EMPLOYER NEW HIRE CHECKLIST

NO PAYROLL CAN BE RELEASED TO **ANY EMPLOYEE** UNTIL ALL OF THE FOLLOWING IS COMPLETED AND RETURNED TO UNIFIED SERVICES I, INC:

PLEASE USE THIS FORM TO ENSURE THAT WE RECEIVE ALL PERTINENT INFORMATION. THERE SHOULD BE NO EMPTY SPACES.

- ❑ STEP 1: EMPLOYEE MUST **COMPLETE** APPLICATION (2 PAGES) **FULLY** AND **SIGN**. **EMPLOYER MUST COMPLETE OFFER OF EMPLOYMENT ON PAGE TWO OF APPLICATION.**
- ❑ STEP 2: EMPLOYEE MUST **COMPLETE** CHILD SUPPORT STATEMENT AND **SIGN**.
- ❑ STEP 3: EMPLOYEE MUST **COMPLETE** W-4 FORM (FEDERAL FORM) FULLY AND **SIGN**.
- ❑ STEP 4: EMPLOYEE MUST **COMPLETE** A-4 FORM (AZ STATE WITHHOLDING FORM FULLY AND **SIGN**.
- ❑ STEP 5: EMPLOYEE MUST **COMPLETE** SECTION 1 OF I-9 FORM AND **SIGN**. **EMPLOYER'S RESPONSIBILITY IS TO COMPLETE SECTION 2 OF THE I-9 FORM.**
- ❑ STEP 6: **ATTACH PHOTOCOPY OF EMPLOYEE'S SOCIAL SECURITY CARD.**
- ❑ STEP 7: **ATTACH PHOTOCOPY OF EMPLOYEE'S DRIVERS LICENSE (ID).** *SEE I-9 REQUIREMENTS (ATTACHED).*
- ❑ STEP 8: EMPLOYEE MUST **READ** AND **SIGN** EMPLOYEE HANDBOOK & DRUG POLICY AGREEMENT.
- ❑ STEP 9: EMPLOYEE MUST **COMPLETE, READ** AND **SIGN** LEASED EMPLOYEE AGREEMENT.
- ❑ STEP 10: EMPLOYEE MUST **COMPLETE** THE DIRECT DEPOSIT CONSENT FORM, SO THAT THEIR PAYROLL CAN BE DEPOSITED INTO THEIR ACCOUNT (**COMPLETED FORM MUST BE SENT IN ASAP, IT CAN TAKE UP TO 5 DAYS TO BE APPROVED**).
- ❑ STEP 11: EMPLOYEE MUST COMPLETELY READ AND **SIGN** LEASED EMPLOYEE HANDBOOK ACKNOWLEDGEMENT FORM.

ONCE ALL OF THESE ITEMS HAVE BEEN FILLED OUT **COMPLETELY** AND **RETURNED** TO *UNIFIED SERVICES I, INC.* YOUR EMPLOYEE WILL RECEIVE THEIR FIRST PAYCHECK.

THE STATE **REQUIRES** THAT **ALL NEW EMPLOYEES TO BE REPORTED WITHIN THREE (3) WORKING DAYS OF THEIR HIRE DATE**. THEREFORE TO AVOID ANY PENALTIES, *UNIFIED SERVICES I, INC.* **MUST RECEIVE** THE EMPLOYEE APPLICATION WITHIN THIS TIME FRAME.

Employment Application

Unified Services I, Inc.

Personal Information

Date: _____

_____
Social Security Number

_____ _____
Name (Last, First) Phone Number

_____ _____
Address Email Address

_____ _____ _____
City State Zip

Employment Desired

_____ _____ _____
Position Date you can start Salary Desired

Are you employed? **Y** **N** - If so, may we contact your employer? **Y** **N**
Have you ever applied to this company before? **Y** **N** Where:_____ When:_____

Education

_____ _____ _____ _____
High School Years Attended Graduate? Y N Courses Studied

_____ _____ _____ _____
College Years Attended Graduate? Y N Courses Studied

_____ _____ _____ _____
Trade, Business or Other Schools Years Attended Graduate? Y N Courses Studied

General Information

Subjects of Special Study, Special Training/Skills, etc.

_____
_____
_____
_____

U.S. Military or **Rank** **Type of Discharge**

_____

Former Employers

From Name & Address Position Salary
To

_____

From Name & Address Position Salary
To

_____

Employment Application

Unified Services I, Inc.

References

Name: Address/Phone No. Years Known

1. _____

2. _____

3. _____

Signature: _____ Date: _____

FAIR CREDIT REPORT

In compliance with the Fair Credit Reporting Act you are hereby notified that an investigative consumer report may be made. This would bee personal interviews with neighbors, friends, associates, or other persons. This will concern the character, general reputation, personal characteristics and mode of living. This includes the running Department of Transportation Motor Vehicle Driver report for the past 36 months.

Employee Signature: _____ Date: _____

This includes the running Department of Transportation Motor Vehicle Driver report for the past 36 months.

