

**New Hire Documents Checklist**

(Please **initial** each item to acknowledge receipt of new hire documents)

No.	Initials	New Hire Documents
1		New Hire Employee Data
2		Form W-4 - Employee's Withholding Allowance Certificate (2019)
3		Form WT-4 - Employee's Wisconsin Withholding Exemption Certificate
4		Form I-9 Form - Employment Eligibility Verification
5		At-Will Employment Agreement
6		Conflict of Interest Certificate
7		Agreement Relating to Intellectual Property and Confidential Information
8		Code of Conduct and Disciplinary Action Policy
9		Electronic Communications Systems Usage Policy
10		Direct Deposit - Authorization, Change, or Cancellation
11		Payroll Information – New Hire
12		Payroll Deduction Authorization
13		Security Policy and Procedures
14		Safety Rules and Guidelines
15		Workers' Compensation Notice
16		Unlawful Harassment - Notice of Complaint & Procedures
17		Waiver and Release of Liability Form
18		Handbook Acknowledgment
19		Voluntary EEOC Identification Information
20		Summary of Benefits

I, \_\_\_\_\_, hereby acknowledge receipt of the above documents. I understand it is my responsibility to read and understand my rights and obligations as an employee of this company. All information I provide on the documents are true and accurate.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**New Hire Employee Data****PERSONAL INFORMATION\***

\*All information provided will be kept confidential, and will be used only for human resources, payrolls, and insurance registration purposes.

Legal Name:  
(Must match name on Social Security Card)

Other Preferred Name (if any):

Address:

City/State/Zip:

Personal E-Mail Address:

Home Phone:

Cell Phone:

Social Security Number:

Birthday:

Hire Date:

Report To:

**EMERGENCY CONTACTS\*\***

\*\* In the event of emergency, company will contact the following persons. Please provide at least two contact persons:

Name #1:

Relationship:

Cell Phone:

Home/Alternate Phone:

Name #2:

Relationship:

Cell Phone:

Home/Alternate Phone:

I certify that information given above are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my data form may result in my termination. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of New Employee

\_\_\_\_\_  
Date

# Form W-4 (2019)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**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.** You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

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

## Specific Instructions

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:** Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line F. Credit for other dependents.** When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <b>2019</b>	
<b>1</b> Your first name and middle initial		Last name		<b>2</b> Your social security number	
Home address (number and street or rural route)		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."			
City or town, state, and ZIP code		<b>4</b> If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>			
<b>5</b> Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . . . .		<b>5</b>			
<b>6</b> Additional amount, if any, you want withheld from each paycheck . . . . .		<b>6</b>		\$	
<b>7</b> I claim exemption from withholding for 2019, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . <b>7</b>					
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.) ▶					
<b>8</b> Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		<b>9</b> First date of employment		<b>10</b> Employer Identification number (EIN)	

income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line G. Other credits.** You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter "-0-" on lines E and F if you use Worksheet 1-6.

### **Deductions, Adjustments, and Additional Income Worksheet**

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App). If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

### **Two-Earners/Multiple Jobs Worksheet**

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you

don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("-0-") on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make your withholding more accurate.

**Tip:** If you have a working spouse and your incomes are similar, you can check the "Married, but withhold at higher Single rate" box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the "Married, but withhold at higher Single rate" box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

### **Instructions for Employer**

**Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.**

**New hire reporting.** Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9,

and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to [www.acf.hhs.gov/css/employers](http://www.acf.hhs.gov/css/employers).

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

**Box 8.** Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

**Box 9.** If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

**Box 10.** Enter the employer's employer identification number (EIN).

**Personal Allowances Worksheet (Keep for your records.)**

<b>A</b>	Enter "1" for yourself . . . . .	<b>A</b>	_____
<b>B</b>	Enter "1" if you will file as married filing jointly . . . . .	<b>B</b>	_____
<b>C</b>	Enter "1" if you will file as head of household . . . . .	<b>C</b>	_____
<b>D</b>	Enter "1" if: { <ul style="list-style-type: none"> <li>• You're single, or married filing separately, and have only one job; or</li> <li>• You're married filing jointly, have only one job, and your spouse doesn't work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>D</b>	_____
<b>E</b>	<b>Child tax credit.</b> See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child.</li> <li>• If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child.</li> <li>• If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child.</li> <li>• If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" . . . . .</li> </ul>		
<b>F</b>	<b>Credit for other dependents.</b> See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent.</li> <li>• If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).</li> <li>• If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" . . . . .</li> </ul>		
<b>G</b>	<b>Other credits.</b> If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F . . . . .		
<b>H</b>	Add lines A through G and enter the total here . . . . .	<b>H</b>	_____

For accuracy,  
complete all  
worksheets  
that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 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 above.

**Deductions, Adjustments, and Additional Income Worksheet**

**Note:** Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

<b>1</b>	Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: { <ul style="list-style-type: none"> <li>\$24,400 if you're married filing jointly or qualifying widow(er)</li> <li>\$18,350 if you're head of household</li> <li>\$12,200 if you're single or married filing separately</li> </ul>	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-" . . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) . . . . .	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, above . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 of that worksheet on page 4. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>	_____

**Two-Earners/Multiple Jobs Worksheet**

**Note:** Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) . . . . . **1** \_\_\_\_\_
  - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't 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 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . **9** \$ \_\_\_\_\_

**Table 1****Table 2**

<b>Married Filing Jointly</b>		<b>All Others</b>		<b>Married Filing Jointly</b>		<b>All Others</b>	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
5,001 - 9,500	1	7,001 - 13,000	1	24,901 - 84,450	500	7,201 - 36,975	500
9,501 - 19,500	2	13,001 - 27,500	2	84,451 - 173,900	910	36,976 - 81,700	910
19,501 - 35,000	3	27,501 - 32,000	3	173,901 - 326,950	1,000	81,701 - 158,225	1,000
35,001 - 40,000	4	32,001 - 40,000	4	326,951 - 413,700	1,330	158,226 - 201,600	1,330
40,001 - 46,000	5	40,001 - 60,000	5	413,701 - 617,850	1,450	201,601 - 507,800	1,450
46,001 - 55,000	6	60,001 - 75,000	6	617,851 and over	1,540	507,801 and over	1,540
55,001 - 60,000	7	75,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 95,000	8				
70,001 - 75,000	9	95,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 110,000	10				
85,001 - 95,000	11	110,001 - 115,000	11				
95,001 - 125,000	12	115,001 - 125,000	12				
125,001 - 155,000	13	125,001 - 135,000	13				
155,001 - 165,000	14	135,001 - 145,000	14				
165,001 - 175,000	15	145,001 - 160,000	15				
175,001 - 180,000	16	160,001 - 180,000	16				
180,001 - 195,000	17	180,001 and over	17				
195,001 - 205,000	18						
205,001 and over	19						

**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 aren't required to provide the information requested on a form that's 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.

