



Memo

NEW HIRE:

Welcome to Safeway Electric. Please provide me with a copy of your Driver's License, Social Security Card and Certified General Electrician card.

- We offer direct deposit. This feature takes about two weeks to get set up. I have enclosed an authorization form for you to complete if you are interested.

- A sample for how your time card should be filled out along with a blank time card is enclosed. Please be sure to turn in your time cards on Wednesday evenings weekly. Paychecks can be picked up bi-weekly the following Friday. Please review the safety meeting topic and be sure to sign the Record of Safety Meeting when picking up your paycheck.

- Please complete and return the enclosed W-4, Direct Deposit Authorization, Form I-9, Employee Information Form and Acknowledgement/Employment Agreement Form.

- It is required you get a purchase order number from the office before ordering material on any vendor accounts. Please call the office to obtain a purchase order number.

If you have any questions regarding payroll or human resources, please feel free to contact me at any time.

Thank you,

Kristen Wise



2245 Enterprise Street, Suite 150, Escondido, CA 92029

PHONE (760) 871-2400 FAX (760) 745-2838

EMPLOYEE INFORMATION

(PLEASE PRINT)

FULL NAME: _____
ADDRESS: _____
HOME PHONE: _____ CELL: _____
E-MAIL: _____
SOCIAL SECURITY NO: _____
DRIVER'S LICENSE NO: _____ CGE NO: _____

IN CASE OF EMERGENCY CONTACT

| | |
|------------------|---------------------|
| CONTACT 1: _____ | REALTIONSHIP: _____ |
| PHONE NO: _____ | |
| CONTACT 2: _____ | RELATIONSHIP: _____ |
| PHONE NO: _____ | |

AUTO INSURANCE INFORMATION

AGENT NAME: _____
ADDRESS: _____
PHONE NO: _____
CARRIER: _____
POLICY NO: _____
EXP. DATE: _____

I DO HERBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

SIGNATURE: _____
DATE: _____

Form W-4 (2013)

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 2013 expires February 17, 2014. 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 cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-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 2013. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

Personal Allowances Worksheet (Keep for your records.)

| | | |
|----------|--|----------------|
| A | Enter "1" for yourself if no one else can claim you as a dependent | A _____ |
| B | Enter "1" if: <ul style="list-style-type: none">• You are single and have only one job; or• You are married, have only one job, and your spouse does not work; or• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. | B _____ |
| C | Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) | C _____ |
| D | Enter number of dependents (other than your spouse or yourself) you will claim on your tax return | D _____ |
| E | Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) | E _____ |
| F | Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit | F _____ |
| G | Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none">• If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children.• If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child | G _____ |
| H | Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ | H _____ |
| | For accuracy, complete all worksheets that apply. <ul style="list-style-type: none">• 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 \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. | |

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

| | | | | | |
|--|--|---|--|---|--|
| Form W-4 Department of the Treasury Internal Revenue Service | | Employee's Withholding Allowance Certificate | | OMB No. 1545-0074 2013 | |
| ▶ 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. | | | | | |
| 1 Your first name and middle initial | | Last name | | 2 Your social security number | |
| Home address (number and street or rural route) | | | | 3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. | |
| City or town, state, and ZIP code | | | | 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/> | |
| 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) | | 5 | | 6 \$ | |
| 6 Additional amount, if any, you want withheld from each paycheck | | 6 | | | |
| 7 I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none">• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ | | 7 | | | |
| Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete. | | | | | |
| Employee's signature (This form is not valid unless you sign it.) ▶ | | | | | |
| 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 2013 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1949) of your income, and miscellaneous deductions. For 2013, you may have to reduce your itemized deductions if your income is over \$300,000 and you are married filing jointly or are a qualifying widow(er); \$275,000 if you are head of household; \$250,000 if you are single and not head of household or a qualifying widow(er); or \$150,000 if you are married filing separately. See Pub. 505 for details. . . . 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$12,200 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,950 \text{ if head of household} \\ \$6,100 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 Subtract line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2013 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 2013 Form W-4* worksheet in Pub. 505.) 5 \$ _____
- 6 Enter an estimate of your 2013 nonwage income (such as dividends or interest) 6 \$ _____
- 7 Subtract line 6 from line 5. If zero or less, enter "-0-" 7 \$ _____
- 8 Divide the amount on line 7 by \$3,900 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 2013. 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 2013. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1