Employee Signature: _____ Date: _____

TO BE COMPLETED BY EMPLOYER ONLY /OFFER OF EMPLOYMENT

HIRE DATE: _____ **PAY RATE**: _____ **PAY CYCLE**: **WEEKLY/BIWEEKLY**

(CIRCLE ONE)
HOURLY / SALARY /COMMISSION **POSITION**: _____

HOURLY RATE FOR ACCURED SICK PAY IS: _____

_____ _____

EMPLOYER SIGNATURE **(TITLE)** **DATE**

_____

COMPANY NAME

REQUEST FOR WAGE WITHHOLDING INFORMATION

Arizona Revised Statute 23-772.02 requires all employers to ask each new employee if they are subject to child support wage withholding.

THIS STATUTE APPLIES TO ALL NEW HIRES AND ALL EMPLOYEES
WHO ARE REHIRED OR RETURN FROM AN UNPAID LEAVE OF ABSENCE.

This form is provided to assist the employer in requesting the most current wage withholding information from the employee. If the employee is unable to furnish the employer with the most recent copy of his/her wage withholding order, this form can be used to request the correct wage withholding information from the Department of Economic Security (DES). Completed forms should be sent to:

Department of Economic Security
Division of Child Support Enforcement
P. O. Box 40458
Phoenix, AZ 85067

Phone: (602) 252-2468 FAX (602) 248-3127

EMPLOYEE INFORMATION

Please check one:

I am [ ] **I am not [ ]** subject to child support withholding

SIGNATURE_____

NAME_____SSN_____

DATE OF BIRTH_____ADDRESS_____

CITY_____STATE_____ZIP_____

ATLAS CASE#_____COURT #_____

CURRENT CHILD SUPPORT AMOUNT ORDERED_____

ARREARS AMOUNT ORDERED_____SPOUSAL AMOUNT_____

EMPLOYER INFORMATION

BUSINESS NAME_____EIN_____

ADDRESS_____CITY_____STATE_____ZIP____

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

▶ Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
▶ Give Form W-4 to your employer.
▶ Your withholding is subject to review by the IRS.

OMB No. 1545-0074

2021

Step 1: Enter Personal Information

(a) First name and middle initial | Last name | (b) Social security number

Address

City or town, state, and ZIP code

▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to *www.ssa.gov*.

(c) ☐ Single or Married filing separately
☐ Married filing jointly or Qualifying widow(er)
☐ Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at *www.irs.gov/W4App*, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶ ☐

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by $2,000 ▶ $ _____

Multiply the number of other dependents by $500 . . . . ▶ $ _____

Add the amounts above and enter the total here . . . . . 3 $

Step 4 (optional): Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . 4(a) $

(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . 4(b) $

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . 4(c) $

Step 5: Sign Here

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

▶ **Employee's signature** (This form is not valid unless you sign it.) ▶ **Date**

Employers Only

Employer's name and address | First date of employment | Employer identification number (EIN)

General Instructions

Future Developments

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

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 **and** you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2021 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2022.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at *www.irs.gov/W4App* if you:

1. Expect to work only part of the year;

2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;

3. Have self-employment income (see below); or

4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at *www.irs.gov/W4App* to figure the amount to have withheld.

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

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.

CAUTION *Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.*

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2021 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet *(Keep for your records.)*

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than $120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at *www.irs.gov/W4App*.

1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . 1 $

2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . 2a $

b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . 2b $

c Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . 2c $

3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. 3

4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . 4 $

Step 4(b)—Deductions Worksheet *(Keep for your records.)*

1 Enter an estimate of your 2021 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 10% of your income . . . . . 1 $

2 Enter:
- $25,100 if you're married filing jointly or qualifying widow(er)
- $18,800 if you're head of household
- $12,550 if you're single or married filing separately

. . . . . 2 $

3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . 3 $

4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . 4 $

5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . 5 $

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 with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

