

EMPLOYMENT AGREEMENT

Company: **PREMIER HR**

Name:

Middle:

Last:

Address:

City:

State:

Zip Code:

Social Security Number:

Date of Birth:

Phone Number:

Secondary Number:

Military Veteran:

YES NO

Desired Position:

Date You Can Start:

Salary Desired:

IN CASE OF EMERGENCY, PLEASE NOTIFY-

Contact Name:

Contact Relationship:

Contact Phone Number:

Notes:

Employee Initials Here: _____

PREMIER HR
2250 S. ATLANTIC BLVD.
COMMERCE, CA 90040

EMPLOYMENT AGREEMENT

Welcome to PREMIER HR (herein after "PREMIER HR"). The company for which you perform services uses PREMIER HR to issue your paychecks, process your year-end W-2's and to offer a variety of employee benefits for your consideration. Under this agreement, you will be considered an employee of PREMIER HR. All information contained in this employment agreement is important to your employment with PREMIER HR. All blanks must be completed and you must sign the agreement, including the I-9 and W-4. A copy of your Social Security card is requested for employment tax purposes.

AT-WILL EMPLOYMENT

Employee's employment and compensation can be terminated at any time, with or without cause or notice, at the option of Employee or PREMIER HR. No agreements contrary to this at-will arrangement are valid unless they are in writing and signed by the President of PREMIER HR. No supervisor or representative of Client Company or PREMIER HR have the authority to make implied or express agreements contrary to the foregoing. Termination of this Agreement may not necessarily terminate employment with Client Company.

CLIENT COMPANY PAID LEAVE POLICIES AND OTHER BENEFITS

In the case that Client Company maintains policies providing paid leave benefits such as vacation, sick leave, PTO or severance pay, Client Company is solely responsible for paying any accrued benefits under such policies during employment and at the time of termination. PREMIER HR does not provide and has no policy providing vacation or other paid leave benefits. To the extent paid leave benefits are paid through PREMIER HR's payroll to Employee, it is solely as a payroll service on behalf of Client Company. Similarly, to the extent Client Company provides other benefits pursuant to policies to which PREMIER HR is not a party, such as stock options, bonuses, profit sharing, retirement benefits and so forth, Client Company is solely responsible for providing the benefits prescribed by those policies.

ASSIGNMENT

If Client Company files any form of bankruptcy, Employee will and hereby transfers to PREMIER HR all of his/her rights as an employee for the purposes of payment of wages and applicable payroll taxes. For this right, PREMIER HR will compensate Employee an additional five percent (5%) premium, on those amounts PREMIER HR receives from client as a result of the assignment of Employee's rights.

POLICIES AND BENEFITS

Employee agrees to abide by the policies of PREMIER HR including but not limited to policies contained in any applicable Employee Handbook. Employee understands that eligibility and coverage for PREMIER HR benefits is controlled by the terms and conditions of the applicable Plan Documents.

REPORTING DISCRIMINATION AND HARASSMENT

PREMIER HR does not tolerate unlawful harassment or discrimination against any employee. If at any time Employee is subjected to or witness unlawful harassment or discrimination, including but not limited to harassment or discrimination based on race, sex, sexual orientation, pregnancy, age, religion, citizenship, color, veteran status, military status, unfavorable discharge from military service, prohibited retaliation, national origin, ancestry, mental or physical handicap, disability or marital status. Employee will immediately contact PREMIER HR's Human Resources department by phone (323) 488-0160 in order to obtain assistance.

ARBITRATION

PREMIER HR promotes a voluntary system of alternative dispute resolution that utilizes binding arbitration to resolve all disputes that may arise out of the employment context.

Employee Initials Here: _____

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MEDICAL AUTHORIZATION

I hereby authorize the release of any and all medical, hospital, vocational and psychological records and other information related to my injury, illness or worker's compensation claim (hereinafter collectively referred to as "Medical Information") to PREMIER HR, its employees, agents and authorized representatives. I hereby permit PREMIER HR to review and obtain copies of any and all Medical Information and to discuss pertinent Medical Information with professionals involved in my health care treatment. I hereby give PREMIER HR permission to release the Medical Information to healthcare providers, third party administrators, federal or state court, Workers Compensation Boards, employers, insurers and any other party who may be involved with my claim, treatment or vocational rehabilitation or as required by law. Further, pursuant to Title 42 Section 1395y, carriers are required to share claimants' Medical Information to enable the Centers for Medicare & Medicaid Services, formerly known as Healthcare Financing Administration (CMS) to determine eligibility for benefits. I hereby give PREMIER HR workforce permission to discuss, disclose and release any Medical Information with or to CMS in connection with my claim. I hereby release PREMIER HR staffing from any liability or loss due to the release of any Medical Information. I understand that all information released will be handled confidentially and in accordance with all applicable laws. I also understand that this authorization shall stay in effect until the closure of the claim file. I certify that this authorization has been made voluntarily and that the information given herein is accurate to the best of my knowledge. A photocopy of this authorization shall have the same validity as the original.

ACCIDENT/INJURY GUIDELINES & PROCEDURES

1. All injuries must first be reported to your immediate supervisor, who will then report the incident to PREMIER HR Workers Compensation Department before authorization will be given for medical treatment. Exception: Emergency situations or if the injury occurs after hours and/or on the weekend.
2. A drug screen is required within 24 hours for all injuries. In accordance with state law, a positive result relieves PREMIER HR and its insurers from any responsibility for any medical expenses incurred in connection with your injury. Refusal to submit to a drug test will result in the same consequences as a positive drug test result. If an employee tests positive on a post-accident drug test they will be discharged for violation of the company substance abuse policy and workers compensation benefits and/or medical bills incurred by the employee will be denied.
3. The employee is required to inform the doctor or medical facility that light duty work is available. The employee will be required to work light duty per the doctor's instructions.
4. Employees are required to forward all medical information associated with the work-place injury/illness (doctor's work status report, medical records, etc.) within 24 hours of receipt.
5. Employees are required to complete an Employee Accident/Injury Report within 24 hours of the injury/illness.