| Married Filing Jointly | | All Others | |
|---|-----------------------|---|-----------------------|
| If wages from LOWEST paying job are— | Enter on line 2 above | If wages from LOWEST paying job are— | Enter on line 2 above |
| \$0 - \$5,000 | 0 | \$0 - \$8,000 | 0 |
| 5,001 - 13,000 | 1 | 8,001 - 16,000 | 1 |
| 13,001 - 24,000 | 2 | 16,001 - 25,000 | 2 |
| 24,001 - 26,000 | 3 | 25,001 - 30,000 | 3 |
| 26,001 - 30,000 | 4 | 30,001 - 40,000 | 4 |
| 30,001 - 42,000 | 5 | 40,001 - 50,000 | 5 |
| 42,001 - 48,000 | 6 | 50,001 - 70,000 | 6 |
| 48,001 - 55,000 | 7 | 70,001 - 80,000 | 7 |
| 55,001 - 65,000 | 8 | 80,001 - 95,000 | 8 |
| 65,001 - 75,000 | 9 | 95,001 - 120,000 | 9 |
| 75,001 - 85,000 | 10 | 120,001 and over | 10 |
| 85,001 - 97,000 | 11 | | |
| 97,001 - 110,000 | 12 | | |
| 110,001 - 120,000 | 13 | | |
| 120,001 - 135,000 | 14 | | |
| 135,001 and over | 15 | | |

Table 2

| Married Filing Jointly | | All Others | |
|--|-----------------------|--|-----------------------|
| If wages from HIGHEST paying job are— | Enter on line 7 above | If wages from HIGHEST paying job are— | Enter on line 7 above |
| \$0 - \$72,000 | \$590 | \$0 - \$37,000 | \$590 |
| 72,001 - 130,000 | 980 | 37,001 - 80,000 | 980 |
| 130,001 - 200,000 | 1,090 | 80,001 - 175,000 | 1,090 |
| 200,001 - 345,000 | 1,290 | 175,001 - 385,000 | 1,290 |
| 345,001 - 385,000 | 1,370 | 385,001 and over | 1,540 |
| 385,001 and over | 1,540 | | |

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.

Instructions**Read all instructions carefully before completing this form.**

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

When Should Form I-9 Be Used?

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

Filling Out Form I-9**Section 1, Employee**

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

Employers should note the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in **Section 2** evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

Preparer/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers* (Form M-274). You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

Section 3, Updating and Reverification

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B; and:
 - 1. Examine any document that reflects the employee is authorized to work in the United States (see List A or C);
 - 2. Record the document title, document number, and expiration date (if any) in Block C; and
 - 3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, you can download them from our website at www.uscis.gov/forms or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at www.uscis.gov or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at www.uscis.gov/e-verify or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at www.uscis.gov.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

**Form I-9, Employment
Eligibility Verification**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

| | | | |
|----------------------------------|-------|----------------|--------------------------------|
| Print Name: Last | First | Middle Initial | Maiden Name |
| Address (Street Name and Number) | | Apt. # | Date of Birth (month/day/year) |
| City | State | Zip Code | Social Security # |

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):

- ☐ A citizen of the United States
☐ A noncitizen national of the United States (see instructions)
☐ A lawful permanent resident (Alien #) _____
☐ An alien authorized to work (Alien # or Admission #) _____
until (expiration date, if applicable - month/day/year)

Employee's Signature

Date (month/day/year)

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature

Print Name

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

| List A | OR | List B | AND | List C |
|---------------------------------|----|--------|-----|--------|
| Document title: _____ | | _____ | | _____ |
| Issuing authority: _____ | | _____ | | _____ |
| Document #: _____ | | _____ | | _____ |
| Expiration Date (if any): _____ | | _____ | | _____ |
| Document #: _____ | | _____ | | _____ |
| Expiration Date (if any): _____ | | _____ | | _____ |

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

| | | |
|---|------------|-----------------------|
| Signature of Employer or Authorized Representative | Print Name | Title |
| Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) | | Date (month/day/year) |

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

| | | |
|--|--|---------------------------------|
| A. New Name (if applicable) | B. Date of Rehire (month/day/year) (if applicable) | |
| C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization. | | |
| Document Title: _____ | Document #: _____ | Expiration Date (if any): _____ |
| 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 | | Date (month/day/year) |

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

Documents that Establish Both
Identity and Employment
Authorization

LIST B

Documents that Establish
Identity

LIST C

Documents that Establish
Employment Authorization

OR

AND

| | | |
|---|---|---|
| 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. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States |
| 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) | | |
| 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa | 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 Birth Abroad issued by the Department of State (Form FS-545) |
| 4. Employment Authorization Document that contains a photograph (Form I-766) | 3. School ID card with a photograph | 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) |
| | 4. Voter's registration card | 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal |
| 5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the 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 | |
| | 6. Military dependent's ID card | |
| | 7. U.S. Coast Guard Merchant Mariner Card | 5. Native American tribal document |
| | 8. Native American tribal document | |
| | 9. Driver's license issued by a Canadian government authority | 6. U.S. Citizen ID Card (Form I-197) |
| | For persons under age 18 who are unable to present a document listed above: | 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) |
| 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 | 10. School record or report card | 8. Employment authorization document issued by the Department of Homeland Security |
| | 11. Clinic, doctor, or hospital record | |
| | 12. Day-care or nursery school record | |

