

Table of Contents



Introduction	Page 2
New Employee Information Form	Page 3
EEO Information	Page 5
Employment Application	Page 7
Arizona A-4 Form	Page 9
Employment Eligibility Verification Form (I-9)	Page 11
Benefits – Overview	Page 15
Benefits – Optional Health Care Insurance	Page 16
Benefits – Life Insurance	Page 17
Benefits – Section 125 Cafeteria Plan	Page 19
Benefits – Section 125 Enrollment Form	Page 21
Financial Benefits – 401(k) Retirement Plan	Page 23
Financial Benefits – Direct Deposit Form	Page 25
Financial Benefits – Direct PayChek Card Program	Page 27
Financial Benefits – Additional Benefits	Page 29
Benefits – Additional Insurance	Page 31
Safety Policy	Page 32
Workers Compensation	Page 36
Sexual Harassment Policy	Page 38
Drug Abuse Policy	Page 39
Notes	Page 40
Pay-Tech Policies Form	Page 43





Introduction

Welcome to Pay-Tech, Inc. We will be providing you with a wide array of benefits and human resource services through a co-employment relationship between your employer and Pay-Tech. This booklet will introduce you to all the benefits we offer. It will also explain how to take advantage of each benefit. If you have any questions, please feel free to contact one of our Benefits Coordinators. Again, welcome!

New Employee Information Form

The information on this form enables Pay-Tech to enter an employee into the payroll system. Each employee must fill out the form in its entirety, sign it and date it. Please leave blank the section titled Pay-Tech Date of Hire. Under Client Name, enter your employer's name.

EEO Information

Pay-Tech is committed to provide all employees equal access to employment, promotion and training. This is an optional survey which provides Pay-Tech with the necessary information needed to comply with our EEO policy.

Employment Application

This application shows your employer of record. Please fill it out completely and then sign and date it.

W-4

This form determines the rate of withholding for federal tax purposes. We've included a Personal Allowance Worksheet to help you fill in the form if needed. The Deductions and Adjustments Worksheet is also yours to keep. The Employee's Withholding Allowance Certificate must be completed, signed and dated.

A-4

This form determines the rate of withholding for state tax purposes. Please complete the form in its entirety and sign and date it.

I-9

This Employment Eligibility Verification form establishes each employee's legal eligibility for employment in the United States and must be submitted within the first three days of employment. Section One: Must be completed in its entirety. Section Two: Use only the documents listed on the back of the form. Any other forms of identification will not be accepted. You may choose one I.D. from list A, or one I.D. from list B and one I.D. from list C. You may either copy the I.D. you have chosen and attach it to the form when you submit it, or show the I.D. to your manager or to a Pay-Tech representative to sign the certification. Section Three: Your employer will complete this section.

Direct Deposit

Pay-Tech makes payroll direct deposit available to all employees. You may direct net pay into more than one account, such as savings and checking, or onto your Pay-Tech Visa PayChek Card, as well as more than one bank. In addition, you may elect to pay bills such as car loans and mortgages directly from your paycheck. Fill out the forms on pages 25 and 27 to sign up for this important benefit.

Signature Page

This form on page 43 acknowledges that you have read our Safety, Sexual harassment, Drug-Free, Benefits and Workers Compensation Packets. Please sign and date. In addition, it also establishes whether an employee has any wage garnishments through the D.E.S.



New Employee Information Form

Personal Data (as shown on drivers license)

First Name	Middle	Last
Social Security Number		Date of Birth
Address		
City / State / Zip		Home Phone
Emergency Contact Name		Relationship
Address		Phone
Driver's License Number / State Issued / Expiration Date		
Employee's Signature		Date

To be completed by the work-site employer

Employee Job Title	
Division / Department	
Client Date of Hire	Pay-Tech Date of Hire
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
<input type="checkbox"/> Temporary / On-Call / Seasonal	
<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary
<input type="checkbox"/> Commission / Piecework	
Starting Wage	