# Employee's Wisconsin Withholding Exemption Certificate/New Hire Reporting

WT-4

## Employee's Section (Print clearly)

Employee's legal name (first name, middle initial, last name)			Social security number	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note:</b> If married, but legally separated, check the Single box.
Employee's address (number and street)			Date of birth	
City	State	Zip code	Date of hire	

### FIGURE YOUR TOTAL WITHHOLDING EXEMPTIONS BELOW

Complete Lines 1 through 3 only if your Wisconsin exemptions are different than your federal allowances.

- (a) Exemption for yourself – enter 1 .....
   
 (b) Exemption for your spouse – enter 1 .....
   
 (c) Exemption(s) for dependent(s) – you are entitled to claim an exemption for each dependent .....
   
 (d) Total – add lines (a) through (c) .....
- Additional amount per pay period you want deducted (if your employer agrees) .....
- I claim complete exemption from withholding (see instructions). Enter "Exempt" .....

I CERTIFY that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled. If claiming complete exemption from withholding, I certify that I incurred no liability for Wisconsin income tax for last year and that I anticipate that I will incur no liability for Wisconsin income tax for this year.

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

### EMPLOYEE INSTRUCTIONS:

#### • WHO MUST FILE:

Every Employee is required to file a completed Form WT-4 with each of his or her employers unless the Employee claims the same number of withholding exemptions for Wisconsin withholding tax purpose as for federal withholding tax purpose. Form WT-4 (or federal Form W-4 if a Form WT-4 is not filed) will be used by your employer to determine the amount of Wisconsin income tax to be withheld from your paychecks. If you have more than one employer, you should claim a smaller number or no exemptions on each Form WT-4 filed with employers other than your principal employer so that the total amount withheld will be closer to your actual income tax liability.

Your employer may also require you to complete this form to report your hiring to the Department of Workforce Development.

You may file a new Form WT-4 any time you wish to change the amount of withholding from your paychecks, providing the number of exemptions you claim does not exceed the number you are entitled to claim.

#### • UNDER WITHHOLDING:

If sufficient tax is not withheld from your wages, you may incur additional interest charges under the tax laws. In general, 90% of the net tax shown on your income tax return should be withheld.

#### • OVER WITHHOLDING:

If you are using Form WT-4 to claim the maximum number of exemptions to which you are entitled and your withholding exceeds your expected income tax liability, you may use Form WT-4A to minimize the over withholding.

#### • WHEN TO FILE IF YOUR EXEMPTIONS CHANGE:

You must file a new certificate within 10 days if the number of exemptions previously claimed by you DECREASES.

You may file a new certificate at any time if the number of your exemptions INCREASES.

### WT-4 Instructions – Provide your information in the employee section.

#### • LINE 1:

(a)-(c) Number of exemptions – Do not claim more than the correct number of exemptions. If you expect to owe more income tax for the year than will be withheld if you claim every exemption to which you are entitled, you may increase your withholding by claiming a smaller number of exemptions on lines 1(a)-(c) or you may enter into an agreement with your employer to have additional amounts withheld (see instruction for line 2).

(c) Dependents – Those persons who qualify as your dependents for federal income tax purposes may also be claimed as dependents for Wisconsin purposes. The term "dependents" does not include you or your spouse. Indicate the number of dependents that you are claiming in the space provided.

#### • LINE 2:

Additional withholding – If you have claimed "zero" exemptions on line 1, but still expect to have a balance due on your tax return for the year, you may wish to request your employer to withhold an additional amount of tax for each pay period. If your employer agrees to this additional withholding, enter the additional amount you want deducted from each of your paychecks on line 2.

#### • LINE 3:

Exemption from withholding – You may claim exemption from withholding of Wisconsin income tax if you had no liability for income tax for last year, and you expect to incur no liability for income tax for this year. You may not claim exemption if your return shows tax liability before the allowance of any credit for income tax withheld. If you are exempt, your employer will not withhold Wisconsin income tax from your wages.

You must revoke this exemption (1) within 10 days from the time you expect to incur income tax liability for the year or (2) on or before December 1 if you expect to incur Wisconsin income tax liabilities for the next year. If you want to stop or are required to revoke this exemption, you must file a new Form WT-4 with your employer showing the number of withholding exemptions you are entitled to claim. This certificate for exemption from withholding will expire on April 30 of next year unless a new Form WT-4 is filed before that date.

## Employer's Section

Employer's name			Federal Employer ID Number	
Employer's payroll address (number and street)		City	State	Zip code
Completed by	Title	Phone number ( )	Email	

### EMPLOYER INSTRUCTIONS for Department of Revenue:

- If you do not have a Federal Employer Identification Number (FEIN), contact the Internal Revenue Service to obtain a FEIN.
- If the Employee has claimed more than 10 exemptions OR has claimed complete exemption from withholding and earns more than \$200.00 a week or is believed to have claimed more exemptions than he or she is entitled to, mail a copy of this certificate to: Wisconsin Department of Revenue, Audit Bureau, PO Box 8906, Madison WI 53708 or fax (608) 267-0834.
- Keep a copy of this certificate with your records. If you have questions about the Department of Revenue requirements, call (608) 266-2772 or (608) 266-2776.

### EMPLOYER INSTRUCTIONS for New Hire Reporting:

- This report contains the required information for reporting a New Hire to Wisconsin. If you are reporting new hires electronically, you do not need to forward a copy of this report to the Department of Workforce Development. Visit <https://dwd.wi.gov/uinh/> to report new hires.
- If you do not report new hires electronically, mail the original form to the Department of Workforce Development, New Hire Reporting, PO Box 14431, Madison WI 53708-0431 or fax toll free to 1-800-277-8075.
- If you have questions about New Hire requirements, call toll free (888) 300-HIRE (888-300-4473). Visit [dwd.wi.gov/uinh/](https://dwd.wi.gov/uinh/) for more information.

The address will be displayed appropriately in a left window envelope.