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)



2245 Enterprise Street, Suite 150, Escondido, CA 92029
Phone: (760) 871-2400 Fax: (760) 745-2838

EMPLOYEE HANDBOOK

PLEASE READ CAREFULLY.
WHEN YOU HAVE READ THE HANDBOOK,
SIGN AND RETURN THE LAST PAGE TO OFFICE PERSONNEL.

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I.

INTRODUCTION

Welcome to your position with Safeway Electric! We are glad to have you with us and hope your work will be beneficial to you as well as the company.

To help you better understand the terms of your employment with Safeway Electric as well as the rules and benefits; we have prepared this handbook. Please read it carefully. Should you have any questions, please ask.

This Employee Handbook sets forth the terms and conditions of employment of all full and part-time employees except where the employee has a written employment contract which provides otherwise.

This handbook contains the policies and practices in effect at the time of publication.

Again, welcome to Safeway Electric.

II.

EQUAL EMPLOYMENT OPPORTUNITY/ AFFIRMATIVE ACTION

Safeway Electric is committed to the principal and practices of equal opportunity employment and affirmative action. It is our policy to recruit, hire, train and promote persons in all job titles without regard to race, color, religion, sex, age, national origin, veteran status, disability or sexual orientation.

We will base decisions on employment so as to further the principles of equal employment opportunity, and ensure that promotion decisions are in accord with these principles.

We will ensure that all personnel actions such as employment, upgrading, rates of pay or other forms of compensation, benefits, advancements, demotions, recruitment, advertising, terminations, transfers, layoffs, selection for company sponsored training, education, and social and recreational programs will be administered without regard to race, color, religion, sex, age, national origin, veteran status, disability or sexual orientation.

A disabled individual for the purpose of this program is defined as any person who has an impairment which substantially limits one or more of such person's major life activities, as a record of such impairment, or is regarded as having such an impairment. Life activities may be considered to include communication, ambulation, self care, socialization, education, vocational training, employment, transportation, adapting to housing, etc. For purposes of this program, primary attention is given to those life activities that affect employability.

Information will be kept confidential, except that supervisors may be informed regarding work restrictions, first aid and safety personnel may be given appropriate information, and government officials investigating compliance shall be informed.

It would assist us if you tell us about special methods, skills and procedures which qualify you for positions which you might otherwise not be able to do, as well as any reasonable accommodations we could make to enable you to perform the job properly and safely. These might include special equipment, change in physical layout of the job, or elimination of certain duties.

While no person will be hired or promoted who is not qualified for a job, the Company welcomes women, minority, veteran and disabled applicants at all job levels and encourages their hire and promotion. We also seek applicant referrals from our current employees.

III.

THE EMPLOYMENT RELATIONSHIP

A. Terms of Employment

While we hope our relationship will be mutually beneficial, your employment with the Company is voluntarily entered into and you are free to resign at any time for any reason or no reason. Similarly, the Company has the same right to terminate the employment relationship at any time for any reason or no reason. You are an "at-will" employee. This condition of your employment may not be modified orally and may only be modified through an express written modification signed by the Company's Board of Directors.

The language used in this Handbook is not intended to create, nor should it be construed to constitute, a contract between you and the Company or any of its personnel. The Company reserves the rights to modify, revoke, suspend, terminate or change any or all of the policies contained in this Handbook, in whole or in part, at any time, with or without notice, except that at-will policy which can only be modified by the Company's Board of Directors.

B. Payday

- a. All employees are paid every two weeks. Pay week is Thursday to Wednesday
- b. All employees normal payday will be on Fridays of every other week.
- c. No employee is to cash his or her paycheck before the date posted on it.
- d. If you feel there is an error with your paycheck contact the payroll department within five days.

C. Payroll Deductions

Each payroll statement lists deductions for that pay period. Legally required deductions include:

- a. Federal Income Tax
- b. State Income Tax
- c. FICA (Federal Insurance Contribution Act- Social Security)
- d. SDI (short Term Disability Insurance)
- e. Medicare

D. Time Records

Hourly field employees shall have their weekly time; any mileage or other reimbursements handed into their project foreman or to the office by Wednesday of each week.

Any errors in reported time shall be reported immediately by the employee to the office. By not notifying the office after five working days of receiving their paycheck, the employee acknowledges that the reporting is correct and wages have been paid in full for that pay period.

