



S.J. Distributors LLC

Entry Form



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1. DRUG AND/OR ALCOHOL TESTING CONSENT FORM

I hereby agree, upon a request made under the drug/alcohol testing policy of S.J. Distributors LLC (the Company), to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have the Company and/or its company physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize the Company to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only duly-authorized Company officers, employees, and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.

I will hold harmless the Company, its company physician, and any testing laboratory the Company might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a Company or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless the Company, its company physician, and any testing laboratory the Company might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT THE COMPANY WILL REQUIRE A DRUG SCREEN AND/OR ALCOHOL TEST UNDER THIS POLICY BY THE FOLLOWING CIRCUMSTANCES: RANDOM TESTING, FOR-CAUSE TESTING, POST-ACCIDENT TESTING; AND I AGREE TO SUBMIT TO ANY SUCH TEST.

BY SIGNING ON THE ACKNOWLEDGEMENT OF S.J. DISTRIBUTOR LLC ENTRY FORM, I HAVE READ AND UNDERSTAND THE DRUG AND/OR ALCOHOL TESTING CONSENT FORM.

Accept and Initial: _____ OR Decline ☐



2. SAFETY RULES

All Employees are expected to work in a safe manner by not taking chances with their own safety or the safety of others. The following minimum safety rules apply to all employees and contracted employees and are supplemented with specific safety job tasks rules.

1. You must attend all meeting that called by Manager, especially Safety Meetings and safety training. You are encouraged to suggest ways to improve working conditions/accident prevention.
2. Employees shall report immediately all accidents, injuries, and illnesses to a Supervisor.
3. When you notice below condition, report immediately:
 - a.) Any unsafe condition
 - b.) Any unsafe act or non-act
 - c.) Defective or damaged equipment
 - d.) Foreign material on floor (remove if possible)
 - e.) Hazardous lift safety or fire safety condition
4. All signs, directions or instructions having to do with safe work practices shall be followed.
5. Sanitation Control Procedures must be followed by all employees. Work areas should be maintained in a neat and orderly manner.
6. Obey all smoking regulations, policies, or procedures. Employees may smoke in designated areas only.
7. Learn where fire extinguishers are located throughout the building and be sure you understand the operating instructions printed on them. Keep them unobstructed in their readily accessible locations.
8. Must know the location of First Aid Kit, in order to get emergency care as necessary.
9. Know the location of the eye wash stations.
10. All employees are responsible for being familiar with the Company Emergency Action Plan.
11. Maintain a clear access at all times to storage areas, balconies, electrical control panels, and exits.
12. All equipment, services, or supplies that are defective or damaged shall be removed from use and reported for repair/replacement pursuant to established procedures. Temporary repairs are not to be made by unauthorized employees.
13. All employees must wear appropriate personal protective equipment when performing any job task where equipment is indicated, required, or directed.
14. Only trained certified forklift operators are permitted to operate forklifts
15. Except the driver and passenger, forklift shall not be carrying any other personnel.
16. The use of ladders must be in accordance with established safety rules. Use ladders when overhead work is required. Do not stand on racks or shelves, and must ensure that there are no other person under the ladders.
17. When lifting objects, always bend your legs at the knees to grasp the object. Get a firm hold, keeping your back straight as nearly a possible, lift by straightening the legs. Ask help if you need to lift bulky or heavy objects. Remember, LIFT WITH SUPPORT OF YOUR LEGS, NOT YOUR BACK.
18. Report exposed wiring and cords that are frayed or have deteriorated insulation, so that they can be repaired promptly.
19. Only those employees specifically trained in Lock-out Procedures shall adjust, repair, service power equipment, or remove any guard designed to protect employees from injury. Ensure all employees are clear of equipment before energizing/starting the equipment.

Accept and Initial: _____ OR Decline ☐



20. All electrical equipment, whether owned by employees or the Company, must be checked by maintenance, the Department Manager, or his designee, prior to use.

21. Guards and safety devices must be kept in place and not bypassed. The only exception would be when repairs are needed and then only by a qualified/trained person.

22. All employees are required to wear long legged pants and work non-slip shoes during work section at all time for safety reasons.

23. Must wear enough warm clothes when you go into Freezer, and ensure there is no one inside the Freezer before locking the door.