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

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$0	$190	$850	$890	$1,020	$1,020	$1,020	$1,020	$1,020	$1,100	$1,870	$1,870
$10,000 - 19,999	190	1,190	1,890	2,090	2,220	2,220	2,220	2,220	2,300	3,300	4,070	4,070
$20,000 - 29,999	850	1,890	2,750	2,950	3,080	3,080	3,080	3,160	4,160	5,160	5,930	5,930
$30,000 - 39,999	890	2,090	2,950	3,150	3,280	3,280	3,360	4,360	5,360	6,360	7,130	7,130
$40,000 - 49,999	1,020	2,220	3,080	3,280	3,410	3,490	4,490	5,490	6,490	7,490	8,260	8,260
$50,000 - 59,999	1,020	2,220	3,080	3,280	3,490	4,490	5,490	6,490	7,490	8,490	9,260	9,260
$60,000 - 69,999	1,020	2,220	3,080	3,360	4,490	5,490	6,490	7,490	8,490	9,490	10,260	10,260
$70,000 - 79,999	1,020	2,220	3,160	4,360	5,490	6,490	7,490	8,490	9,490	10,490	11,260	11,260
$80,000 - 99,999	1,020	3,150	5,010	6,210	7,340	8,340	9,340	10,340	11,340	12,340	13,260	13,460
$100,000 - 149,999	1,870	4,070	5,930	7,130	8,260	9,320	10,520	11,720	12,920	14,120	15,090	15,290
$150,000 - 239,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,230	16,190	16,400
$240,000 - 259,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,270	17,040	18,040
$260,000 - 279,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,870	14,870	16,870	18,640	19,640
$280,000 - 299,999	2,040	4,440	6,500	7,900	9,230	10,470	12,470	14,470	16,470	18,470	20,240	21,240
$300,000 - 319,999	2,040	4,440	6,500	7,940	10,070	12,070	14,070	16,070	18,070	20,070	21,840	22,840
$320,000 - 364,999	2,720	5,920	8,780	10,980	13,110	15,110	17,110	19,110	21,190	23,490	25,560	26,860
$365,000 - 524,999	2,970	6,470	9,630	12,130	14,560	16,860	19,160	21,460	23,760	26,060	28,130	29,430
$525,000 and over	3,140	6,840	10,200	12,900	15,530	18,030	20,530	23,030	25,530	28,030	30,300	31,800

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$440	$940	$1,020	$1,020	$1,410	$1,870	$1,870	$1,870	$1,870	$2,030	$2,040	$2,040
$10,000 - 19,999	940	1,540	1,620	2,020	3,020	3,470	3,470	3,470	3,640	3,840	3,840	3,840
$20,000 - 29,999	1,020	1,620	2,100	3,100	4,100	4,550	4,550	4,720	4,920	5,120	5,120	5,120
$30,000 - 39,999	1,020	2,020	3,100	4,100	5,100	5,550	5,720	5,920	6,120	6,320	6,320	6,320
$40,000 - 59,999	1,870	3,470	4,550	5,550	6,690	7,340	7,540	7,740	7,940	8,140	8,150	8,150
$60,000 - 79,999	1,870	3,470	4,690	5,890	7,090	7,740	7,940	8,140	8,340	8,540	9,190	9,990
$80,000 - 99,999	2,000	3,810	5,090	6,290	7,490	8,140	8,340	8,540	9,390	10,390	11,190	11,990
$100,000 - 124,999	2,040	3,840	5,120	6,320	7,520	8,360	9,360	10,360	11,360	12,360	13,410	14,510
$125,000 - 149,999	2,040	3,840	5,120	6,910	8,910	10,360	11,360	12,450	13,750	15,050	16,160	17,260
$150,000 - 174,999	2,220	4,830	6,910	8,910	10,910	12,600	13,900	15,200	16,500	17,800	18,910	20,010
$175,000 - 199,999	2,720	5,320	7,490	9,790	12,090	13,850	15,150	16,450	17,750	19,050	20,150	21,250
$200,000 - 249,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
$250,000 - 399,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
$400,000 - 449,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,910	21,220	22,520
$450,000 and over	3,140	6,250	8,830	11,330	13,830	15,790	17,290	18,790	20,290	21,790	23,100	24,400

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$0	$820	$930	$1,020	$1,020	$1,020	$1,420	$1,870	$1,870	$1,910	$2,040	$2,040
$10,000 - 19,999	820	1,900	2,130	2,220	2,220	2,620	3,620	4,070	4,110	4,310	4,440	4,440
$20,000 - 29,999	930	2,130	2,360	2,450	2,850	3,850	4,850	5,340	5,540	5,740	5,870	5,870
$30,000 - 39,999	1,020	2,220	2,450	2,940	3,940	4,940	5,980	6,630	6,830	7,030	7,160	7,160
$40,000 - 59,999	1,020	2,470	3,700	4,790	5,800	7,000	8,200	8,850	9,050	9,250	9,380	9,380
$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,850	11,050	11,250	11,520	12,320
$80,000 - 99,999	1,880	4,280	5,710	7,000	8,200	9,400	10,600	11,250	11,590	12,590	13,520	14,320
$100,000 - 124,999	2,040	4,440	5,870	7,160	8,360	9,560	11,240	12,690	13,690	14,690	15,670	16,770
$125,000 - 149,999	2,040	4,440	5,870	7,240	9,240	11,240	13,240	14,690	15,890	17,190	18,420	19,520
$150,000 - 174,999	2,040	4,920	7,150	9,240	11,240	13,290	15,590	17,340	18,640	19,940	21,170	22,270
$175,000 - 199,999	2,720	5,920	8,150	10,440	12,740	15,040	17,340	19,090	20,390	21,690	22,920	24,020
$200,000 - 249,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
$250,000 - 349,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
$350,000 - 449,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,900	25,200
$450,000 and over	3,140	6,840	9,570	12,160	14,660	17,160	19,660	21,610	23,110	24,610	26,050	27,350

Arizona Form **A-4** **Employee's Arizona Withholding Election** **2021**

Type or print your Full Name		Your Social Security Number
Home Address – number and street or rural route		
City or Town	State	ZIP Code

Choose either box 1 or box 2:

☐ 1 Withhold from gross taxable wages at the percentage checked **(check only one percentage):**

☐ 0.8% ☐ 1.3% ☐ 1.8% ☐ 2.7% ☐ 3.6% ☐ 4.2% ☐ 5.1%

☐ Check this box and enter an extra amount to be withheld from each paycheck..... $

☐ 2 I elect an Arizona withholding percentage of zero, and I certify that I expect to have no Arizona tax liability for the current taxable year.

