elected not to complete this information, the employer has completed it through visual identification as required by law.

Completed by Client

New Hires

ELS must receive this completed Enrollment Report **ON OR BEFORE THE DATE OF HIRE**. You can fax or call this new hire into ELS and receive a confirmation identification number. Employee Leasing Solutions can not pay any employee without an employee identification number. Nor will this employee be covered with workers' compensation coverage until this information has been submitted to us. To report a new hire after hours, please fax or call our offices and leave a detailed message.

THE EMPLOYEE LEASING ENROLLMENT REPORT MUST BE RETURNED TO EMPLOYEE LEASING SOLUTIONS WITHIN THREE DAYS OF THE DATE OF HIRE.

Client Company Name _____
 Department (if applicable) _____ Job Code (if applicable) _____
 Rate of Pay \$ _____ Hourly Salary Exempt Non-Exempt
 Full Time Part Time Work Comp. Code _____
 From the EEO job classifications listed, which one best describes the employee's position?
 1.1 - Executive / Senior Level Officers and Managers 2 - Professionals 6 - Craft Workers (skilled)
 1.2 - First / Mid Level Officers and Managers 3 - Technicians 7 - Operative (semi-skilled)
 4 - Sales 8 - Laborers (unskilled)
 5 - Office and Clerical 9 - Service Workers
 Job Description _____
 Original Date of Hire _____ Confirmation Identification Number (if applicable) _____

Form W-4 (2009)

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 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

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-earner/multiple job 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 may 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. 919, How Do I Adjust My Tax Withholding, 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. 919 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. 919 for details.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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:
 { • 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 \$1,800 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 \$61,000 (\$90,000 if married), enter "2" for each eligible child; then **less** "1" if you have three or more eligible children.
 • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have six or more eligible children. **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 have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$40,000 (\$25,000 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.

----- Cut 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	<h2 style="margin:0;">Employee's Withholding Allowance Certificate</h2> <p style="margin:0;">► 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.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; margin: 5px 0;">2009</div>
1 Type or print 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 2009, 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 (Form is not valid unless you sign it.) ►		Date ►
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions, claim certain credits, adjustments to income, or an additional standard deduction

- 1 Enter an estimate of your 2009 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2009, you may have to reduce your itemized deductions if your income is over \$166,800 (\$83,400 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) . . . **1** \$ _____
- 2 Enter:

{	\$11,400 if married filing jointly or qualifying widow(er)	}	2	\$	
\$ 8,350 if head of household						
\$ 5,700 if single or married filing separately						
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" **3** \$ _____
- 4 Enter an estimate of your 2009 adjustments to income and any additional standard deduction. (Pub. 919) **4** \$ _____
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919.) **5** \$ _____
- 6 Enter an estimate of your 2009 nonwage income (such as dividends or interest) **6** \$ _____
- 7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" **7** \$ _____
- 8 **Divide** the amount on line 7 by \$3,500 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 \$50,000 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 4-9 below to calculate 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 2009. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2008. 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

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
\$0 - \$4,500	0	\$0 - \$6,000	0
4,501 - 9,000	1	6,001 - 12,000	1
9,001 - 18,000	2	12,001 - 19,000	2
18,001 - 22,000	3	19,001 - 26,000	3
22,001 - 26,000	4	26,001 - 35,000	4
26,001 - 32,000	5	35,001 - 50,000	5
32,001 - 38,000	6	50,001 - 65,000	6
38,001 - 46,000	7	65,001 - 80,000	7
46,001 - 55,000	8	80,001 - 90,000	8
55,001 - 60,000	9	90,001 - 120,000	9
60,001 - 65,000	10	120,001 and over	10
65,001 - 75,000	11		
75,001 - 95,000	12		
95,001 - 105,000	13		
105,001 - 120,000	14		
120,001 and over	15		

Table 2

Married Filing Jointly		All Others	
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 - \$65,000	\$550	\$0 - \$35,000	\$550
65,001 - 120,000	910	35,001 - 90,000	910
120,001 - 185,000	1,020	90,001 - 165,000	1,020
185,001 - 330,000	1,200	165,001 - 370,000	1,200
330,001 and over	1,280	370,001 and over	1,280

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. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. 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 also 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 using it 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.