24. Read Safety Data Sheets (SDS) for safety information regarding chemicals, cleaners, and solvents used on the property. Cannot take or use these chemical on your own, and wear recommended Personal Protective Equipment as required.

25. Keep hydrated when the temperature in the workplace exceeds (85) degrees by drinking water regularly.

26. Walk, do not run. Check mirrors in corners, use handrails on stairs/ramps and open doors slowly.

27. There shall be NO horseplay or practical jokes permitted.

28. No alcohol/drug and or controlled substances shall be permitted on Company property. Further, anyone known to be under the influence of drugs or intoxicating substances, which impair the employee's ability to safely perform their assignments, will be subject to disciplinary action.

29. Use of steam, air, and water nozzles or hoses only for their intended use. Safety nozzles are not to be tampered with or removed.

30. Areas and equipment being cleaned with water and/or chemicals should be taped off and cones used before cleaning starts.

31. All spills should be cleaned up immediately and cones put down to warn others of the hazard.

32. When in doubt – ASK!!!!

BY SIGNING ON THE ACKNOWLEDGEMENT OF S.J. DISTRIBUTOR LLC ENTRY FORM, I HAVE READ AND UNDERSTAND THE SAFETY RULES.

Accept and Initial: _____ OR Decline ☐



3. CONFIDENTIAL DISCLOSURE AGREEMENT

During your employment at S.J. Distributors LLC, you may have access to confidential and proprietary data, which is not generally known by competitors or within the company's field of business. This information (hereinafter referred to as "Confidential Information") includes, but is not limited to:

- Data relating to the Company's marketing and servicing programs;
- Procedures and techniques;
- The criteria and formula used by the Company in pricing its products and services;
- The structure and pricing of special packages that the Company has negotiated;
- Lists of customers and prospects;
- The identity, authority and responsibilities of key contacts at Company accounts;
- The composition and organization of accounts' businesses;
- The peculiar risks inherent in their operations;
- Sensitive details concerning the structure, conditions, and extent of their existing products and services;
- Contract expiration dates;
- Commission rates;
- Service arrangements;
- The identity, authority and responsibilities of key contacts at Company accounts;
- Other data showing the particularized requirements and preferences of the accounts.

This Confidential Information is a valuable asset of the Company, developed over a long period of time and at substantial expense. To protect the Company's interest in this valuable asset, you must:

- (a) Not use any such Confidential Information for your personal benefit or for the benefit of any person or entity other than the Company, and
- (b) Use your best efforts to limit access to such Confidential Information to those who have a need to know it for the business purposes of the Company.

In addition, you should minimize those occasions on which you take documents, computer disks or a laptop containing such Confidential Information outside the office. On those occasions where it is necessary, consistent with the best interests of the Company and doing your job effectively, to take documents, computer disk or a laptop containing Confidential Information outside the office, all appropriate precautionary and security measures should be taken to protect the confidentiality of the information.

During the course of your employment with the Company, you will be provided with and will generate correspondence, memoranda, literature, reports, summaries, manuals, proposals, contracts, customer lists, prospect lists, and other documents and data concerning the business of the Company. Any and all such records and data, whether maintained in hard copy or on a computer or other medium, is the property of the Company, regardless of whether it is or contains Confidential Information. Upon termination of your employment at the Company, you are required to return all such records to the Company and may not retain any copy of such records or make any notes regarding such records. We reserve the right to search for such information and property in personal items while on Company premises such as vehicles, purses, briefcases, etc.

Nothing in this policy is intended to interfere with your rights under federal and state laws, including your right under the National Labor Relations Act to discuss terms and conditions of employment and your right under other federal laws and regulations to report legal violations, or make other protected disclosures, to the government, nor will the Company construe this policy in a way that limits such rights.

BY SIGNING ON THE ACKNOWLEDGEMENT OF S.J. DISTRIBUTOR LLC ENTRY FORM, I HAVE READ AND UNDERSTAND THE CONFIDENTIAL DISCLOSURE AGREEMENT.