**DEPARTMENT OF WORKFORCE DEVELOPMENT  
NEW HIRE REPORTING  
PO BOX 14431  
MADISON WI 53708-0431**





**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1 Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number):
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>
<p>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</p> <p>1. Alien Registration Number/USCIS Number: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 3. Foreign Passport Number: _____ Country of Issuance: _____</p>
<p>QR Code - Section 1 Do Not Write in This Space</p>

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

**Preparer and/or Translator Certification (check one):**

<input type="checkbox"/> I did not use a preparer or translator.	<input type="checkbox"/> A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
<i>(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)</i>	

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 08/31/2019

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div>Additional Information</div>		
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority		<div>QR Code - Sections 2 &amp; 3 Do Not Write In This Space</div>		
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

**Section 3. Reverification and Rehires** (To be completed and signed by employer or authorized representative.)

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C.** If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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## LISTS OF ACCEPTABLE DOCUMENTS

**All documents must be UNEXPIRED**

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

LIST A	OR	LIST B	AND	LIST C
Documents that Establish Both Identity and Employment Authorization		Documents that Establish Identity		Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
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				

**Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**

## At-Will Employment Agreement

Employer: **AFE INC.**

EMPLOYEE: \_\_\_\_\_  
(Print Name)

THIS AGREEMENT is made by and between the above Employer and Employee on the date stated below:

### WITNESSETH:

WHEREAS Employer intends to hire Employee, and Employee intends to work for Employer under the terms and conditions hereinafter provided,

NOW, THEREFORE, in consideration of the mutual promises and covenants herein contained, the parties hereto agree as follows:

1. This Agreement is an at-will employment agreement. Either party of the Agreement can terminate this employment relationship at any time, with or without cause. Employee shall give notice to Employer at least two (2) weeks before Employee determines to terminate the employment relationship.
2. Employee's salary and other benefits shall be determined by Employee's performing his/her duties designated by Employer;
3. Employee's performance reviews, promotions, commendations, bonuses, or the like from Employer shall not be considered as an obligation on the part of either employer or Employee to continue employment;
4. Employee agrees to conduct himself/herself in accordance with the policies and procedure set forth by Employer, some of which are contained in the Employee Handbook (the "Handbook"), the receipt of a copy of the Handbook is hereby acknowledged. Any policies and procedures can be altered by Employer's management at any time and without prior notice to Employee;
5. Employee enters into this Agreement voluntarily and without duress. Employee acknowledges, understands the contents of this Agreement, and accepts the provisions contained herein;
6. There is no other employment agreement between the parties either orally or in writing. This Agreement and the terms provided in the offer letter constitute the entire employment agreement between Employee and Employer and overrides all other employment agreement between Employee and Employer. This Agreement can only be modified or amended in writing and executed only by Employer and Employee.

Employee:

Employer Representative:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## Conflict of Interest Certificate

To: AFE Inc. Employee

Do you intend to work for another company while you are employed by AFE Inc.?

☐ No (If no, please read the company Policy Statement on outside employment below and sign and date the bottom of this form.)

☐ Yes (If yes, please provide the information requested in the box below, then read the Policy Statement on outside employment and sign and date the bottom of this form.)

Outside Company's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Position at This Company: \_\_\_\_\_

Detailed Description of Job Responsibilities: \_\_\_\_\_

List Outside Company's Products and Services: \_\_\_\_\_

Employee's Work Hours/Schedule: \_\_\_\_\_

Hours Per Week: \_\_\_\_\_ Hours Per Month: \_\_\_\_\_ Starting Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### Policy Statement on Outside Employment

1. Any employee engaging in outside employment shall observe the standards of common business ethics and shall avoid any activities which are not in the best interest of the company.
2. Outside employment shall not in any way divide or appear to divide an employee's business loyalty or reduce any of his/her activities to perform regular job assignments of the company.
3. Employment outside must not cause loss to the company in terms of monetary, property or image.
4. Employee must not obtain his/her outside employment by the use of his/her position at the company.
5. Employee must not use company's name to advance his/her business activities outside.
6. Failure to comply with this policy shall subject employee to disciplinary actions up to and including termination.

I have read the company policy statement on outside employment and understand the consequence for my failure to disclose and/or comply with such policy.

Employee's Printed Name: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Agreement Relating to Intellectual Property,  
Confidential Information and  
Fiduciary Duty of Employee**

Employee: \_\_\_\_\_ (Print Name)

Company: **AFE Inc.**

In consideration of my employment and compensation paid to me by AFE Inc., and the equipment, material, facilities and Confidential Information supplied to me for performing my duties, I, (the employee named above) hereby acknowledge and agree as follows:

**Part I. Definitions**

**1. Definitions**

In this Agreement, the following terms shall mean:

(a) "AFE Inc.": AFE Inc. a corporation incorporated under the Law of State of Wisconsin, with its office located at 13315 Globe Drive, Mt. Pleasant, Wisconsin 53177, including its predecessors, assignees and successors and its past, present and future operating companies, divisions, subsidiaries, Affiliates and other business units;

(b) "Inventions": inventions, innovations, improvements, know-how, discoveries, ideas, designs, patentable or not, trade secrets, software, mask works and copyrightable works and all other forms of intellectual property;

(c) "Confidential Information": any information of AFE Inc. or its Affiliates concerning any inventions, discoveries, improvements, processes, formulas, apparatus, equipment, methods, trade secrets, research, secret data, users or purchasers, cost of the products or services of AFE Inc. or its Affiliates, or the confidential matters of AFE Inc. or its Affiliates, possessed, owned, or learned of by me in the course of or as a result of my employment with AFE Inc.;

(d) "Make": when used in relation to inventions including any one or any combination of (i) creation, (ii) conception, (iii) reduction to practice, or (iv) development of an invention, and regardless of whether I am a sole or joint inventor;

(e) "Affiliate" or "Affiliates": any business entities that, directly or indirectly, control AFE Inc., is controlled by AFE Inc. or is under common control with AFE Inc. For the purpose of this definition, "control" (including, with collective meaning, the terms "controlled by" and "under common control with") as used with respect to any entity shall mean the possession, directly or indirectly, of the power to direct or cause the direction of the management policies of such entity, whether through financing, technology, marketing, personnel or otherwise.

**Part II. Intellectual Property and Confidential Information**

**1. Ownership of Inventions**

I agree and acknowledge that each and every Invention made by me during the period of my employment by AFE Inc., which (a) relates directly to the business of AFE Inc. or its Affiliates or to AFE Inc.'s actual or demonstrably anticipated research or development, or (b) results from any work I perform for AFE Inc. or its Affiliates, are the sole and exclusive property of AFE Inc. and/or its Affiliates, and I will assign to AFE Inc. and/or its Affiliates, without compensation, my entire right, title and interest for the entire world in and to each such Invention.