I certify that I have made the election marked above.

SIGNATURE DATE

Employee's Instructions

Arizona law requires your employer to withhold Arizona income tax from your wages for work done in Arizona. The amount withheld is applied to your Arizona income tax due when you file your tax return. The amount withheld is a percentage of your gross taxable wages from every paycheck. You may also have your employer withhold an extra amount from each paycheck. Complete this form to select a percentage and any extra amount to be withheld from each paycheck.

What are my "Gross Taxable Wages"?

For withholding purposes, your "gross taxable wages" are the wages that will generally be in box 1 of your federal Form W-2. It is your gross wages less any pretax deductions, such as your share of health insurance premiums.

New Employees

Complete this form within the first five days of your employment to select an Arizona withholding percentage. You may also have your employer withhold an extra amount from each paycheck. If you do not give this form to your employer the department requires your employer to withhold 2.7% of your gross taxable wages.

Current Employees

If you want to change your current amount withheld, you must file this form to change the Arizona withholding percentage or to change the extra amount withheld.

What Should I do With Form A-4?

Give your completed Form A-4 to your employer.

Electing a Withholding Percentage of Zero

You may elect an Arizona withholding percentage of zero if you expect to have no Arizona income tax liability for the current year. Arizona tax liability is gross tax liability less any tax credits, such as the family tax credit, school tax credits, or credits for taxes paid to other states. If you make this election, your employer will not withhold Arizona income tax from your wages for payroll periods beginning after the date you file the form. To keep this election for the next calendar year, you must give your employer an updated Form A-4. If you do not, your employer may withhold Arizona income tax from your wages and salary until you submit an updated Form A-4.

Zero withholding does not relieve you from paying Arizona income taxes that might be due at the time you file your Arizona income tax return. If you have an Arizona tax liability when you file your return or if at any time during the current year conditions change so that you expect to have a tax liability, you should promptly file a new Form A-4 and choose a withholding percentage that applies to you.

Voluntary Withholding Election by Certain Nonresident Employees

Compensation earned by nonresidents while physically working in Arizona for temporary periods is subject to Arizona income tax. However, under Arizona law, compensation paid to certain nonresident employees is not subject to Arizona income tax withholding. These nonresident employees need to review their situations and determine if they should elect to have Arizona income taxes withheld from their Arizona source compensation. Nonresident employees may request that their employer withhold Arizona income taxes by completing this form to elect Arizona income tax withholding.

Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

▶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):

☐ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States *(See instructions)*

☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____

☐ 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. *(See instructions)*

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.

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)*

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

STOP *Employer Completes Next Page* STOP

Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

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

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				
Issuing Authority				
Document Number				
Expiration Date *(if any) (mm/dd/yyyy)*				
Document Title				
Issuing Authority				
Document Number				
Expiration Date *(if any) (mm/dd/yyyy)*				

Additional Information

QR Code - Sections 2 & 3
Do Not Write In This Space

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)*

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

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. 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. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
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		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		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		

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

Refer to the instructions for more information about acceptable receipts.

Unified Services, Inc.

Employee Drug Policy Agreement

I understand that Unified Services Inc., is my employer and responsible for providing me with worker's compensation coverage, unemployment insurance, and overtime pay as provided by law.

I also understand that if I incur an injury while on a job assignment for Unified Services Inc., that I must contact Unified Services, Inc., representative immediately and report the accident. I also understand that failure to report an accident or on-the-job injury immediately will jeopardize my claim. I have been provided a listing of approved medical facilities for treatment of on-the-job injuries. I know that any unauthorized treatment will not be covered by worker's compensation insurance. In an emergency, I know to proceed to the nearest emergency facility and contact Unified Services, Inc., immediately. I understand that I may be drug screened at the time of treatment.

I also have received Safety Orientation and have read all safety materials provided to me. I understand that I am responsible for having knowledge of these policies and knowledge of these policies and procedures of all client companies where I perform work. I understand that any breach rules of these policies.

_____ _____

Print Full Name Social Security Number

_____ _____

Signature Date

I have read and understand Unified Services, Inc., Alcohol and Drug-Free Workplace Policy. I do hereby freely and voluntarily agree to submit an oral sample screening as a condition of my employment. I agree to release these test results to the company with the understanding that the results may be used to make a decision affecting my employment status. I understand that either the failure to qualify according to the minimum standards established by the company or my refusal to submit to drug testing procedure may disqualify me from further employment.