Accept and Initial: _____ OR Decline ☐



4. MUTUAL ARBITRATION PROGRAM NOTICE

In a perfect world, every employment relationship would be smooth and harmonious. There are, unfortunately, times when employees and employers disagree. These disagreements may pertain to a variety of issues involving the employment relationship. **BY REMAINING AN EMPLOYEE IN THE EMPLOYMENT RELATIONSHIP AFTER RECEIPT OF THIS NOTICE, YOU ("Employee") AGREE THAT YOU AND S.J. DISTRIBUTORS, LLC ("S.J.") ARE BOUND BY THE FOLLOWING DISPUTE RESOLUTION PROCEDURE AS TO ANY AND ALL DISPUTES BETWEEN YOU AND S.J., IRRESPECTIVE OF THE DATE(S) WHEN THE DISPUTE(S) AROSE.**

Both S.J. and Employee mutually agree to first attempt in good faith to informally resolve any disputes they have with one another. The parties may jointly select a mediator from the American Arbitration Association ("AAA") or similar organization who is trained and experienced in employment disputes.

If informal dispute resolution is not successful, both S.J. and Employee mutually agree to submit their dispute to final and binding arbitration solely on an individual claim basis. This Mutual Arbitration Program applies to any and all controversies or claims arising out of or relating to Employee's employment with S.J. and/or the termination of said employment, irrespective of the date such controversies or claims arose, as well as any and all controversies or claims arising out of or relating to this Mutual Arbitration Program and the enforceability or applicability of this Mutual Arbitration Program.

The arbitration shall be before a single arbitrator to be jointly selected by the parties from a panel provided by AAA or such other organization to which Employee and S.J. may mutually agree. S.J. shall pay the arbitrator's fees unless Employee elects to split such fees with S.J. If the claim is brought by Employee, Employee shall pay only any initial processing fee that may be charged by AAA or other organization, except S.J. shall pay any portion of such fee that exceeds the initial appearance fee then charged by the Superior Court of the State of California for the County of Santa Clara. Unless the parties agree otherwise, or unless controlling legal authority requires otherwise, the arbitration shall be governed by the AAA's Employment Arbitration Rules and Mediation Procedures, which are available on the Internet at <https://www.adr.org/sites/default/files/Employee%20Rules.pdf> and by request from S.J.

This Mutual Arbitration Program includes a waiver of all rights S.J. and Employee have to a jury trial and civil court action relating to any dispute covered by this Mutual Arbitration Program, to the extent permitted by law. Furthermore, unless controlling legal authority requires otherwise, there shall be no right or authority for any dispute subject to this Mutual Arbitration Program to be heard or arbitrated on a class action, collective action, representative action or private attorney general basis, or on any other basis involving disputes brought in a purported representative capacity (whether on behalf of the general public, any other current, prospective or former employees, or any other persons or entities). Accordingly, only an arbitrator, and not a judge or a jury, will decide the dispute, and only on an individual-claim basis. The arbitrator shall have no jurisdiction to decide any claims on a class action, collective action, representative action or private attorney general basis, or on any other basis involving disputes brought in a purported representative capacity. To the extent that controlling legal authority holds the foregoing waiver is unenforceable as applied to a claim or cause of action under the California Private Attorneys General Act of 2004 (California Labor Code section 2699 et seq.) or any similar law of any other state, then any such claim or cause of action shall be litigated in court, but such litigation shall not commence until after arbitration of any and all individual claims covered by this Mutual Arbitration Program is concluded.

The arbitrator shall have the authority to award any type of relief that otherwise could be awarded under applicable law by a judge or a jury in connection with any individual claim either party may have. The arbitrator's decision shall be final and binding. Either Employee or S.J. may seek to have a court of competent jurisdiction enforce an arbitration award. Employee and S.J. also retain any and all rights under controlling law to apply to a court for injunctive relief or other provisional relief where necessary to avoid irreparable harm.

THE TERMS OF THIS MUTUAL ARBITRATION PROGRAM INCLUDE A WAIVER BY S.J. AND EMPLOYEE OF THE RIGHT TO A JURY TRIAL, AND OF THE RIGHT TO BRING A CLASS ACTION, COLLECTIVE ACTION OR REPRESENTATIVE ACTION, OR ON A PRIVATE ATTORNEY GENERAL



BASIS, EXCEPT TO THE EXTENT CONTROLLING LEGAL AUTHORITY REQUIRES OTHERWISE. UNDER THE TERMS OF THIS MUTUAL ARBITRATION PROGRAM, CLAIMS THAT OTHERWISE WOULD BE DECIDED BY A JUDGE OR A JURY WILL BE DECIDED BY AN ARBITRATOR WITHOUT A JURY, AND SOLELY ON AN INDIVIDUAL CLAIM BASIS.