E. Overtime

An alternative work schedule may be implemented of up to 10 hours in a day, but no more than 40 hours per week. As necessary, employees may be required to work overtime. All overtime must be previously authorized by a supervisor or manager. Overtime will not be accumulated until the employee has fulfilled a 40 hour work week. For the purpose of determining which hours constitute overtime, only actual hours worked in a given workday and workweek will be counted.

F. Meals and Rest Periods

Field hourly employees are provided with a half-hour unpaid meal period. This should be taken at approximately midway through the work period and at the direction of the supervisor.

Employees are allowed a ten-minute rest period for every four hours worked.

Office employees are provided with a one-hour unpaid meal period normally taken between 12:00 p.m. - 1:00 p.m. each day. Employees are allowed a ten-minute rest period for every four hours of work.

G. Personnel Records

The Company keeps a file on each employee containing documents which are used or have been used to determine the employee's qualifications for employment, promotion, additional compensation, termination or other disciplinary action. Upon reasonable notice given, you may examine this personnel file.

You must notify the Company immediately of any change in name, address or telephone number.

H. Reduction in Force Policy

Under some circumstances, the Company may need to restructure or reduce its work force. If possible, employees subject to layoff will be informed of the nature of the layoff and the foreseeable duration of the layoff, whether short-term or indefinite.

In determining which employees will be subject to layoff, the Company will take into account, among other things, operation and requirements, skill, productivity, ability, past performance, attendance, tardiness, attitude, safe work manner, leadership ability, ability to work with others, ability to follow direction, job knowledge, work habits, mechanical ability if applicable, problem solving, personal appearance and customer satisfaction.

Layoffs will be discussed and agreed upon by Company management, assuring that the employees' rights have been considered and protected.

I. Involuntary Termination

Violation of Company policies and rules may warrant disciplinary action. The Company may, in its sole discretion, utilize whatever form of discipline is deemed appropriate under the circumstances, up to and including termination of employment.

J. Voluntary Termination

An employee who voluntarily resigns his/her employment, or fails to report to work for 3 consecutively scheduled work days without notice to, or approval by his/her manager or supervisor, will voluntarily terminate employment with the Company. All Company-owned property (vehicles, keys, identification badges, credit cards, tools, etc.) must be returned immediately upon termination of employment.

IV.

EMPLOYEE CONDUCT

A. Attendance

Regular and on-time attendance is an essential part of your employment. Absent and late employees not only place an extra burden on fellow employees, but also may seriously affect the Company's service to its customers.

When absent or late arrivals are unavoidable, it is important that you notify the office by 8:00 a.m. each and every day this occurs. When you are absent, the office may request a doctor's certificate stating your illness. Failure to contact the office for three consecutive days may result in a voluntary termination on the forth day.

B. Dress Code

Because each employee is a representative of the Company in the eyes of the public, it is important that each employee report to work properly groomed and wearing appropriate dress. Employees are expected to dress neatly and in a manner consistent with the nature of the work performed. Inappropriate dress or appearance will not be tolerated.

Acceptable dress for field and warehouse employees, include long pants, leather work boots, shirts with sleeves and hard hats where required. Clothing which contains other electrical contractor's logo or name, and any inappropriate or vulgar statements on clothing are not permitted. All clothing should be clean and without rips, tears or holes.

Long hair shall be tied back or restrained when posing a safety hazard.

Managers or supervisors will inform you of additional requirements regarding acceptable attire. Certain employees may be required to wear safety equipment or clothing when performing certain tasks. There can not be any deviations from these guidelines.

C. Professional Conduct

All Company employees dealing with the general public are expected to act courteously toward member of the public and engage in friendly conversation. The Company employees, however, must maintain an air of professionalism at all times.

D. Illegal and Unauthorized Activities

The following activities are prohibited:

- a. Possession of illegal drugs, chemicals, narcotics, controlled substances, alcohol, stolen property or firearms on Company property at any time, while on Company business at any location or during lunches and breaks;
- b. Use of alcohol, intoxicants, or illegal drugs on Company property at any time while on Company business at any location or during lunch breaks;
- c. Working on Company business at any location at any time while under the influence of alcohol, intoxicants, or illegal drugs; and
- d. Distribution or sale of illegal drugs, chemicals, narcotics, controlled substances, alcohol, stolen property or firearms on Company property at any time, while on Company business at any location or during lunches and breaks.