If I can prove that (1) no equipment, supplies, facility or trade secret information of AFE Inc. or its Affiliates used by me for making a certain Invention and (2) such Invention is developed entirely on my own time, such Invention, though made by me during the period of my employment by AFE Inc., will be proprietary to me, unless:

(a) such Invention relates directly to the business of AFE Inc. or its Affiliates or to AFE Inc.'s actual or demonstrably anticipated research or development; or

(b) such Invention results from any work performed by me for AFE Inc. or its Affiliates.

If I wish to assert any property right in an Invention I make during the period of my employment by AFE Inc., I shall promptly notify AFE Inc.'s law department in writing of the existence of such right when it arises.

2. Records of Invention

I shall keep complete and current written records of my Inventions in the form of notes, sketches, drawings, or reports relating thereto, which records shall remain the property of AFE Inc. or its Affiliates. I shall also promptly disclose to AFE Inc. all such Inventions in writing to adequately determine AFE Inc.'s or its Affiliates' rights in each of such Inventions and supplement any such disclosures to the extent AFE Inc. may request. If I have doubts as to whether or not to disclose to AFE Inc. any Inventions, I will disclose it.

3. Cooperation with AFE Inc. and its Affiliates

I will assist and fully cooperate with AFE Inc. and/or its Affiliates in obtaining and maintaining the fullest measure of legal protection, which AFE Inc. and/or its Affiliates elects to obtain and maintain for Inventions in which it has a property right. AFE Inc. will reimburse me for reasonable expenses incurred for my assisting, and cooperating with AFE Inc. and/or its Affiliates in this matter. I further agree to sign, execute, acknowledge or cause to be signed, executed and acknowledged all documents necessary for protection of AFE Inc.'s and/or its Affiliates' rights and interest in the Inventions. Such documents shall include, but not limited to, applications, assignments, oaths, declarations, and affidavits. If necessary, I will make myself available for interviews, depositions and testimony relating to any said Inventions

4. Disclosure of Inventions after Termination

I shall promptly and completely disclose to AFE Inc. in writings all Inventions made by me within two (2) years after the end of my employment by AFE Inc., which relate either to my work assignment at AFE Inc. or to AFE Inc.'s Confidential Information for the purpose of determining AFE Inc.'s rights and interest in each such Invention. I and/or my employer shall not file any patent application or any other application concerning the intellectual property rights relating to any such Inventions before the issue concerning ownership of the Invention is determined and prior written consent of AFE Inc. is obtained. If I cannot prove the Inventions are made entirely after the end of my employment by AFE Inc., such Inventions will be presumed to have been made during the period of my employment by AFE Inc. I acknowledge that the conditions of this paragraph are no greater than is necessary for protecting AFE Inc.'s interests in AFE Inc.'s Confidential Information and Inventions, to which it is rightfully entitled.

5. Pre-employment Inventions

I attach hereto a complete list (as Schedule A) of Inventions, in which I have rights and interest and which have been made or first reduced to practice by me, alone or jointly with others prior to my employment with AFE Inc. This list shall be incorporated into this Agreement and be deemed as part of this Agreement. If I become aware of any anticipated or actual use by AFE Inc. of any Inventions listed in Schedule A, I will promptly notify AFE Inc. in writing of said use.

6. AFE Inc.'s Confidential Information

During my employment with AFE Inc., I have access to and acquire knowledge of the Confidential Information, which AFE Inc. or its Affiliates have developed, refined and kept secret. I understand and acknowledge that the competitiveness, success, operation and reputation of AFE Inc. and its Affiliates require that the secrecy of such information be maintained and safeguarded.

At all time I will keep secret and in confidence such Confidential Information. I will never directly or indirectly use such Confidential Information nor will I disclose or disseminate the Confidential Information to any person unless such specific item of the Confidential Information:

(a) is now in, or hereafter, through no breach of my obligation, becomes a part of the public domain; or

(b) prior to my disclosure, dissemination or use, was lawfully acquired by me without any obligation to retain the information in confidence.

In this connection, I will not publish any of the Confidential Information for dissemination or file any patent application or any other application concerning the intellectual property rights relating to any Confidential Information without prior written approval of AFE Inc.. Nor will I engage in any business, activities or employment in the faithful performance of which it could be anticipated that I would use or disclose the Confidential Information.

7. Confidential Information from Previous Employment

I certify that during my employment by AFE Inc., I will not disclose or use any confidential information, which I acquired as a result of any previous employment or was required under a contractual obligation of confidentiality before my employment by AFE Inc.

8. Exit Interview

I agree that before I leave AFE Inc., I shall participate in an Exit Interview conducted by AFE Inc. and fully cooperate with AFE Inc. during the Interview.

### **Part III. Fiduciary Duty**

1. Within the Period of Employment

Unless otherwise prior written consent by AFE Inc. is obtained, during the period of my employment by AFE Inc., I shall not engage in any business or activities which will compete with the business of AFE Inc., including without limitation, directly or indirectly engaging in, or acting as a consultant, director, officer, agent, representative, supervisor, manager, or owner of an entity with the same or similar business as AFE Inc. Nor will I participate in, for myself or on behalf of others, any research, development, engineering, consultation or related activities, which directly or indirectly relates to the business of AFE Inc. (all these activities hereinafter referred to as the "Competing Activity" in this Agreement).

2. No-Soliciting Other Employees

During the period or within one (1) year after the termination of my employment by AFE Inc., I shall not contact, nor provide any assistance to any third person or entity which seeks to contact, any of the employees of AFE Inc. and/or the Affiliates for the purpose of soliciting, inducing or attempting to induce such employee to terminate employment with AFE Inc. and/or the Affiliates or to breach his duties or responsibilities required, implied or anticipated by the employment agreement with AFE Inc. and/or the Affiliates.

3. No-Soliciting Employer's Customers

Within one (1) year after my employment with AFE Inc., I shall not contact, nor provide any assistance to any third person or entity which seeks to contact, any of the customers of AFE Inc. and/or the Affiliates for the purpose of marketing, promoting or selling any product or service in competition with any product or service of AFE Inc.



**Part IV. General**1. Prior Restrictive Obligations

I have completely disclosed to AFE Inc. all my obligations and liabilities, such as confidentiality agreements, non-competition undertaking or other covenants, which might restrict performance of my duties or responsibilities of the employment by AFE Inc. A complete list of all such obligations and liabilities are thereto attached to this Agreement as Schedule B.

2. Notice to Future Employer

If I wish to work for a new employer, before accepting employment, I shall notify such employer of the existence of this Agreement and provide him or it with a copy of this Agreement.

3. Indemnification

I agree to indemnify AFE Inc. against any losses or damages, including but not limited to, reasonable counsel fees, suffered by AFE Inc., for breach or violation by me of the obligations and liabilities of this Agreement.