S.J. AND EMPLOYEE HEREBY AFFIRM THAT THEY CLEARLY AND UNMISTAKABLY INTEND AND AGREE TO DELEGATE ANY AND ALL ISSUES OF ENFORCEABILITY OF THIS

ARBITRATION PROGRAM TO THE ARBITRATOR, EXCEPT AS OTHERWISE PROVIDED HEREIN.

S.J. AND EMPLOYEE EACH UNDERSTAND THE EFFECT OF THE TERMS HEREIN AND ACKNOWLEDGE THAT THEY EACH HAVE THE OPPORTUNITY TO CONSULT AN ATTORNEY OF THEIR OWN CHOOSING ABOUT THE TERMS HEREIN.

This Mutual Arbitration Program takes effect upon Employee's receipt of this Notice from S.J. and Employee's employment with S.J. after such receipt.

BY SIGNING ON THE ACKNOWLEDGEMENT OF S.J. DISTRIBUTOR LLC ENTRY FORM, I HAVE READ AND UNDERSTAND THE MUTUAL ARBITRATION PROGRAM NOTICE.

Accept and Initial: _____ OR Decline ☐



5. PHOTOGRAPH AND PUBLICITY RELEASE FORM

I give my employer, S.J. Distributors LLC and its agents and assigns, my permission to use my name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made as a result of my employment with S.J. Distributors LLC I agree that the S.J. Distributors LLC has complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with S.J. Distributors LLC's missions. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet. I acknowledge that I will not receive any compensation, etc. for the use of such pictures, etc., and hereby release S.J. Distributors LLC and its agents and assigns from any and all claims which arise out of or are in any way connected with such use.

BY SIGNING ON THE ACKNOWLEDGEMENT OF S.J. DISTRIBUTOR LLC ENTRY FORM, I HAVE READ AND UNDERSTAND PHOTOGRAPH AND PUBLICITY RELEASE FORM.

Accept and Initial: _____ OR Decline ☐



6. TIME & BREAK ACKNOWLEDGEMENT

Accuracy of Time

It is S.J. Distributor LLC's (the "Company") policy to ensure that all employees are properly paid for all of their work. Therefore, it is each employee's responsibility to examine their paycheck and paycheck stub to ensure that each employee is being properly paid for all work time and that the paycheck and pay stub are accurate. If an employee believes that he/she is not being properly paid for all of his/her work, he/she must immediately inform Human Resources.

Additionally, no supervisor can permit an employee to work "off the clock." If a supervisor asks an employee to work "off the clock," it is the employee's responsibility to immediately bring this issue to Human Resources. No employees are permitted to work "off the clock" at any time. For the purposes of this policy, "off the clock" work is where an employee works for the Company but does not accurately record his/her time in the Company's approved time record.

Supervisors are only authorized to change an employee's time record to accurately reflect the employee's actual work hours. If an employee believes that a supervisor has modified his/her time record to inaccurately reflect his/her work hours, again, the employee will immediately inform Human Resources of the alleged inaccuracy, in writing.

It will be presumed that the Company is accurately compensating an employee, unless the employee timely brings a complaint pursuant to this policy.

Meal Periods and Rest Breaks

Non-Exempt employees are expected to take their full allotted time for meal and break periods and may not perform any work during these periods. Non-Exempt employees are provided time for meal periods and rest breaks and will be relieved of all duty during the course of their work day for such purposes.

Your Supervisor will determine the scheduling of your meal and rest periods.

- **Meal Periods**

Non-Exempt employees who work at least five (5) hours in any work day are provided a thirty (30) minute unpaid meal period, except that when a work period of no more than six (6) hours will complete the day's work, the meal period may be waived by mutual consent of the Company and the employee. The Company may, in its sole discretion, assign a longer meal period to particular job functions or particular employees, but the Company is not required by law to do so.