Further, I understand that after commencement of employment with the company, I may be required to submit to a drug test procedure. I agree that I will submit to a requested substance screening and understand that my failure to comply with such request, or a positive result failing to meet the minimum standards, may result in immediate suspension or termination of employment.

I have read and understand the above statement and conditions of employment.

_____ _____

Print Full Name Social Security Number

_____ _____

Signature Date

Unified Services I, Inc.
LEASED EMPLOYEE AGREEMENT

This Agreement is entered into between Unified Services I, Inc. hereinafter referred to as **"Lessor"** and _____ hereinafter referred to as
(Company Name)
"Lessee" and the undersigned employee hereinafter referred to as **"Leased Employee."**

Whereas, the Leased Employee desires employment and Lessee desires to utilize the services of the Leased Employee. The Lessor agrees to hire Leased Employee for utilization by the Lessee.

Whereas, if the Leased Employee is currently employed by the Lessee, the Leased Employee shall retain their original hire date, accumulated sick leave (if any), accumulated vacation (if any), current pay rate and job title.

Whereas, if the Leased Employee is a new hire, the Leased Employee shall be subject to One Hundred and Eighty (180) days probation period. Which at any time during this probation period the Leased Employee may be terminated without cause.

Whereas, it is agreed, that the Leased Employee shall be paid within five (5) days from the end of each pay period and the Lessee is the responsible party for such payment. And therefore, gives permission to the Lessor to charge back any payment to the Leased Employee which has not been reimbursed to the Lessor by the Lessee as subscribed in the Lease Agreement.

Whereas, it is agreed that the Lessee shall have the sole responsibility to provide or have provided a supervisor(s) to see that the Leased Employee carries out all of the duties and responsibilities assigned to the Leased Employee.

Whereas, the undersigned Leased Employee, agrees to be leased to the Lessee as a Leased Employee by the Lessor.

Furthermore, I understand that, I, after commencement of employment with the Lessor, may be **required to submit to a drug and alcohol test procedure**. I agree that I will submit to a requested substance screening and understand that my failure to comply with such request, or a positive result failing to meet the minimum standards, may result in immediate suspension or termination of employment.

Furthermore, I understand that failure to report an accident or on-the-job injury immediately will jeopardize my claim. In an emergency, I know to seek emergency help immediately.

In Witness Thereof the parties have executed this agreement.

Signature of Leased Employee	Social Security Number	Date Signed
Signature of Lessee (Employer)	Title	Date Signed

Direct Debit (Deposit) Consent Form

Unified Services I, Inc.

PO Box 1400, Surprise, AZ 85378-1400
12701 West Elm Street
Surprise, Arizona 85378
(623) 583-0113
Fax (623) 583-4451

I give my consent to Unified Services I, Inc. to debit (directly deposit) my account for the indicated payroll basis, Weekly [_] or Bi-Weekly [_], for payroll purposes. The date I would like direct debit (deposit) to proceed is for payroll-period ending _____.

Depository Bank Name: _____

Checking Account [_] Savings Account [_]

Routing Number: _____

Account Number: _____

This authority is to remain in full force and effect until Unified Services I, Inc. has received written notification from me of its termination in such time and in such manner as to afford Unified Services I, Inc., and depository, a reasonable opportunity to act on such notification.

Employee Name: _____ Social Security No.___-___-_____

Employee Signature: _____ Date:_____

STAPLE VOIDED CHECK HERE

ACKNOWLEDGMENT

I acknowledge receipt of a copy of the Unified Services I, Inc. Company Employee Handbook and Procedure Manual. I agree to read and keep the manual for future reference and observe all present and future policies and rules set forth in this manual.

I understand this Employee Handbook and Procedure manual is a guide for the policies and rules in my employee relationship. I acknowledge and understand the manual is not a contract of employment and I do not construe it as such.

I understand my employment is terminable at the will by either the company or me. The company reserves the right to make changes in content and/or application, as it deems appropriate and these changes may be implemented even if they have not been communicated reprinted or substituted in this manual. The policies, practices, benefits and procedures contained in the manual are not conditions for employment.

I understand and acknowledge that the disciplinary rules appearing in the manual have been prepared as guidelines and are not intended to be all-inclusive.

I understand and acknowledge that the company may revise the policies, rules, and /or procedures in the manual in whole or in part, at the sole discretion of the company.

I acknowledge this manual and its contents are the exclusive property of the company and I will surrender same back upon termination of employment by the company. Its distribution and /or use by anyone are strictly forbidden except by written permission of the company. This manual is provided for general information purposes only.

I acknowledge the receipt of the "New Health Insurance Marketplace Coverage Options and Your Health Coverage." (Form #: 1210-0149)

**** Please sign, date and return this page to Unified Services I, Inc.**

Fax: 623-583-4451 and/or Email: payroll@azatwork.com

Employee Name (Print): _____

Employee Signature: _____

Company Name: _____

Date Read & Signed: _____

Leased Employee Handbook and Procedure Manual

Acknowledgement attached please sign and return to:
Unified Services I, Inc. Fax: 623-583-4451 / Email: payroll@azatwork.com

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Revised 10/01/2019

LEASED EMPLOYEE HANDBOOK

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LEASED EMPLOYEE HANDBOOK AND PROCEDURE MANUAL

LEASED EMPLOYEE

Employees have entered into a Lease Employee Agreement. This agreement is between Unified Services I, Inc. hereafter referred to as Lessor and your hiring company hereafter referred to as Lessee.