EEO Information

– Optional –

<p>We are committed to Equal Employment Opportunity (EEO) by providing all employees equal access to employment, promotion and training opportunities. To successfully comply with our policy, we ask that you provide the following information, which will not be used to evaluate your current or future employment status. This information is voluntary and will be kept confidential.</p>			
<p>Check One</p>		<input type="checkbox"/> Male	<input type="checkbox"/> Female
<p>Race (Check One)</p>			
<input type="checkbox"/>	<p>Caucasian includes origins in Europe, North Africa, Middle East, NOT Hispanic or East Indian</p>		
<input type="checkbox"/>	<p>African American includes origins in any Black racial group</p>		
<input type="checkbox"/>	<p>Hispanic includes origins of Mexican, Puerto Rican, Central or South America, or other Spanish culture</p>		
<input type="checkbox"/>	<p>Asian / Pacific Islander includes origins in Far East, Southeast Asia, Pacific Islands, Indian subcontinent: China, Japan, Korea, Samoa, Vietnam, India, Pakistan, Philippine Islands</p>		
<input type="checkbox"/>	<p>American Indian / Alaskan Native includes origins in North America and maintain cultural identification through tribal affiliation or community recognition</p>		
<p>Veteran Status (Check appropriate boxes)</p>			
<p>Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>Veteran of the Vietnam Era (8/5/64-5/7/75) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Disability Status (Check appropriate boxes)</p>			
<p>Do you categorize yourself as having a disability?</p>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If yes, are you receiving or do you require an accommodation in order to perform essential job functions?</p>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Please describe the accommodations:</p>			
<p> </p>			
<p> </p>			
<p> </p>			
<p> </p>			
<p> </p>			



Pay-Tech, Inc. Employment Application

This application is not an employment contract, but is intended to evaluate suitability for employment. It is the policy of the company to provide equal employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, citizenship, disability, veteran status, or any other status protected under state and federal law. It is also the policy of the company to have the option of conducting pre-employment screening before a job offer is made. Once a job offer is made, employment may be contingent upon a successful completion of a medical examination. Which may include providing body substance samples.

Position Desired		Date Available	Wage/Salary Desired
Type of Employment Desired	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary
Are you available to work	Overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Personal Data			
First Name	Middle	Last	
Day Time Phone	Evening Phone	Social Security Number	
Current Street Address			
City / State / Zip			
Are you at least 18 years of age?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
NOTE: Proof of employment eligibility is required under immigration regulations.			
Have you ever been employed by any Pay-Tech, Inc. Company?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, indicate name if company, location and dates:			
Education			
Type of School	School Name & Location	Major	Degree, Diploma, Certificate Awarded or Credit Earned
Grammar			
High School (or G.E.D.)			
College or University			
Business, Technical or Professional			
Other Applicable Course Work			
Job Related Skills (Please answer the following if the position you are applying for requires driving a motor vehicle)			
Do you have a valid license?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, Driver's License number and State of Issue:			
Have you been convicted of or pled guilty to any traffic related offense within the past five years?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had your driver's license suspended or revoked or had your driving privileges modified by a court of law?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please list all states from which you hold or have held a driver's license.			
Please list any special skills you may have that relate to the position applied for.			

Please list the names and addresses of three professional references – persons NOT related to you.

1)

2)

3)

Employment History – Please list below your last three employers, beginning with the most recent

Company	May we contact?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
----------------	-----------------	------------------------------	-----------------------------

Address

City / State / Zip

Phone: ()

Name and Title of Immediate Supervisor

Your Title

Starting base wage

Final base wage

Employed

From

To

Duties and scope of responsibility

Reason for leaving

Company	May we contact?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
----------------	-----------------	------------------------------	-----------------------------

Address

City / State / Zip

Phone: ()

Name and Title of Immediate Supervisor

Your Title

Starting base wage

Final base wage

Employed

From

To

Duties and scope of responsibility

Reason for leaving

Company	May we contact?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
----------------	-----------------	------------------------------	-----------------------------

Address

City / State / Zip

Phone: ()