The Company also provides employees who work more than ten (10) hours in any work day time for a second thirty (30) minute unpaid meal period. The employee may choose to waive the second meal period when the employee's supervisor agrees, as long as the first meal period was not waived, and the total hours worked is no more than twelve (12) hours.

Supervisors may schedule meal periods to accommodate operating requirements. Where a supervisor does not specifically schedule an employee's meal period, the employee is responsible for ensuring that the meal period commences no later than the end of the employee's fifth hour of work.

Meals during meal periods should not be eaten on the clock. If, for any reason an employee feels that he/she does not have adequate time to take a thirty-minute meal period, it is the employee's responsibility to notify his/her supervisor and/or the Human Resources Department so that adequate accommodations may be provided.

Employees are required to keep accurate records of meal periods taken. If there is a time clock or electronic timekeeping system, each employee must clock out when going to meals and clock in when returning to work. If an employee does not adhere to this requirement to clock in and out, or does not timely return to work following a meal period, he/she will be subject to disciplinary action, up to and including termination of employment. If an employee is employed in a position where he/she is physically unable to clock out and back in for his/her meal period, such as a driver, he/she will be required to notify the Company if he/she diverts from the break schedule and misses his/her meal period, takes a meal period shorter than 30 minutes or starts his meal period after the fifth hour of work. The Company will assume each employee received their meal period of at least 30 minutes and that the meal period started before the end of the fifth hour of work unless the employee notifies the Company that he/she received a short or late meal period.

- **Rest Breaks**



Non-Exempt employees are entitled to one ten-minute rest period for every four hours worked, or major fraction thereof. Rest periods should be taken as close to the middle of the four hours worked as reasonably possible. The schedule for rest periods is as follows:

For shifts longer than 3.5 hours, one rest period should be taken between the beginning of the second hour, but before the end of the fourth hour.

For shifts between four and ten hours, an additional rest period should be taken between the beginning of the sixth hour, but before the eighth hour.

For shifts between ten and fourteen hours, an additional rest period should be taken between the beginning of the tenth hour, but before the twelfth hour.

An employee working any shift more than six hours in length is entitled take their additional rest breaks. Rest periods may not be combined or added to a meal period, and cannot be skipped in order to arrive late, to leave early or to work extra time.

- Unauthorized Work During Meal and Rest Periods

Meal and rest periods are designed to ensure that employees have uninterrupted time to themselves throughout the day. Employees are prohibited from engaging in work related activities during this time, including, but not limited to, responding to work related emails or electronic communications, dealing with customers or vendors, or otherwise engaging in work related tasks. Employees who feel that work-related activities, including, but not limited to, demands from customers/vendors or pressure from supervisors, are inhibiting their ability to take their meal or rest periods, are instructed to discuss the issue with their supervisors and/or with the Human Resources Department.

Employees who fail to observe their assigned working hours and the time allowed for meal and rest periods may be subject to disciplinary action, up to and including termination of employment.

Finally, in the consideration of some employees' inability to check time during their workday, the Company set up alarm systems to remind all employees the commencement and the conclusion time of their assigned breaks. Failure to follow the Company assigned break schedule will be subject to discipline, up to and including termination.

To facilitate the accuracy of employee time and compliance with legal requirements that employees receive meal periods and rest breaks, employees can check their respective work hours via the following methods:

1. Time Clock Machine: Most recent days of time punch records;
2. Time & Attendance Software: Current and previous time punch records;
3. Pay Stub: Total hours worked during the pay cycle;

Employees must accurately record the starting and ending time of their lunch breaks and confirm the related attendance information in the Company's internal system. If an employee fails to notify his/her supervisor, a manager or human resources by the end of the payroll period (bi-weekly), it will be presumed that the employee's time is accurate and that he/she received all of his/her meal periods and rest breaks except those meal periods for which the employee did not clock out or the time clock reflects a short or late meal period. By signing on the acknowledgement of S.J. DISTRIBUTOR LLC ENTRY FORM and initial below, I hereby acknowledge that I have read, understand and agree to the above policy. I understand that if I have any questions, concerns or objections to the worked hours, it is my responsibility to take the initiative to raise it to my manager.