4. Territory

The territory in which this Agreement applies shall include the following countries or area:

Taiwan (the Republic of China), the People's Republic of China, Japan, Singapore, the United States of America, Mexico, Canada, and/or any other countries or areas in which AFE Inc. or its Affiliates have operation or conduct business activities.

5. Governing Law and Jurisdiction

This Agreement shall be governed by, and construed under, the laws of the State of Texas and the court of the state of Texas shall have exclusive jurisdiction over the disputes related to and arising from this Agreement.

6. Miscellaneous

This Agreement shall bind my heirs, executors, administrators, legal representatives and assigns and inures to the benefit of AFE Inc. and its Affiliates and assigns.

AFE Inc. may transfer and assign all of its rights and benefits in this Agreement to its Affiliates without my consent.

An amendment to this Agreement may be made only by the written consent of me and an authorized agent of AFE Inc..

This Agreement shall become and continue in effect upon execution by me and my obligations under this Agreement shall survive expiration or termination of this Agreement.

This Agreement shall supersede all previous agreements, whether written or oral, and constitute the entire agreement between me and AFE Inc. relating to the subject matter of this Agreement.

Signature: \_\_\_\_\_

Employer: \_\_\_\_\_

Employee: \_\_\_\_\_  
(Type or Print Name)

Date: \_\_\_\_\_

Date: \_\_\_\_\_



The followings are the Inventions, made by me before my employment by AFE Inc., and in which I have ownership interest:

NOTE: Please describe each of such Inventions without disclosing the confidential information contained.

[illegible]



**AFF INC.**

**SCHEDULE B**

All my restrictive obligations and liabilities, written or oral, required to be disclosed under Article 7, Part II of this Agreement include:

(If there are none, please enter the word "NONE")

NOTE: Give date of, and parties to, obligations and the nature and substance of the restriction.

[illegible]

## **Code of Conduct and Disciplinary Action Policy**

Company: AFE INC.

Employee: \_\_\_\_\_ (Print Name)

As a condition of your employment with **AFE INC.**, ("Company"), you have agreed to and must abide by the Company's Code of Conduct and Disciplinary Action Policy.

You are hereby advised that it is the policy of the Company that any conduct that in its view interferes with or adversely affects the operations, quality of its products, and health and safety of its other employees, is ground for disciplinary action, ranging from verbal warnings to immediate discharge.

Depending on the conduct, disciplinary steps may be enforced by the following methods, but not necessarily in the listed order: verbal warnings, written warnings, or termination. Factors that may be considered in ascertaining the appropriate steps include:

- Seriousness of conduct
- Employment record
- Employee's ability to correct conduct
- Action taken with respect to similar conduct by other employees
- Effect on customers
- Surrounding circumstances

There will be an investigation to ascertain what occurred and the presence or absence of the factors listed. Employees are expected to cooperate with the investigation. When there is reason to believe that an employee has violated the Company policy, action will be taken that is consistent with this policy.

It is impossible for this code to cover every situation that may arise. When you have a question, ask your supervisor or manager. In circumstances where you are unable to consult with an appropriate person in the Company, use your common sense and good judgment. Examples that follow are only guidelines and do not cover all circumstances. Further, the Company continually updates and reviews its policies; accordingly, its disciplinary procedure is subject to change, with or without notice.

### **Grounds for Immediate Dismissal**

Some conducts may result in immediate dismissal. Generally, our On-Site Coordinator, or the Company's Supervisor and the Human Resources Representative will apply these termination guidelines. Examples of behavior that may result in immediate dismissal include:

1. Theft.
2. Insubordination (refusal to perform assigned duties or to follow orders of management).
3. Workplace Violence: the Company has a ZERO tolerance for workplace violence. Any employee found to have committed any form of workplace violence will be subject to immediate termination. Acts of workplace violence include but not limited to the following:
  - a. Fighting, assault, physical retaliation on someone on the Company's premises
  - b. Any act or threat of violence directed toward another individual
  - c. Any act or threat of violence made using words, gestures, or symbols
  - d. Any act or threat of violence made by intimidation, harassment, or coercion
  - e. Any harassing or threatening phone calls, letters or electronic communications
  - f. Stalking & related behaviors
4. Possession of or bringing onto the Company's premises dangerous weapons of any kind or other contraband without the written consent of the Company (Company-issued equipment and box cutters excluded).
5. Deliberate destruction of, vandalism, or damage to, Company property, equipment, machinery, such as writing graffiti on restroom walls, sabotaging restroom facilities, etc.

6. Deliberate sabotaging of company's products, such as insertion of extraneous items, notes, messages, in company's finished products, intentionally causing structural damage to Company's products, intentional omission or removal of certain parts, components, kit, and other crucial items to complete the Company's finished products.
7. Possession of, drinking, or being under the influence of alcohol on Company premises or while on duty.
8. Possession, use, or being under the influence of drugs, narcotics, or other intoxicants while on Company premises or while on duty.
9. Harassment (e.g., sexual, age, race, national origin, religion) of other employees, vendors, or customers.

#### **Grounds for Disciplinary Action**

This list describes other conducts that may result in discipline. Generally, the On-Site Coordinator, or the Company's Supervisor will apply these guidelines when the discipline is a warning or written reprimand. Generally, the On-Site Coordinator, or the Company's Supervisor and the Human Resources Representative will apply these guidelines when the discipline is termination.

1. Leaving during work hours or not returning to work after lunch or a rest period (except in an extreme emergency) without prior notification to management.
2. Failure to clock in or out.
3. Failure to call one-half hour before the employees scheduled starting time for the day shift, or two hours before the employees scheduled starting time for night shift, when absent.
4. Negligence or carelessness in performing specified or assigned duties.
5. Sleeping on the job.
6. Horseplay. If a serious injury is the result, discharge may occur.
7. Failure to report immediately to management any work-related injuries.
8. Unsafe operation of any equipment, including speeding or unsafe driving of own vehicles within company's parking lots.
9. Operating equipment or machines without guards or safety devices in place and in working order.
10. Failure to wear effective hearing protection in the designated areas for specified periods of time.
11. Failure to report to your Supervisor or Manager, if the employee has knowledge of:
  - a. Any situation or condition that might adulterate, contaminate, or induce spoilage in the Company's products
  - b. Any deviation from approved production, assembly, testing, quality control, packaging processes or procedures
  - c. Any damage to equipment, supplies, materials, machinery, or buildings
12. Resale for a profit of goods or products purchased from the Company.
13. Unauthorized removal or destruction of any federal, state, or other legally required notice, including quality control tags.
14. Posting (except personal items for sale), removing, altering, or defacing notices on Company bulletin boards without Company approval.
15. Violation of the smoking policy.
16. Visiting or loitering in areas other than those to which you have been assigned.
17. Violation of any discrimination laws.
18. Violation of confidentiality policy, (e.g., trade secrets, the medical privacy policy, etc.)
19. Littering (throwing refuse or objects on the floor).