ABSENTEEISM

It is essential for the success of the Lessee Company and for the security of everyone's job that the company is able to adequately service its customers or clients. To accomplish this objective, regular and prompt attendance at work is required of all employees.

If a Leased Employee finds it necessary to be absent, that person must notify his or her manager at once. The employee should attempt to reach his/her manager at least one hour prior to report time.

EXCUSED ABSENCE

An absence may be recorded as "excused" for substantiated reasons such as personal or family illness, jury duty, or other approved reason. Such absences will be recorded as excused if an employee asks his or her manager for the necessary time off in advance (and obtain approval or if they call in to report unexpected absences at least one hour prior to report time.

UNEXCUSED ABSENCE

An employee's failure to request advance approval or to report his or her absence in the manner described above will result in the absence being recorded as unexcused.

Termination for Unexcused Absence:

An employee who fails to call in his/her absences and does not report to his/her assigned job site will be considered to have voluntarily terminated employment with the company.

Frequent Absence Documentation:

If a leased employee's attendance record indicates frequent absence, he or she will be required to document reasons for subsequent absences, at the request of manager/supervisor/lessee, so that the absences can be recorded as excused. The following chart shows the discipline that will be administered for unexcused absences:

First Unexcused Absence	Written warning
Second Unexcused Absence	3-day suspension
Third Unexcused Absence	Discharge

LATENESS

Repeated tardiness will also subject an employee to discipline, including suspension and discharge. See **Tardiness (pg. 8).**

ALCOHOL AND DRUG POLICY

ALCOHOL AND DRUG POLICY

Substance abuse has an adverse impact on an employees' work, personal and family lives, as well as on the ability of both the Lessor and the Lessee to fulfill its mission to provide the highest quality services to its clients. It can cause poor performance, decrease productivity, and create safety hazards. Consequently, both the Lessor and the Lessee are committed to establishing and maintaining an alcohol and drug-free workplace.

Illegal Drugs:

The use, distribution, sales, offering for sale, possession, purchase, manufacture, or trading of illegal drugs on premises, or in any other work-related environment is strictly prohibited. Such action by the Leased Employee shall require the Lessor and/or the Lessee to immediately terminate the Leased Employee.

Alcohol:

Leased Employees are NOT permitted to consume any alcohol, while on either Lessor or Lessee premises, client's premises, or while conducting Lessor or Lessee business. Such action by the Leased Employee shall require the Lessor and/or the Lessee to immediately terminate the Leased Employee.

Prescription and OTC Drugs:

Leased Employees are prohibited from the misuse or abuse of prescription and over-the-counter ("OTC") drugs. Leased Employees who are using prescribed or OTC drugs for existing medical conditions must inform their manager/supervisor/owner of such health treatment to discuss the necessity of temporary alteration of job duties or assignment if the drugs (1) may have possible side effects, which may affect job performance, or (2) alter a leased employee's physical or mental abilities.

Policy Violations:

Leased Employees who violate this policy are subject to disciplinary action, up to and including termination.

CHANGE OF EMPLOYEE STATUS

The Lessor and/or Lessee will maintain a personnel record for each employee, as required by law and deemed essential for efficient operations. Leased Employees are to promptly report changes, in any of the following to their manager/supervisor/owner and a Lessor representative:

Report Changes of: Name, Address, Dependents, Marital Status, Emergency Contact, Telephone, Message Phone, Work Status

COURTESY

Leased Employees must not behave in a manner that willfully obstructs or hinders another employee from completing his or her assigned duties. Employees should conduct themselves so that the safety of both themselves and their fellow workers is preserved. Personal problems between employees should be discussed with your manager/supervisor/owner and/or Lessor or Lessee representative if a serious matter; personal differences should not interfere with work performance and office relations.

Discipline and Warning System

Any leased employee conducts that, in the opinion of the Lessor and/or Lessee personally interferes with or adversely affects either the Lessor and/or Lessee business is sufficient grounds for disciplinary action. This action can range from oral warnings to immediate discharge. Depending on the conduct, it is our general policy to take disciplinary steps in the following order:

Verbal warning
Written warning
Suspension, and/or
Termination

To decide on the appropriate action, we may consider: the seriousness of your conduct, your employment record, your ability to correct the conduct, actions we have taken for similar conduct by other employees, how your action affects customers and other circumstances.

Some conduct may result in immediate dismissal.