BY SIGNING ON THE ACKNOWLEDGEMENT OF S.J. DISTRIBUTOR LLC ENTRY FORM, I HAVE READ AND UNDERSTAND TIME & BREAK ACKNOWLEDGEMENT.



7. PAPERLESS PAYSTUB AUTHORIZATION

S.J. Distributors LLC (“the Company”) offers ALL employees the option of receiving, viewing and printing their paystubs electronically through the Company’s payroll system or the payroll app downloaded at employee’s electronic devices.

I hereby authorize S.J. Distributors LLC to provide my paystub electronically through the Company’s payroll system or the payroll app downloaded at my electronic devices and communicate with me through the payroll system or payroll app regarding my paystub. I understand I will need to set up my username and password for my payroll app/system account and log into my payroll app/system account to receive an electronic copy of my pay stub.

I acknowledge and agree that receiving an electronic version of my paystub will remain in effect until the Human Resources Department receives a WRITTEN notice from me that I choose to receive a paper version of my paystub.

Instruction to print copy of the paystub:

1. Find your local Human Resource Admin and request for access of printing paystub computer;
2. Log-in to your payroll system app or online portal (Addition instruction, please see Appendix);
3. Go to pay statement and click view detail;
4. For online portal, click on print;
5. For mobile app, just simply forward it to your personal email and print it by log-in your email, then print it.

BY SIGNING ON THE ACKNOWLEDGEMENT OF S.J. DISTRIBUTOR LLC ENTRY FORM, I HAVE READ AND UNDERSTAND PAPERLESS PAYSTUB AUTHORIZATION.

Accept and Initial: _____ OR Decline ☐



8. DIRECT DEPOSIT AUTHORIZATION

I authorize S.J. Distributors LLC (“The Company”) to deposit my net pay (or a portion thereof) for each pay period to my bank account(s) which I designated, either through a signed Direct Deposit Authorization Form from my bank or through a voided check with my bank routing number, account number and my legal name. If I cannot provide any document as mentioned above, I will complete an “Employee Direct Deposit Authorization Form” and authorize the Company to deposit my net pay (or a portion thereof) for each pay period to my bank account(s) as indicated in the “Employee Direct Deposit Authorization Form”. I have verified the transit routing number in the Authorization Form and also understand that all types of pay will be directly deposited to the above-mentioned account(s).

I acknowledge and agree that receiving direct deposit of my pay check will remain in effect until the Human Resources Department receives a WRITTEN notice from me that I choose to receive a paper version of my pay check.

I hereby authorize S.J. Distributor LLC to make adjustments and correct any erroneous overpayment by debiting my bank account(s) that I designated to the extent of such overpayment/adjustments.

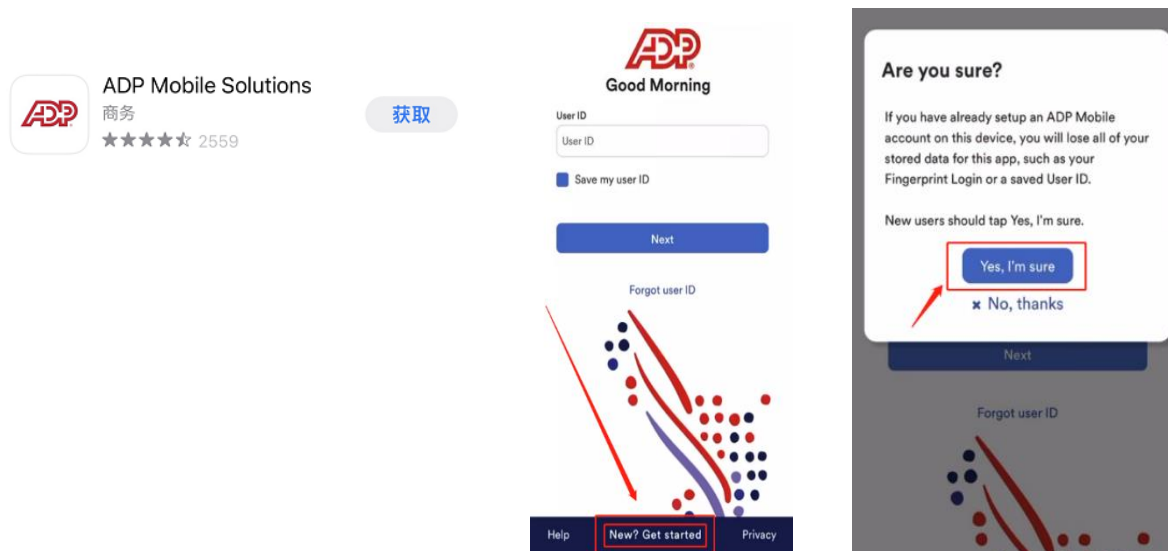
NOTE: The bank authorization process for direct deposit takes approximately two pay periods. If you are just switching bank accounts, you may receive a live check, and not a direct deposited transaction for the next two pay periods.