E. Prohibited Activities

In order for the Company to run smoothly, the Company has established certain rules of behavior. Although the following list is not exhaustive, it should give you a good idea of what behavior we consider acceptable. Remember: use your common sense, exercise good judgment and be honest! The following activities are prohibited:

- a. Falsification of employment records, employment information or other Company records.
- b. Falsification of timecards/ work hour reporting.
- c. Theft, deliberate or careless damage or destruction of Company, employee or customer property.
- d. Unauthorized use of Company equipment, vehicles, time, materials, or facilities.
- e. Provoking a fight or fighting during working hours or on Company property.
- f. Participating in horseplay on Company time or premises.
- g. Engaging in criminal conduct whether or not related to job performance.
- h. Inappropriate conduct that reflects unfavorably on the Company, its customers or employees.
- i. Interfering with the work of other employees.
- j. Unsatisfactory job performance.
- k. Insubordination, including but not limited to failure or refusal to obey orders or instructions, and the use of abusive or threatening language.
- l. Failure to notify the office when you are going to be late or unable to report for work.
- m. Giving a false reason for being absent.
- n. Sleeping or malingering on the job.
- o. Violation of any safety, health, security or Company policies, rules or procedures.
- p. Committing a fraudulent act including insurance claims, or a breach of trusts' under any circumstances.
- q. Unlawful harassment
- r. Failure to report a work related injury or unsafe work condition or situation.
- s. Loitering on Company property or job sites before or after working hours without permission. Exceptions may be due to transportation requirements.

This statement of prohibited conduct does not alter the Company's policy of at-will employment. Either you or the Company remains free to terminate the employment relationship at any time, with or without reason or advance notice.

F. Safety Policy on Alcohol, Drugs and Other Unlawful Substances

Alcohol, drugs and other illegal substance use in the workplace is detrimental to the health and safety of the user, other employees and other people on the job sites. It also contributes to increased absenteeism, tardiness, medical costs and decreased productivity, as well as, resulting in danger to or loss of, equipment and property.

Safeway Electric is committed to maintaining a safe work environment, free from intoxicants, illegal drugs and substance abuse. We believe that we have an obligation to take all necessary steps to provide a safe work environment that is free from avoidable hazards.

All employees are required to undergo random drug testing at the request of the company.

Accordingly, except as set forth below (EXCEPTIONS), Safeway Electric has adopted the following policy:

- a. The Company strictly prohibits the possession, use, sale, distribution or transfer of drugs, narcotics, intoxicants or other illegal substances while performing work for the Company or while on Company property. Company property, for the purpose of this policy, includes all property owned, leased, used or under the control of Safeway Electric, its affiliates and subsidiaries, including but not limited to, structures, buildings, offices, installations, parking lots, vehicles and job sites of a client. All employees must comply with this policy Company property, whether they are on duty or not.
- b. An employee may not report to work or remain on duty impaired or under the influence of drugs or intoxicants.
- c. An employee, who uses, possesses, sells or provides illegal drugs, controlled substances, or intoxicants off duty may be subject to discipline or discharge if the off-duty conduct adversely affects job performance or has a negative impact on the safety of Company personnel or property.
- d. All employees are required to notify the Company of any criminal drug statute conviction within five (5) days after the conviction. Where the conviction is based on a workplace violation or otherwise relates to the employee's ability to perform his or her job safely or efficiently, the employee will be subject to discipline or termination for either a first offense or a subsequent offense.

1. Definitions

- a. "employee" means any person employed by Safeway Electric including both hourly and management personnel.
- b. "Drug" "Intoxicant" means any substance that has known mind or function-altering effects on the human subject, including but not limited to alcohol, ethanol, amphetamines, barbiturates, other hypnotic, cocaine, narcotics (opiates such as heroine, morphine and codeine) PCP and other hallucinogens, marijuana and all substances prohibited or controlled by state or federal controlled substance laws.
- c. "possess" means to have on one's person or in one's personal effects or under one's control.
- d. "Under the influence" means that an employee is affected by drugs or intoxicants. This may, but not need, be demonstrated by observable symptoms or behavior consistent with impairment such as slurred speech, or difficulty in maintaining balance. A determination of use, influence or impairment may be established by professional opinion, testing, or a lay person's opinion.

2. Exceptions

- a. Prescribed and Over-the-Counter drugs: The use of prescription or over-the-counter drugs, or possession incident to such use, is not prohibited if: (a) the drug has been legally obtained and is being used for the purpose for which prescribed and manufactured; and (b) the drug is being used at the dosage prescribed or authorized; and (c) the use of the drug is not inconsistent with the safe and efficient performance of the employee's duties.

An employee who is using a prescribed or over-the-counter drug and who has been informed and has reason to believe or feels that the use of any such drug may affect his or her ability to perform his or her duties safely and/or efficiently, is required to report such drug use to his or her supervisor. A supervisor who is informed or has reason to believe an employee is using prescribed or over-the-counter drugs that may affect the employee's ability to perform his or her job safely or effectively shall report that information to the job site superintendent. In those circumstances where the use of a prescribed or over-the-counter drug is inconsistent with the safe and efficient performance of duties, an employee may be required to take a leave of absence or other action determined to be appropriate by the Company.