Employees: Retain The Following Information For Your Records

Employee Leasing Acknowledgment

I hereby acknowledge that I have been informed that my current employer (Client Company) has entered into an employee leasing contract with Employee Leasing Solutions (ELS). Through this contract ELS will provide Client Company with certain professional employer services and under this arrangement Client Company and ELS will become co-employers. Under this co-employer relationship, I will be a leased employee of ELS assigned solely and exclusively to Client Company. I will also remain an employee of Client Company and Client Company will continue to have control over my day-to-day job duties and the work site. Client Company will also provide on site supervision, including but not limited to, determining my job assignments and training requirements, evaluating my performance, and establishing pay rates. ELS will not have an on-site supervisor or representative at my work-site.

I further understand that ELS is an at-will employer and as such, employment with ELS is not for a fixed term or definite period and may be terminated at any time at the will of either ELS or myself, with or without cause, and without prior notice. The employee leasing contract between Client Company and ELS will not affect any agreement for employment or compensation which exists with my Client Company. If the contract between my Client Company and ELS is terminated, my work site employee status with ELS will also end on the date of the contract termination.

If ELS does not receive payment from my Client Company for services which I perform, ELS will then pay me the minimum wage or the legally required minimum salary or overtime pay for that period and I agree to this method of compensation. I also agree that ELS does not assume responsibility for payment of any bonuses, commissions, severance pay, deferred compensation, profit sharing, vacation, sick, or other paid time off pay, or for any other payment, where ELS has not received in advance full payment for such items from Client Company. I acknowledge that my Client Company remains legally obligated to pay me my regular rate of pay even if Client Company fails to pay ELS. If the contract with my Client Company is terminated, my employment with ELS will end the date the contract terminates and ELS's responsibilities as an employer shall also terminate at that time.

I agree to comply with any drug testing policy which Client Company or ELS may adopt, and I specifically agree to post accident drug testing.

I agree I will promptly report all incidents of discrimination, harassment or retaliation to Client Company. I acknowledge that Client Company is responsible for investigating any complaints and taking appropriate action to end or remediate any such discrimination, harassment, or retaliation. I acknowledge and agree that ELS does not have actual control over my workplace and would not be in a position to know of any alleged discrimination, harassment, or retaliation. I agree Client Company will be solely responsible for investigating and remediating such matters.

As a condition of my employment with ELS as an at-will leased employee, I agree to waive my right to a jury trial in any action or proceeding related to, or arising out of, my employment with ELS and with regard to the Client Company to which I have been assigned. This includes all disputes, whether based in tort, contract, statute (including, but not limited to, any claims of discrimination based on race, sex, disability, handicap, color, age, retaliation, national origin, religion, marital status or other basis) equitable law, or otherwise. Before filing a complaint in any court, I agree to first present any claims in writing and in full detail to the Client Company of ELS for which I am performing services and to fully cooperate with any Client Company internal review process. As a leased employee, I understand that if I should be involved in a work related accident, I will promptly and without delay report any injuries to my immediate supervisor or manager.

If I am a new hire, I acknowledge I am hereby notified within 7 days of my employment with Employment Leasing Solutions that I am being employed on an established 90 day probationary period.

Employees: Retain The Following Information For Your Records

Discrimination and Harassment Policy

We believe you should be afforded the opportunity to work in an environment free of discrimination or harassment based on your race, skin color, religion, gender, national origin, age, marital status, or disability.

Harassment does not refer to occasional comments of a socially acceptable nature. Harassment is a form of inappropriate conduct that undermines the employment relationship.

No employee should be subjected to ethnic slurs or other verbal or physical conduct, nor any type of form of sexual harassment. If you are found guilty of committing any of the following acts, you may be disciplined, or where appropriate, discharged.

Sexual harassment occurs when:

- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment.
- Submission or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual.

Conduct which falls into the definition of sexual harassment may include, but is not limited to:

- Unwelcome physical contact of a sexual nature, such as patting, pinching, or unnecessary touching.
- Overt or implied threats against an individual to induce him or her to perform sexual favors or to engage in an unwelcome sexual relationship.
- Verbal harassment or abuse of a sexual nature, including intimidation by way of suggesting a desire for sexual relations or making jokes or remarks of a sexual nature to or in front of a person who finds them offensive.
- Use of sexually suggestive terms or gestures to describe a person's body, clothing, or sexual activities
- Displaying or posting offensive sexually suggestive pictures or materials in the workplace.