MPN (Medical Provider Network) CONFIRMATION

I have received the MPN (Medical Provider Network) I acknowledge that my employer has posted the provider listings for the MPN. I acknowledge that if I do not complete the enrollment forms and return it to my employer within 30 days, my employer will enroll me in the MPN. I acknowledge that this letter pertains to workers compensation only. This is not a health plan. This applies only to work related injuries or work related illnesses.

SUBSTANCE ABUSE POLICY

Any employee on duty or on company property who possesses, sells, receives or is determined to have measurable levels of any illegal drug or sufficient alcohol to impair performance in their blood or urine will be subject to immediate discharge and in appropriate situations, referred to law enforcement authorities. See your Employee Handbook regarding procedures applicable to prescriptive medications. Periodically, unannounced inspections will be made of persons entering or leaving company work-sites by authorized company representatives. Entry onto company property is deemed to be consent to an inspection of a person, locker, vehicle or any other personal effects. PREMIER HR also reserves the right to require employee testing for illegal or controlled drugs or alcohol based on reasonable suspicion and in the other circumstances described in the Employee Handbook.

DEDUCTIONS

By initialing this page below and signing this employment agreement form I authorize deductions when applicable to be made out of my paycheck for tools, uniforms, health insurance, errors in payroll, garnishments, overpayments, bank fees for stop payment of a lost or damaged check and any other work related deductions. I agree that if I should leave or be discharged from employment at (the above client company of PREMIER HR) before the full amount is paid, any earnings over minimum wage will be applied to my deduction loan. The amount deducted from my last paycheck may be greater than the amount shown for each paycheck in accordance with the applicable labor law.

Employee Initials Here: _____

**PREMIER HR
2250 S. ATLANTIC BLVD.
COMMERCE, CA 90040**

PAID SICK LEAVE

- a. Paid sick leave accrues and may be requested and used up to 3 days or 24 hours per year;
- b. Employee may not be terminated or retaliated against for using or requesting the use of accrued and paid sick leave; and
- c. Has the right to file a complaint against an employer who retaliates or discriminates against an employee for:
 - 1. requesting or using accrued sick days;
 - 2. attempting to exercise the right to use accrued paid sick days;
 - 3. filing a complaint or alleging a violation of Article 1.5 section 245 et seq. of the California Labor Code;
 - 4. cooperating in an investigation or prosecution of an alleged violation of this Article or opposing any policy or practice or act that is prohibited by Article 1.5 section 245 et seq. of the California Labor Code

The following applies to the employee identified on this **(check one box)**:

- 1. Accrued paid sick leave only pursuant to the minimum requirements stated in Labor Code 245 et seq, with no other employer policy providing additional or different terms for accrual and use of paid sick leave.
- 2. Accrued paid sick leave pursuant to the employer's policy which satisfies or exceeds the accrual, carryover, and use requirements of labor code 246.
- 3. Employer provides no less than 24 hours (or 3 days) of paid sick leave at the beginning of each 12-month period.
- 4. The employee is exempt from paid sick leave protection by Labor Code 245.5 (State exemption & specific subsection).

This Employment Agreement form is in compliance with labor code LC2810.5. Labor Code section 2810.5(b) requires that the employer notify you in writing of any changes to the information set forth in this Notice within seven calendar days after the time of the changes, unless one of the following applies: (a) all changes are reflected on a timely wage statement furnished in accordance with Labor code section 226; (b) Notice of all changes is provided in another writing required by law within seven days of the changes.

BY SIGNING BELOW, I ACKNOWLEDGE THE RECEIPT OF MY EMPLOYER INFORMATION, MY WAGE INFORMATION, A COPY OF THIS EMPLOYMENT AGREEMENT AND MY EMPLOYER'S WORKERS COMPENSATION INFORMATION. BY SIGNING BELOW, I ALSO ACCEPT THE TERMS OF THIS EMPLOYMENT FORM AND CONFIRM THAT ALL MY PERSONAL AND EMPLOYMENT INFORMATION IS ACCURAGE AND CORRECT.

(PRINT NAME OF EMPLOYER REPRESENTATIVE)

(PRINT NAME OF EMPLOYEE)

(SIGNATURE OF EMPLOYER REPRESENTATIVE)

(SIGNATURE OF EMPLOYEE)

(Date provided to employee & signed by representative)

(Date signed & received by employee)

Form W-4 (2017)

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

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B	<u> </u>
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	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	G	<u> </u>
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	H	<u> </u>

For accuracy, **complete all worksheets that apply.**
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- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

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Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	<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 <h1 style="margin: 0;">2017</h1>
1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 <u> </u>	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ <u> </u>	
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details. 1 \$ _____
- 2 Enter: $\left. \begin{array}{l} \$9,350 \text{ if head of household} \\ \$12,700 \text{ if married filing jointly or qualifying widow(er)} \end{array} \right\}$ 2 \$ _____
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505) 4 \$ _____
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2017 Form W-4* worksheet in Pub. 505.) 5 \$ _____
- 6 Enter an estimate of your 2017 nonwage income (such as dividends or interest) 6 \$ _____
- 7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" 7 \$ _____
- 8 **Divide** the amount on line 7 by \$4,050 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note: Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" 2 _____
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 _____

Note: If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet 4 _____
- 5 Enter the number from line 1 of this worksheet 5 _____
- 6 **Subtract** line 5 from line 4 6 _____
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
- 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
- 9 Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 95,000	10	140,001 and over	10				
95,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

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