#### ***Receipt and Acknowledgment of Code of Conduct***

Your signature below indicates that you have read, understand, and agree to abide by the Company's code of conduct.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee's Name (please print) \_\_\_\_\_

## **Electronic Communications Systems Usage Policy**

This Electronic Communications Systems Usage Policy (the "Policy") applies to all employees who use the Electronic Communications System(s) (the "System") of the company named above (the "AFE Inc."). The System includes, but is not limited to, Company provided, owned and/or leased: computer, network, intranet, individual database, electronic mail, facsimile, internet access, telephone equipment, voice mail, and all logins, passwords, data, files, messages, communications and information transmitted by, received from, entered into, or stored in the aforementioned systems.

The System is the property of the Company, and is provided for company business purposes by its employees to satisfy customer and general business requirement. The Company has absolute control over the System and all user access and usage thereof. It is expected that Company personnel will use the System in a professional and ethical manner consistent with the Policy and the Company's commitment to treat all employees with dignity and respect.

### **1. Monitoring and Enforcement/Privacy Expectations**

- 1.1 All employees are on notice that the Company reserves the right to monitor all employees' access to and use of the System. The Company has the right at its discretion to view, capture and use the System, e-mail and/or internet/intranet correspondence, personal file directories, and other information stored on or transmitted through the System to support operational, maintenance, auditing, security, and investigative activities. Employees waive any right to privacy in anything they create, store, send or receive through the System.
- 1.2 While employees have individual passwords for certain authorized System access, employees are on notice that such passwords are no assurance of privacy. Employees may not use secret passwords and all System related passwords must be available to Company at all times. All document passwords, including but not limited to, Microsoft Word or Excel document passwords, must be made known to the Company. Passwords not known to the Company may not be used. The use, reaction or change of any password, code or any method of encryption or the capacity of delete or purge files or messages, whether or not authorized by the Company, shall not be understood to give employees any expectation of privacy in any message, file data, document, communication, facsimile or other form of information transmitted to, received from, or stored on any System owned, leased, used, maintained, moderated or otherwise operated by the Company.
- 1.3 The Company maintains back-up copies of the System, if applicable, and any and all information transmitted to, received from, or stored on the System. These records, as well as the usage records of the System may be reviewed by the Company for legal, business or other reasons.
- 1.4 Notwithstanding the foregoing, the Company endeavors to maintain the confidentiality of the System, and everyone should respect that confidentiality. To safeguard and protect the proprietary, confidential and sensitive business information of the Company's legitimate business interests, the authorized representatives of the Company, may monitor the System and the usage thereof. Such monitoring and surveillance shall be limited solely to duly authorized Company representative(s); no one else is permitted to access, use and/or monitor any portion of the System relating to any other employee's

access and/or usage thereof. In other words, employees may access only messages, files or programs, whether computerized or not, that they have permission to enter. Use of System to attempt to gain unauthorized access to remote systems is also prohibited.

## **2.0     Software and Hardware Usage; Copyright; File Download**

- 2.1**     Employees may not install or modify any software on the System without prior authorization in writing from the Company. Employees are not permitted to modify existing hardware or connect personal computers to the System without prior authorization from the Company in writing.
- 2.2**     Employees must comply with and shall exercise reasonable care not to violate any copyright and/or intellectual property laws and the associated rights of the Company and/or third parties.
- 2.3**     Employees shall not download games and/or any other non-work related files. All data and software downloaded via the internet or from other resources should be scanned by virus detection software. Should the anti-virus software detect any problem with materials being downloaded, employees shall take no further action and immediately contact the Information Technology ("IT") department for assistance.

## **3.0     Use of E-Mail and Internet**

- 3.1**     The Company is committed to providing a work environment free of unlawful harassment. No messages of any kind with derogatory or offensive remarks about an individual or group's race, color, religion, gender, age, disability, medical condition, marital status, national origin, physical appearance and/or condition are tolerated, and they may not be transmitted through the System. Please remember that a joke, picture, etc., which you may find entertaining or interesting may not be perceived the same by others. Accordingly, please use discretion in forwarding anything. Furthermore, information should not be sent using the System under the following conditions: if its misuse or disclosure would either violate an individual's or Company's right to privacy or expose the Company to financial loss; if its misuse or unauthorized disclosure could expose the Company to significant damage, embarrassment or penalties; and if information is especially sensitive, confidential or proprietary.
- 3.2**     It is unacceptable to use or access the System for: any purpose which violates U.S. or state laws and regulations; distribution of racial or ethnic slurs, threatening, obscene, sexually explicit, pornographic, or inappropriate written or graphic material; interference with or disruption of network users, services or equipment; unauthorized entry to other computational, information, or communication devices or resources; propagation of computer worms or viruses; blanket forwarding of messages to parties outside of the Company unless prior permission has been obtained from management; sending, receiving, displaying, printing or otherwise disseminating material that is fraudulent, harassing, illegal, embarrassing, sexually explicit, pornographic, intimidating or defamatory; for commercial or personal advertisements, solicitations, promotions, destructive programs (i.e., viruses and/or self-replicating code), or any other unauthorized or personal use; and, for gambling or in the furtherance of political, religious causes or personal gains.
- 3.3**     Access to and/or display via the System of sexually explicit, obscene and/or pornographic web sites, other communication media, pictures, videos, materials, sounds and text are strictly prohibited. The

Company uses internet and email monitoring software(s) to track all sites visited and emails sent by employees.

- 3.4 Employees must not "test the doors," "hack," or probe the security mechanisms, System, or other related information in the System or any other remotesites.
- 3.5 It is a violation of this Policy for any one, without proper authorization, to post a message on the System, which may reasonably be interpreted as representing the policy of the Company. Falsifying user information provided by the Company is prohibited. Messages transmitted through the System may not be under someone else's name or under an assumed name.
- 3.6 E-mail and internet are unsecured communication mediums and data is not encrypted by default. Contact made over the internet should not be trusted with confidential information unless a due diligence process has first been performed. Communications through the System are considered public, and even if marked "confidential," there is no absolute assurance that the material will be considered confidential. As such, employees should not use e-mail and/or internet to communicate sensitive information and/or proprietary company information which should be kept confidential unless such materials are encrypted if transmitted over the internet.