Here are examples:

Theft of company property
Excessive tardiness or absenteeism
Arguing or fighting with customers and/or co-workers
Use of profanity of **ANYTYPE** while on duty
Using or possessing alcohol or and/or illegal drugs at work or while on duty
Coming to work under the influence of alcohol or illegal drugs
Failing to carry out reasonable job assignments
Using unsafe methods to perform one's job assignment
Speeding and/or unsafe operation of any vehicle while driving on duty
Making false statements in a job application
Violating company rules and regulations, and
Unlawful discrimination or harassment

These are only examples.

You may terminate your employment at any time; the company reserves the same right.

MULTIPLE INFRACTIONS

Some employees may have more than one performance problem at a time. It is not necessary to handle each situation as though it was a single unrelated incident. Repeated infractions of different policies often point out an inability or deliberate refusal to follow policy.

DRESS CODE

It is important that our leased employees regard and present themselves as professionals, and dressing as such is an important element. Dress codes as established by lease Lessee at each Lessee worksite, shall be adhered to at all time.

FALSIFICATION OF RECORDS

Questions asked on the Lessor and/or Lessee job application are designated to elicit job-related information that the Lessor and/or Lessee needs to determine an applicant's qualifications. The person accepting an application is to verify that it is signed and that all necessary information has been provided. Falsifying a job application will be grounds for disciplinary action, up to and including dismissal.

FIGHTING

Fighting cannot and will not be tolerated on the job. It will be considered immediate grounds for dismissal. Fighting included any verbal expression's, of threats and/or the use of force by way of intimidation.

GAMBLING

The company takes a position that gambling among its employees can lead to bad morale, hard feelings, and financial hardship. Therefore, gambling is prohibited at the work place. Gambling includes card playing, dice, lotteries, ball boards, betting on horse races, or any other kind of wagering shall not be tolerated.

GRIEVANCES

A grievance is an expression of dissatisfaction relating to wages, hours of work, the administration of personnel policies, perceived unfair or inequitable treatment or discipline, or other conditions of employment. It is the company's policy to ensure that employees receive fair and equitable treatment. The company provides its employees with an easily accessible procedure for expressing dissatisfaction; it also fosters sound employee-supervisor relations through communication and ultimate reconciliation of work-related problems. The employee grievance procedure described herein has been established as a primary means of meeting these policy objectives.

Managers are responsible for making certain that employees under their jurisdictions understand the grievance procedure and those employees feel free to use the procedure without fear of criticism or action being taken against them affecting job security, wage progression, or opportunity for job advancement. The grievance procedure is open to all employees. The primary procedure is to place any and all concerns in writing and presenting same to your Supervisor, while retaining a copy for yourself.

Harassment, PROHIBITION of Policy

It is the policy of Unified Services I, Inc., that all employment relationships shall be conducted in an environment that is not hostile or offensive. Harassment based on an individual's age, race, creed, color, religion,

national origin, sex, sexual orientation, disability, or marital status, or any other basis prohibited by applicable local, state, or federal law will not be tolerated at any location. Harassment includes, but is not limited to:

Verbal harassment:

Such as making a joke or comment that refers to certain ethnic group, race, sex, nationality, age, disability, sexual preference, religion or belief, epithets, derogatory comments, vulgar or profane words and expressions, or slurs:

Physical harassment:

Such as assault and blocking, impairing or otherwise physically interfering with an individual's normal work or movement:

Visual forms of harassment:

Such as derogatory posters, cartoons or drawings; or

Sexual harassment:

Such as: unwelcome sexual advances, or requests for sexual favors; verbal, visual or physical conduct of a sexual nature, such as name calling, obscene jokes, sexually suggestive comments or insulting sounds; graphic or verbal comments of a sexual nature about a person's anatomy; or displaying at work sexually suggestive objects, posters, drawings or pictures.

If you believe that you have been subject to harassment by a supervisor, management official, fellow employee, customer, client, vendor or any other person in connection with your employment, you should immediately bring the matter in writing to the attention of your manager, or Unified Services I, Inc. representative. Documentation will help in preserving the evident of such harassment.

All complaints of harassment will be investigated promptly and, where necessary, corrective action will be taken. Any investigations of such complaints will be treated as confidentially as possible. No employee will be punished or suffer any adverse employment action as a result of bringing any good faith harassment complaint to Unified Services I, Inc.'s attention.

SAFETY

All employees are expected to be safety conscious and to assist the company in finding conditions on the premises that might cause an accident. Unsafe conditions or injuries received while at work, even if very slight, are to be reported to your manager and the appropriate supervisor of your job assignment. ***See Injuries on the Job.***

INJURIES ON THE JOB

Regardless of the nature or severity, all injuries sustained on the job must be reported to the immediate supervisor and your manager at once - during the same shift in which the injury occurred. The company insures employees against accidental injuries under the state workers' compensation act.

In a case of serious injury, he or she needs to report immediately to the emergency room of the nearest hospital. Any employee who fails to report an injury during the shift in which the injury occurred will be subject to disciplinary action. All employees who incur an on-the-job injury will be asked to submit to an immediate

alcohol/drug screening; a positive test result can jeopardize a workers compensation claim and can be grounds for immediate dismissal.