G. Health and Safety

It is the policy of Safeway Electric that every employee is entitled to a safe and healthful place in which to work. To this end, every reasonable effort will be made in the interest of accident prevention, fire protection, and health preservation.

The management concept of this Company is not production and safety; it is production with safety. When production with safety is achieved, production with efficiency is attained simultaneously.

We at Safeway Electric have a basic responsibility to make the safety of human beings a part of our daily concern. We will be counting on you to do your part in making our program an effective one.

There is no job so important, nor any service so urgent, that we cannot take time to work safely. We consider the safety of our personnel to be of prime importance, and expect your full cooperation in making our program effective.

Every employee is responsible for the safety of him/herself as well as others in the workplace. To achieve our goal of maintaining a safe workplace, everyone must be safety conscious at all times.

Employee responsibilities for safety include, but are not limited to the following:

- a. Adherence to all safety policies, regulations, programs and procedures.
- b. Wearing of appropriate safety equipment as required.
- c. Maintaining equipment in good condition with all safety guards in place when in operation.
- d. Reporting immediately all injuries and accidents, no matter how minor, to your supervisor.
- e. Encouraging co-workers to work safely.
- f. Reporting unsafe acts and conditions to your supervisor immediately.
- g. Avoiding unsafe acts and situations which may endanger themselves, co-workers, or the general public, or which may cause damage to the property of others or to the Company property.

H. Company Vehicles

The personal safety of our employees is of primary importance. This includes safety as it applies to the operation and care of Company vehicles for business use, maintenance and operation.

- a. Use is limited to the assigned employee only. Company vehicles may only be driven by employees with valid driver's licenses. If a need exists to have another employee operate the vehicle you must first contact the office for prior approval.
- b. You must adhere to all traffic laws and drive safely at all times.
- c. Driving under the influence of drugs or alcohol will result in immediate termination.
- d. Use of safety belts is mandatory.
- e. Understand and practice the rules of safe driving (refer to the Company's Accident Prevention Program).
- f. Maintain legal speed limits that are prudent and reasonable in regard to weather, traffic, intersections, road characteristics, vehicle type and other conditions which may exist.
- g. Keep Company vehicles properly maintained and in safe, clean working condition.
- h. Trailer hitches are not to be used to tow boats or any type of personal trailers. Any towing shall be for Company use only with prior supervisor's approval.
- i. Do not permit unauthorized passengers into the vehicle at any time.

1. Vehicle Assignment

Company owned vehicles assigned to field employees for construction use are to be used solely for business. Personal use is not permitted. Use is limited to the assigned employee only. If a need exists to have another employee operate the vehicle, you must first contact the office for prior approval.

I. Employee Tools

All field employees are to have with them and in good working order the hand tools required to perform their work.

J. Company Tools and Equipment

All employees are required to only use or operate tools for which they are qualified.

Some Company tools or equipment may require prior supervisor approval.

V. BENEFITS

A. Insurance

Health Insurance is provided by the Company for full-time employees who have been with the Company ninety (90) days. See the plan documents for further information.

B. Workers' Compensation Insurance

The Company maintains an insured program of compensation insurance which offers you both salary and medical protection should you suffer an injury while at work. These expenses are not covered under your health coverage. If you are injured in the course of your employment, you must report the incident immediately to your supervisor. To determine the extent of your injuries and to qualify under the plan, you will be requested to see an approved insurance company physician. The office keeps on hand a list of these facilities, their locations and phone numbers. This coverage is effective on the job from the first day you are employed. It does not cover normal travel to and from work. The Company pays the full cost of this insurance.

C. Work Injury Treatment

The following procedures have been established in order to provide you with proper and professional medical treatment in the event of a work-related injury. Failure to follow these procedures may result in non-qualification of Workers' Compensation benefits.

Any employee who injures him/herself on the job and needs medical treatment from a doctor is required to do the following:

- a. Immediately inform your manger, supervisor or foreman of your injury.
- b. Go only to the approved medical centers for treatment. The Company may have to assist you with transportation. The office has a list of locations and phone numbers.
- c. Fill out the top portion of the employee's claim for Workers Compensation benefits form.
- d. Telephone the office the day of injury regarding your injury and work status. Also inform them of any additional treatment you may require beyond the initial visit.

Exception for not going to the outlined medical centers will be if the injury is life-threatening or the medical facility is not equipped to handle the injury or if you have completed and signed the form requesting treatment by your personal physician.

D. Recreational Activities and Programs

The Company or its insurer will not be liable for the payment of workers' compensation benefits for any injury that arises out of an employee's voluntary participation in any off duty recreational, social, or athletic activity that is not part of the employee's work-related duties.