#### 4.0 Personal Use

Company System should be used only for Company business purposes. Personal usage of the System, if necessary, should be kept to a minimum.

#### 5.0 Disclaimer of Liability

**NOTWITHSTANDING ANYTHING TO THE CONTRARY ELSEWHERE HEREIN, COMPANY SHALL NOT BE LIABLE FOR ANY INCIDENTAL, INDIRECT, PUNITIVE, SPECIAL, REMOTE OR CONSEQUENTIAL DAMAGES ARISING OUT OF THIS POLICY OR CAUSED, DIRECTLY OR INDIRECTLY BY THE SYSTEM OR USAGE THEREOF, OR BY ANY OTHER ACT OR OMISSION OF COMPANY RELATING TO THE SYSTEM, OR BY ANY OTHER CAUSE, UNDER ANY CAUSE OF ACTION OR THEORY OF LIABILITY, WHETHER OR NOT COMPANY HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGE.**

#### 6.0 Violation and Disciplinary Process

Use of or access to the Company's System by Company's employees and hired staff is a privilege, not a right, and may be revoked at any time for inappropriate conduct. All users of the System are responsible for complying with policies, guidelines, and standards of conduct contained in this Policy. The users of the System are responsible for respecting and adhering to all applicable local, state, and federal laws relating to the access and use of System and related software. The Company will also cooperate fully with appropriate authorities to provide information related to actual or suspected activity not consistent with the law. Company may advise appropriate legal officials of any illegal violations. Violations of any of the terms contained herein may result in a revocation System access privileges and any other applicable disciplinary action, including suspension or termination of employment, as the Company, in its sole discretion, deems appropriate.



**7.0**    General Terms

- 7.1    If sensitive Company information is lost, disclosed to unauthorized parties, or suspected of being lost or disclosed, or if any unauthorized use of the Company's information technology has taken place, or is suspected of taking place, the IT department must be notified immediately. All unusual systems behavior, such as missing files, frequent systems crashes, misrouted messages, and the like must also be reported to the IT department.
- 7.2    Should you have any questions concerning this Policy, please contact the IT department. Any violation of this Policy should be immediately reported to Human Resources Department.

**Acknowledgement of  
Electronic Communications Systems Policy**

I, the undersigned, hereby acknowledge that I have received a copy of, read, recognized and fully understood the Electronic Communications System Usage Policy (the "Policy"). I also understand that the Electronic Communications System (the "System" as defined in the Policy) is the property of the Company and that access to and the use of the System are provided to me for the Company's business purposes, and that there is no right of privacy with respect to the access and use of the System, and I hereby waive any such right and expectation of privacy. I am aware that any violation of the Policy may subject me to disciplinary action(s), including but not limited to termination of employment.

Employee's Printed Name:

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Employee's Signature:

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Date:

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**Direct Deposit – Authorization, Change, or Cancellation**

Print Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- 1) I hereby authorize AFE INC. ("Employer") to provide for direct deposit of any salary or wages due me, less any mandatory or authorized withholding or deductions therefrom, in my designated bank account(s) below;
- 2) I understand that I may designate up to three separate bank accounts to deposit my salary or wages;
- 3) This direct deposit authorization will remain in full force and effect until I give a signed, written notice to an authorized Human Resources Representative of my Employer to terminate or cancel;
- 4) I agree to notify the Human Resources Department immediately of any changes to the information so that my salary and wages may be properly disbursed;
- 5) If at any time the amount of salary or wages so deposited exceeds the amount of salary or wages actually due and payable to me, I hereby authorize my Employer to recover or debit such overpayment from the designated account or accounts, or to withhold a sum equal to the overpayment from my future salary or wages;
- 6) I understand that in the event my financial institution is not able to deposit any electronic transfer into my account(s) due to any action I take, such as closing my account(s) without giving prior notification, if the funds have been deposited, my Employer cannot issue the funds to me until the funds are returned to my Employer by my financial institution;
- 7) For new enrollment or changed account, I understand that due to timing differences and bank account verifications, I will receive at least one live check after this form is submitted before the direct deposit can become effective;
- 8) I understand this direct deposit authorization is also my express consent that following effectuation of my direct deposit, I will not receive any paper copies of my pay statements (pay stubs); I can access, view, and print my pay statements by registering at ADP's website on [www.workforcenow.adp.com](http://www.workforcenow.adp.com).

Please Check One: ☐ New Enrollment☐ Change Enrollment**\*If Checking account is used, please attach a void check.****\*\*If Savings account is used, please attach a deposit slip and confirm with your bank regarding the routing number.**

Primary Account	Account #2	Account #3
<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account	Fixed Amount: \$ _____ <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account	Fixed Amount: \$ _____ <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account
_____ Name of Financial Institution	_____ Name of Financial Institution	_____ Name of Financial Institution
_____ Routing #	_____ Routing #	_____ Routing #
_____ Account #	_____ Account #	_____ Account #

☐ Cancel Enrollment:**The section is only necessary if you wish to cancel your direct deposit:**

I wish to cancel my direct deposit which I have previously authorized above. I understand that depending on the timing of this notice, my cancellation may not become effective until after the second pay period from my notification date below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PAYROLL INFORMATION - NEW HIRE**

- 1) Attached please see the 26 pay dates and the corresponding pay periods for the current calendar year.
- 2) You will be paid every biweekly (2 weeks). Paydays are every other Fridays. There are **26 paydays per calendar year**.
- 3) If you are being paid an annual salary, please multiply your full 2-week gross amount of pay by 26 to calculate your annual salary.
- 4) You will receive your first paycheck on the upcoming payday/Friday following your date of hire, unless your date of hire falls on a pay week, in which case, you will receive your first paycheck on the second upcoming payday/Friday.
- 5) Your first paycheck will be a live (cash) check. You must cash or deposit the live check into your bank account.
- 6) If you work on-site in Houston, the live check will be delivered to you in person; if you work off-site, your live check will be mailed to your designated home address.
- 7) You are encouraged to participate in Direct Deposit of your paychecks. Continuation of live checks processing will only be allowed under unique and unavoidable special circumstances.
- 8) Direct Deposit of paychecks will normally be effective starting from your second paycheck - assuming that your bank account information is in proper order.
- 9) Following effectuation of your Direct Deposit, you will not receive any paper copy of your pay statements.
- 10) **After you receive your first paycheck**, you must register a personal account at ADP's WorkforceNow website in order to view or print your biweekly pay statements. Please follow the step-by-step registration instructions below.