BY SIGNING ON THE ACKNOWLEDGEMENT OF S.J. DISTRIBUTOR LLC ENTRY FORM, I HAVE READ AND UNDERSTAND DIRECT DEPOSIT AUTHORIZATION.

Accept and Initial: _____ OR Decline ☐

ADP ACCOUNT SIGN-UP INSTRUCTION

1. First, search “ADP” in your APP Store. Download and open it, click “New? Get started” at bottom. A pop-up will appear. Click “Yes, I’m sure”.



2. Choose “No” for registration option. Then choose “USA” at next page.



3. Next fill out your full legal name (Middle name follow with first name field), then click “Next”. (You can ask your local HR admin to check your full name in our SJ-US HR System, the name in system and input should be matched).

What is your name?
Enter exactly as it is in your company's records.

First name

Last name

4. Follow with your date of birth, and click “Next” to continue.

What is your birth date?

- Enter your Associate ID (Note: Ask your local HR admin for this ID), then click **“Next”**.

What is your Employee ID or Associate ID?

I don't know my ID?

Previous Next

- Review all information on this page. If you want to edit any of the information, just click edit (“pen” icon) next to the information. When confirm all are correct, click **“Confirm”** to continue.

Please review your information.

Name A [redacted] [edit icon]

Date of birth C [redacted] [edit icon]

Employee/Associate ID [redacted] [edit icon]

Previous Confirm

- To protect your account, please add a frequently used email for you to easily receive notification about your account. Your mobile phone number should be filled in automatically. If you need to receive SMS or email sent by ADP, Please click the box **“Yes”**, then click **“CONTINUE”**

ADP Help us protect your account

Primary Contact Information Enter a frequently used email and phone number to receive a verification code to confirm your identity and/or recover your account login information, when needed.

Email* Work [dropdown]

Phone* Personal, Mobile [dropdown]

US +1 (559) 770-0023

It's OK to text and/or call me (via use of an auto-dialer or otherwise) about my account. I understand I can opt out any time.* ☒ Yes ☐ No

ADD BACKUP CONTACT INFORMATION

CONTINUE

- Choose one of the options to verify your identity — email or text message. We’ll prefer to go by text message, click **“Send me a text message”**.

ADP Verify contact information

Select a way to contact you. We will send a code to your phone or email address.

Send me a text message (SMS text)

Send me an email M*****1@icloud.com

SKIP THIS STEP

- Enter the verification code that you received and enter to the field. The code is time-sensitive, so be sure to enter it as soon as you receive it! Then click **“CONTINUE”** when done for the code.

- The following screen requires you to create a unique user ID and a password for your account log-in. Ensure to input the password twice as confirmation to the password. Please be attention of the password requirements. Then, click **“CREATE YOUR ACCOUNT”**.

Please DO NOT share your user ID and password with any other person.

- If you see the page below, that means you’re DONE for the account set up! Now, just click **“OK”** and go to Login page.

Enter the user ID just created and click **“Next”**. (Note: If a pop-up reminder shows false, please reopen ADP APP and try to log in again) .

- Enter password to set up Face ID (optional):

If you need to set up Face ID, click **“Enable now”, enter your password. However, if you decided not to do it, click **“Cancel”** to return to previous screen;

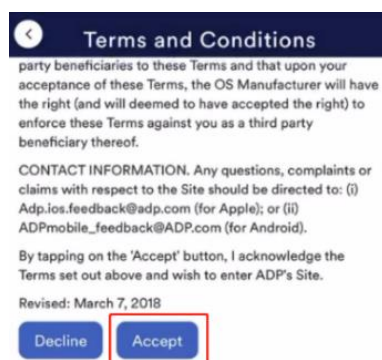
If you need to set up Face ID later, click **“Remind me later”;

If you did not need to set up Face ID, click **“No, thanks”.