If you believe a co-worker, supervisor, customer, vendor, or representative of your company has discriminated against you or harassed you, you should immediately report the facts of the situation, as well as the names of the individuals involved, to your manager/supervisors immediately, or the president/owner of your client company. All complaints will be investigated in the strictest of confidentiality and appropriate corrective action will be taken as necessary. Client company will be solely responsible for investigating and mediating such matters.

No employment-based retaliation will be taken against anyone who brings a complaint of harassment or discrimination or who speaks as a witness in the investigation of a complaint of discrimination or harassment.

It is also against company policy to download inappropriate pictures or materials from computer systems.

Drug Testing Policy

The unlawful possession, use, or distribution of illicit drugs and alcohol by employees or co-employees of Employee Leasing Solutions at any worksite, client site, or while you are engaged in any company activity is strictly prohibited.

If an accident occurs you will be required to take a drug and alcohol test before any treatment of an injury is paid by workers' compensation and or after an accident that results in damage to company property or others' property while conducting company work. Every effort will be made to keep the results of drug and alcohol test confidential. Only persons with a "need to know" will have access to results. Refusal to be tested or testing positive for drugs or alcohol may forfeit eligibility for all workers' compensation medical and indemnity benefits.

Illegal drug use and the use of illegal drugs is grounds for immediate termination. The following activities are prohibited:

- Selling any drug, including alcohol or prescription drugs, whether on or off duty, unless you are legally entitled to sell the substance in question under the circumstances;

Employees: Retain The Following Information For Your Records

- Possessing any alcoholic beverage or unlawful drug while on duty or on company premises at any time:
- Using any illegal drug, at any time. (illegal drugs include prescription drugs prescribed for someone else, or used contrary to prescribed dosages.);
- Using any other substance (including legal drugs, prescription drugs, alcohol or any other substance), which runs an unnecessary risk of adversely affecting job performance, whether or no any actual effect on job performance occurs or can be demonstrated. It includes the use of any substance where such use creates an unnecessary risk of absenteeism, tardiness, or safety hazards.

Workers' Compensation Compliance

No one is obligated to provide any medical information until an offer of employment is made and accepted. I authorize any physician, medical practitioner, hospital, clinic or other health facility, or employer, to release any and all medical and non-medical information in its possession about me to Employee Leasing Solutions' Workers' Compensation carrier or its legal representatives for purposes of a workers' compensation claim. (Medical information means all information in the possession of or derived from providers of health care regarding the medical history, mental or physical condition, or treatment of me.) I shall comply with the provisions of Florida Statute 440 concerning claims for workers' compensation benefits. If I provide false or misleading information to obtain workers' compensation benefits, I may be denied such benefits. I may request and receive a copy of this authorization. A photocopy of this authorization shall be valid as the original.

Employees: Retain The Following Information For Your Records

Health and Safety Policy

Employee Leasing Solutions is committed to the safety and health of all employees and recognizes the need to comply with regulations governing injury and accident prevention and employee safety. Maintaining a safe work environment, however, requires the continuous cooperation of all employees.

1. Promptly and without delay report all accident, injuries, potential safety hazards, safety suggestions and health related issues to your manager.
2. No alcohol, controlled substances or non-prescribed medication will be used on the job at any time.
3. Use the correct method of lifting objects. Lift with your legs, not your back. If a load is too heavy or awkward, ask for assistance.
4. If you are not sure how to do a job, stop and check with your supervisor.
5. Do not start or operate any equipment without the proper authority and safety instruction.
6. Report malfunctioning equipment to your supervisor immediately.
7. Any employee who is furnished safety equipment will be required to use such equipment.
8. Good housekeeping practices should be followed at all times.
9. All electrical power tools and cords must have an operational third wire positive ground.
10. Do not use flammable liquids, toxic materials, chemicals or acids unless authorized and instructed in the proper procedures.
11. If available, seat belts must be worn at all times in vehicles and machinery.
12. Do not smoke in areas which are not specifically designated as smoking areas.
13. Obey all safety and warning signs at all times.
14. Submitting false or fraudulent information when reporting an injury is a felony.
15. Job safety is the responsibility of each individual employee.

Should You Suffer a Work-Related Injury, You Must Do The Following:

1. If the injury is life threatening, please call 911 or your local emergency phone number.
2. If the injury is non-life threatening, please report the injury to your supervisor. Your supervisor should contact the 24 hour injury hotline at 888-225-4990 to ensure proper authorization.