VI.

CONCLUSION

The Company hopes this Handbook has helped you familiarize yourself with the policies and practices of the Company. Remember, however, that the contents of this Handbook are presented as a matter of information only. This Handbook is not a contract. The Company reserves the right to modify, revoke, suspend, terminate or change any portion of this Handbook, in whole or in part, at any time, with or without notice.

ACKNOWLEDGMENT/EMPLOYMENT AGREEMENT

I hereby acknowledge receipt of Safeway Electric's Employee Handbook and state I have read and understand its contents. I understand my employment with the Company is voluntarily entered into and I am free to resign at any time for any reason or no reason. Similarly, I understand the Company has the same right to terminate the employment relationship at any time for any reason or no reason. I understand I am an "at-will" employee.

1. Equal Employment Opportunity: Safeway Electric is an equal opportunity employer. Regardless of race, gender, religion, ethnic group or sexual orientation, all employees at Safeway Electric have an equal opportunity to succeed.
2. Sexual or Other Types of Harassment: Sexual harassment or other types of harassment of one employee by another employee is prohibited. It is the policy and philosophy of Safeway Electric that all employees should be treated with dignity and respect consistent with the chain of command within the Safeway Electric organization.
3. Occupational Safety and Health Act Compliance (OSHA): It is the policy of Safeway Electric that all employees should comply with Safeway Electric and OSHA safety rules, policies and procedures.
4. Reservation of Rights: Safeway Electric reserves the right to interpret, change, rescind or depart from this Handbook in whole or in part without notice. Nothing in this Handbook alters an employee's at-will status which can only be modified by the Company's Board of Directors.

Any employee observing violations of any of the above policies should promptly report those violations to the office.

ACKNOWLEDGMENT OF ALCOHOL/ DRUG ABUSE POLICY

I acknowledge that I have received and read the Safety Policy on Alcohol and Drugs and understand that this policy applies for all employees.

(Print) Employee's Name

Employee's Signature

Date

Company Witness



Employee Benefits

1. After employee is employed by Safeway for 1 year, he/she is eligible to receive 5 days vacation on an accrual basis.
2. After employee is employed by Safeway for 3 years, he/she is eligible to receive 10 days vacation on an accrual basis.
3. Employees are not eligible to receive sick days; they must use their vacation to be compensated for such days.
4. Employees will be paid for the following holidays after their 90 day probation period.
 - a. New Years Day
 - b. 4th of July
 - c. Thanksgiving Day
 - d. Christmas Day
5. Safeway will pay \$150 towards the employee's health benefits, after 90 day probation. (This is subject to change on a yearly basis.)



EMPLOYEE REQUIRED TOOL LIST

The following is a list of tools which you are expected to provide while employed as an electrician by this company.

CODE BOOK
BOOTS/SAFETY SHOES
TOOL POUCH & NAIL BAGS
HAMMER
TAPE MEASURE - 16FT OR LONGER
DIAGONAL CUTTERS
SIDE CUTTER (LINEMAN)
LONG NOSE PLIERS
CHANNEL LOCKS
WIRE STRIPPERS
1/2 EMT BENDER
3/4 EMT BENDER
DRYWALL SAW
VOLTAGE TESTER
SCREWDRIVERS
HACK SAW
SUSPENDERS-SWAP MEET
TORPEDO LEVEL
FLASHLIGHT
TOOL BOX & CART
CORDLESS DRILL WITH TIPS & DRIVER SET
SAWZALL
CURRENT THOMAS BROTHERS GUIDE
FISH TAPE 100'
BX CUTTER/ROTO SPLIT
3/8" THRU 5/8" SOCKET & DRIVE SET
3/8" THRU 5/8" OPEN END WRENCH SET

If you do not have all of the tools listed, please arrange to acquire them.

Any tools you need may be purchased thru the company at our cost and deducted over a reasonable period of time from your earnings.

DIRECT DEPOSIT AUTHORIZATION

I (we) hereby authorize Cascade Electrical Contracting Corporation to initiate credit entries, and if necessary, debit correction and adjustment entries to my (our) account at the financial institution listed below.

Financial Institution Name

Branch

Address, City, State, Zip

Routing/Transit Number

Account Number

Account Type

Designated Amount

Routing/Transit Number

Account Number

Account Type

Designate Amount

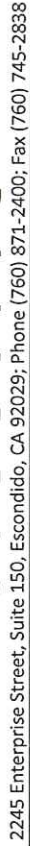
This authority is to remain in full force and effect until Cascade Electrical Contracting Corporation has received written notification from the recipient of its termination in such a time and manner as to afford Cascade Electrical Contracting Corporation a reasonable time to act upon it.