Accept and Initial: _____ OR Decline ☐

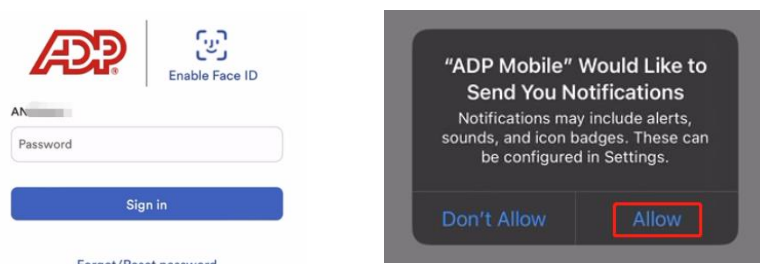
13. Please read through the “Terms and Conditions” and click “Accept” if accept it.

Again, do not share your user ID and password with others.

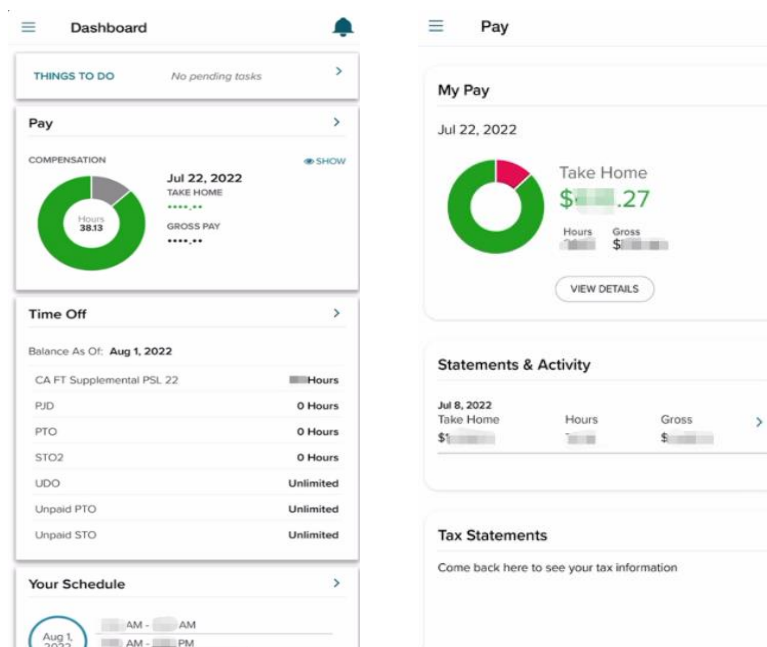


14. The screen will have a pop-up reminder for notification reminder option. If not, you may skip to next step.

**If you want to accept notifications from ADP, click “Allow”, otherwise, click “Don’t Allow”.



15. Congratulations! Now you are now totally done for the account sign up and ready for you to view all paystubs and others. The home page will show a summary of your personal information, such as previous wage information, etc. If you want to find more, you can simply click menu at left corner on the page for more category.



Accept and Initial: _____ OR Decline ☐



ACKNOWLEDGEMENT OF S.J. DISTRIBUTOR LLC ENTRY FORM

BY SIGNING BELOW, I ACKNOWLEDGE AND UNDERSTAND THAT IT IS MY RESPONSIBILITY TO READ THE ENTRY FORM IN ITS ENTIRETY. I AGREE TO COMPLY WITH THE RULES, POLICIES, AND PROCEDURES SET FORTH HEREIN, AS WELL AS ANY VERSIONS MADE TO ENTRY FORM IN THE FUTURE. I ALSO UNDERSTAND THAT IF I VIOLATE THE RULES, POLICIES, AND PROCEDURES SET FORTH HEREIN THAT I MAY BE SUBJECT TO DISCIPLINE, UP TO AND INCLUDING TERMINATION OF MY EMPLOYMENT.

Employee's Print Name

Employee's Clock in ID

Employee's Signature

Date