Tardiness

Nearly everyone oversleeps on occasion, and most employers will excuse an occasional late arrival. What the company cannot overlook is the employee who is chronically late and causes other staff to cover the employee's responsibilities. A record of an employee's habitual tardiness, and of an employer's attempt to correct the problem, can usually justify discharge as the final result of a progressive discipline program.

Employees are expected to be on time. Continued lateness will not be tolerated and may result in an employee's dismissal. Employees who are going to be unavoidably detained are expected to call the company and let their supervisors know as quickly as possible.

Unless otherwise instructed, leased employees must fill in their own time sheets stating report time and end time daily. Anyone attempting to sign a time sheet, other than his/her own will be dismissed.

Anyone found cheating on his or her time sheet may be subject to immediate dismissal.

PAY PROCEDURES

The company has adopted the following policies concerning wages and salaries:

TIME SHEETS

All hourly employees must maintain a timesheet. An employee is required to record the actual hour he or she starts and leaves work daily. He or she also must record time taken for lunch breaks. If an employee is sick, he or she must telephone his or her supervisor.

All timesheets must be, signed by authorized personnel verifying that all time listed is true and due to be paid. Your authorized personnel who you must get to sign your pay sheet will be disclosed to you at the beginning of each new work assignment.

By law, the company is required to honor legal garnishments of employees' wages or salaries. The payroll department will give an employee written notification of a garnishment received by the company and will send a copy to the employee's department head. Repeated garnishments from creditors could be cause for suspension and/or dismissal.

UNCLAIMED PAYCHECKS

Paychecks that employees do not claim within a one-week period of the date issued must be returned to the payroll department.

LOST PAYCHECKS

Employees should report lost or otherwise missing payroll checks to the payroll department immediately so that a stop payment order may be initiated. The payroll department will determine when and if a new check should

be issued to replace a lost or missing check. There may be a stop payment fee deducted from the employees replacement check.

FINAL PAYCHECK

The final paycheck for a **voluntarily resigning employee** will generally be made available on the ***regular payday*** following his or her last date worked. In unusual circumstances, a department head may arrange for earlier payment.

The final paycheck for a **terminated employee** will be cut on the day that employee is terminated or as soon as his/her last approved timesheet is turned in to Unified Services I, Inc.

Statement of Safety Policy

The goal of Unified Services I, Inc., is to offer our leased employees and clients the best employment solutions. To do that, we must provide and ensure the highest level of safety, quality, and service. Our methods must exemplify the best service to our clients and leased employees.

We believe that all accidents can be prevented. We believe that safety is not separate from the job; it is how we do our job.

Accidents are a waste of human potential and a source of pain and economic hardship for the injured worker and his/her family. Accidents also lower the quality of the service we provide to our clients. Accidents disrupt business and increase costs.

In the personnel industry, it is essential that we work together with our clients and leased employees to build and maintain a safe and healthy work environment. We do not have economic control of our clients' (Lessee) facilities, so it is important that we have a consultative relationship with our clients to assist in maintaining a safe working environment. Furthermore, by having a safety partnership with our clients, we will aid in maintaining an active and effective accident/loss control program together.

It is Unified Services I, Inc.'s policy to only provide services to clients who express a willingness to provide a safe working environment for our employees. It is also Unified Services I, Inc.'s policy to only employ individuals who are safety conscious, follow all safety policies, and exhibit safe and responsible work habits. Unified Services I, Inc. will not provide employees to work for companies who are involved with high-risk industries, have a high accident rate, or who exhibit a disregard for the safety and well-being of all employees.

"Safety, Quality and Service"

Unified services I, Inc., CONTACT NUMBERS:

You may reach your Unified Services I, Inc., representative at the following numbers:

Phone: (623) 583-0113

Fax: (623) 583-4451

Email: payroll@azatwork.com

THE FAIR WAGES AND HEALTHY FAMILIES ACT

Beginning July 1, 2017, employees are entitled to paid earned sick time. The Fair Wages and Healthy Families Act (the "Act") does not apply to any person who is employed by a parent or a sibling; any person who is employed performing babysitting services in the employer's home on a casual basis; or any person employed by the State of Arizona or the United States government.

An hourly employee starts accumulating sick earned time on the first pay check. However said employee will not be able to use the earned sick pay until 90 days of continuous employment.

ACT provides that earned paid sick time shall be "compensated at the same hourly rate.. As the employee normally earns during hours worked" (but no less than minimum wage).

For additional information regarding the Act, you may refer to the Industrial Commission's website at www.azica.gov or contact the Industrial Commission's Labor Department:
800 W. Washington, Phoenix, Arizona 85007-2022; (602) 542-4515.

Earned paid sick time may be used for the following purposes: (1) medical care or mental or physical illness, injury, or health condition; or (2) a public health emergency; and (3) absence due to domestic violence, sexual violence, abuse, or stalking. Employees may use earned paid sick time for themselves or for family members. See Arizona Revised Statutes § 23-373 for more information.

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.

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.