Signature

Date

Printed Name

(Please attach a voided check or financial institution account verification letter to this form)



Employee Name: JO ELECTRICIAN

| Employee Name: JO ELECTRICIAN | | | | | | | | | | | | | | |
|--|-------|----------|------------|-----------|----------|----------|---------------------------------|--------|----------|--------|--------|---------|---------|-------------|
| Job Name | Job # | Job Code | Start Time | Lunch Out | Lunch In | End Time | Thursday | Friday | Saturday | Sunday | Monday | Tuesday | Wednes. | Total Hours |
| | | | | | | | 6-Nov | 7-Nov | 8-Nov | 9-Nov | 10-Nov | 11-Nov | 12-Nov | |
| PNP Phase II | 130 | 1 | 6:30 | 11:00 | 11:30 | 1:00 | 6 | | | | | | | 6 |
| Ray Raub | 1150 | 8 | 1:00 | | | 3:00 | 2 | | | | | | | 2 |
| PNP Phase II | 130 | 4 | 6:30 | 11:30 | 12:00 | 3:00 | | 8 | | | 8 | | 8 | 16 |
| Bunkspeed | 1153 | 8 | 6:30 | | | 10:00 | | | | | | 3.5 | | 3.5 |
| First Bank Corona | 127 | 6 | 10:00 | 12:00 | 12:30 | 4:00 | | | | | | 5.5 | | 5.5 |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| DAILY REGULAR HRS TOTAL: | | | | | | | 8 | 8 | | | 8 | 8 | 8 | 40 |
| OFFICE APPROVED DAILY OVER TIME TOTAL: | | | | | | | | | | | | 1 | | 1 |
| Injury Yes/No: | | | | | | | | | | | | | | |
| Comments: | | | | | | | TOTAL HOURS REGULAR TIME: | | | | | | | 40 |
| | | | | | | | OFFICE APPROVED TOTAL HOURS OT: | | | | | | | 1 |

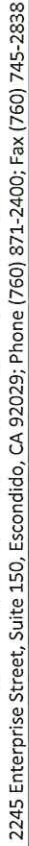
TOTAL HOURS REGULAR TIME:

OFFICE APPROVED TOTAL HOURS OT:

By signing below, I do hereby agree that the foregoing hours are correct. And when paid for the above, shall constitute full reimbursement for services rendered. I do further agree that by not noting an injury above, it is assumed no injury has occurred, unless noted.

Foreman's Signature

| | |
|-------------------------------|---------------------|
| 1- Rough/ Branch Cable& Boxes | 6- Light Fixtures |
| 2- Trim/ Wiring Devices | 7- EWO's |
| 3- Underground/ PVC | 8- Service |
| 4- Conduit& Wire pulling | 9- Project Meetings |
| 5- Switchgear/ panels | |



Enter dates below for day of week.

I verify that I have taken all breaks and lunches required for this pay period
By signing below, I do hereby agree that the foregoing hours are correct. And when paid for the above, shall constitute full reimbursement for services rendered. I do further agree that by not noting
an injury above, it is assumed no injury has occurred, unless noted.

| JOB CODES | |
|-------------------------------|---------------------|
| 1- Rough/ Branch Cable& Boxes | 6- Light Fixtures |
| 2- Trim/ Wiring Devices | 7- EWO's |
| 3- Underground/ PVC | 8- Service |
| 4- Conduit& Wire pulling | 9- Project Meetings |
| 5- Switchgear/ panels | |

Signed:

Employee's Signature

Signed:

Foreman's Signature



Enter dates below for day of week.

I verify that I have taken all breaks and lunches required for this pay period

By signing below, I do hereby agree that the foregoing hours are correct. And when paid for the above, shall constitute full reimbursement for services rendered. I do further agree that by not noting an injury above, it is assumed no injury has occurred, unless noted.

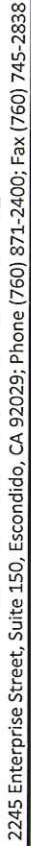
| JOB CODES | |
|-------------------------------|---------------------|
| 1- Rough/ Branch Cable& Boxes | 6- Light Fixtures |
| 2- Trim/ Wiring Devices | 7- EWO's |
| 3- Underground/ PVC | 8- Service |
| 4- Conduit& Wire pulling | 9- Project Meetings |
| 5- Switchgear/ panels | |

Signed:

Employee's Signature

Signed:

Foreman's Signature



Enter dates below for day of week.

I verify that I have taken all breaks and lunches required for this pay period

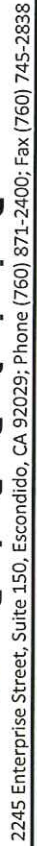
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