Name and Title of Immediate Supervisor

Your Title

Starting base wage

Final base wage

Employed

From

To

Duties and scope of responsibility

Reason for leaving

Applicant's Certification Agreement

1. I authorize the investigation of all statements contained in this application and release from all liability any persons or employers supplying such information, and I also release the Company from all liability which might result from making the investigation.
2. I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission of facts on this application (or on any required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.
3. I agree, if I am offered and accept a position, to conform to all existing and future company rules and regulations and I understand that the Company reserves the right to change wages, hours and working conditions as deemed necessary. I also understand and agree that I may resign or be terminated, with or without cause, and with or without notice, at any time.
4. I understand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work, in order to comply with the Immigration Reform and Control Act of 1986.
5. As part of the qualification process, Pay-Tech may collect personal information from persons or companies other than you or other individuals proposed for coverage, including credit reports, loss information, motor vehicle reports and other background information. This information, as well as other personal or privileged information subsequently collected by us, may in certain circumstances be disclosed to third parties without your authorization. You have a right of access and correction with respect to all personal information we collect. If you would like more detailed information in writing about our information collection practices, please let us know.
6. I have read and reviewed the information provided in this application and the above statements. By signing this application for employment I certify that I understand all parts of it and have answered all questions completely and fully.

Signature _____

Date _____

NOTE: This form is effective for wages paid after December 31, 2009 through June 30, 2010. A new form will be available on the Department's website (www.azdor.gov) in late spring 2010. All employees must make a new election for wages paid after June 30, 2010.

Type or print your full name	Your social security number
Home address (number and street or rural route)	
City or town, state, and ZIP code	

Arizona Withholding Percentage Election Options

Choose only one:

- 1 My annual compensation is \$15,000 or more. I choose to have Arizona withholding at the rate of
(check only one box): 20.3% 24.5% 26.7% 33.1% 39.5% of the federal tax withheld.

- 2 My annual compensation is less than \$15,000. I choose to have Arizona withholding at the rate of
(check only one box): 10.7% 20.3% 24.5% 26.7% 33.1% 39.5% of the federal tax withheld.

- 3 I hereby elect an Arizona withholding percentage of zero, and I certify that I meet BOTH of the following qualifying conditions for this election:
 - I had NO Arizona tax liability for the prior taxable year, AND
 - I expect to have NO Arizona tax liability for the current taxable year.

I certify that I have made the percentage election marked above.	
_____	_____
SIGNATURE	DATE

EMPLOYEE'S INSTRUCTIONS

Arizona Revised Statutes (ARS) §43-401 requires your employer to withhold Arizona income tax from your compensation paid for services performed in Arizona for application toward your Arizona income tax liability. Arizona withholding is a percentage of the amount of federal income tax withheld. Complete this form to elect an Arizona withholding percentage.

New Employees

Complete this form within the first five days of employment to elect an Arizona withholding percentage. If you do not complete this form, your employer must withhold the minimum withholding percentage based on your annual compensation. If your annual compensation is less than \$15,000, the minimum withholding percentage is 10.7 percent. If your annual compensation is \$15,000 or more, the minimum withholding percentage is 20.3 percent.

Current Employees

Complete this form to elect a different Arizona withholding percentage. If you want to increase or decrease the amount of Arizona withholding, you must complete this form to change the Arizona withholding percentage.

Electing a Withholding Percentage of Zero

You may elect an Arizona withholding percentage of zero if you meet BOTH of the qualifying conditions for the election. You qualify for the election if: (1) you had no Arizona income tax liability for the prior taxable year, AND (2) you expect to have no Arizona income tax liability for the current taxable year. Note that Arizona tax liability is gross tax liability less any tax credits,

such as the family tax credit, school tax credits, welfare tax credits, or credits for taxes paid to other states. If you make this election, your employer will not withhold Arizona income tax from your wages for payroll periods beginning after the date of your election. You should be aware that zero withholding does not relieve you from paying Arizona income taxes that might be due at the time you file your Arizona income tax return. Keep in mind that in order to elect zero withholding, you must meet BOTH conditions listed above. Therefore, if you have an Arizona tax liability when you file your return or if at any time during the current year conditions change so that you expect to have a tax liability, you should immediately complete a new Form A-4 and choose a withholding percentage that is applicable to your situation.

Voluntary Withholding Election by Certain Nonresident Employees

Compensation earned by nonresidents while physically performing work or services in Arizona for temporary periods is subject to Arizona income tax. However, under the provisions of ARS §43-403(A)(5), compensation paid to certain nonresident employees is not subject to Arizona income tax withholding. These nonresident employees need to review their situations and determine whether they should elect to have Arizona income taxes withheld from their wages or compensation. Nonresident employees may request that their employer withhold Arizona income taxes from their compensation by completing this form to elect an Arizona withholding percentage.

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.

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.**

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.

Filing Instructions

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