**ADP WORKFORCE NOW  
REGISTRATION and NAVIGATION INSTRUCTIONS**

**\*Registration Code is: afe-2017-af0915**

- 1) Please wait until after you receive your first paycheck to login to: [www.workforcenow.adp.com](http://www.workforcenow.adp.com)
- 2) Go to "Need an account?" and Click "SIGN UP"
- 3) The Registration Code is: **afe-2017-af0915**
- 4) Follow the instructions and insert your personal information on the succeeding pages to let ADP find and allow you to set up your User ID and password.
- 5) You can use any User ID of your choice, and follow the instructions on the requirement for password. *Please record your User ID and password on a separate sheet of paper or document, and keep the information somewhere secured and easily retrievable in case you forget the information.*
- 6) After registration, login to [www.workforcenow.adp.com](http://www.workforcenow.adp.com), and enter your User ID and password.
- 7) On the Home Page, under the "Myself" tab, you can view and access the following information:
  - **Personal Information:** You can view and edit your dependents and beneficiaries information.
  - **Pay:** You can view and print your current and past "Pay Statements," view hours of your "Personal Accrued Time," view and retrieve your previous years W-2 forms from "Annual Statements," view your current "Direct Deposits" bank account information, and view your current "Tax Withholding" status.
  - **Time & Attendance:** This is where you will enter to create and submit leave request for time-offs. Detailed information regarding how to submit online leave request is available upon request.
  - **Benefits:** Under "Enrollments," you can view your current insurance enrollment information; and under "Retirement Savings," you can access and view your 401(k) saving account information.
  - **My Information:** You can view and edit your personal profile information. Make sure your home mailing address is correct. You can update and change your mailing address, cell phone number, and personal e-mail address (*you are encouraged **NOT** to use the company's e-mail address*). Please provide and update at least two emergency contacts information.

**FOXCONN®**

**AFE INC.**

## **Payroll Deduction Authorization**

I, the undersigned employee, hereby authorize AFE Inc. to deduct from my salary, wages or compensation, all legally required deductions such as, but not limited to, payroll taxes, social security taxes, medicare taxes, and court-ordered child support and/or garnishments.

I further authorize deductions for premium payments of group health insurance benefits and supplemental insurance, HSA personal contributions, 401(k) personal contributions, loan repayment, pay advances, vacation advances, theft or misappropriation of employer funds, wage overpayments or any other unforeseen incidents not listed above.

Employee's Printed Name:

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Employee's Signature:

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Date:

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## **Security Policy and Procedures**

The company indicated above (the "Company") is committed to maintaining a free and secured work environment. In keeping with this policy, the Company requires employees to comply the company's security procedures, including facility security, access control, container security, information technology security, personnel security, procedural security, conveyance security, and supply chain security.

Security compliance may take many forms, but the most common forms include:

- (a) Understand security procedures, participate in company sponsored education, training and security updates;
- (b) Meet the security standards in performing job functions;
- (c) Keep records and report security breach in work place;
- (d) Accept background check;
- (e) Aware of and challenge unknown persons who do not display a visitor badge on the company facility;
- (f) Report irregularities, wrongdoing, and suspected internal conspiracies to supervisor, Human Resource and/or Customs Compliance Departments.

If you believe irregularities, wrongdoing, or suspected internal conspiracies exist in the work place, you must immediately report the facts to your supervisor, the Human Resources Department and/or Customs Compliance Department. If, for any reason, you do not feel comfortable discussing the matter with your supervisor, you should bring the matter to the attention of to your second-tier supervisor, the Human Resources Department and/or Customs Compliance Department. The important thing is that you bring the matter to the Company's attention promptly so that any concern of security breach can be investigated and addressed appropriately.

All reports of security breach will be promptly and thoroughly investigated. Retaliation for reporting any incidents of security breach is strictly prohibited. All employees and supervisors have a duty to cooperate in the investigation of alleged security breach. Failing to follow the security procedures or failing to cooperate or providing false information during an investigation shall be grounds for disciplinary action, including termination of employment. At the conclusion of its investigation, if the Company determines a security breach has occurred, it will take effective remedial action commensurate with the severity of the offense.

This policy can be modified unilaterally by the Company at any time without notice. Modification may be necessary to maintain compliance with the Customs Trade Partnership Against Terrorism (C-TPAT) security standards of the federal Bureau of Customs and Border Protection (CBP).

Employee's Printed Name: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Safety Rules and Guidelines**

The health, safety and well-being of our employees, customers and visitors are the prime concern of the company's management. It is the goal of the company, and its affiliates to provide a safe and healthful environment for all employees and visitors in the company properties.

Your manager will provide you the name of the Safety Coordinator who has been appointed for your site. This Safety Coordinator and the appropriate team have full responsibility, authority and accountability for all company health and safety programs. Their objective is to coordinate all safety activities within the company, and ensure that health and safety standards are met throughout each organization.

The appointment of a Safety Coordinator by no means reduces or eliminates the safety responsibilities of any employee of the company and its affiliates. Each employee has to recognize, report and act on unsafe or unhealthy situations before they lead to injury or illness.

The following is a summary of the Safety Precautions and procedures that are to be observed at all times while on company property. Please note that all of the items listed below will not be applicable for all locations (i.e. Powered Fork Trucks are not used at all facilities).

1. **Parking Lots/Driving Areas:** Safe driving practices must be observed at all times. The speed limit of 15 mph must be observed at all times when entering or leaving the company parking area.
2. **Safety Instructions:** Immediate supervisors will be responsible for providing employees a complete safety orientation covering all aspects of any new job or task assigned. **YOU** are **RESPONSIBLE** for understanding and following these instructions. If you do not understand, please feel free to **ASK** questions.
3. **Housekeeping:**
  - a. An unorganized work area is not only unsightly, it can be dangerous as well. Work areas should be kept clean and orderly. Any tools, parts, stock, etc. that are not in use should be stored properly.
  - b. Walkways, exits, fire extinguishers, sprinkler valves, drinking fountains, time clocks, or high voltage boxes must never be blocked or obstructed with equipment or debris of any kind. Aisles, hallways, and other walkways should be kept free of any material.
  - c. Drinking fountains are never to be used for any purpose other than drinking water. Never spit or wash hands in the fountain.
  - d. When using a vending machine or other breakroom facilities, it is your responsibility to dispose of your trash. Never eat food in an area where hazardous materials are present.
4. **Horseplay** can cause serious injury. Do not distract or interfere with other employees in the performance of their job. Under no circumstances is any item to be thrown at a fellow employee.
5. **Mental Distractions:** Remain focused on the job at hand at all times. No one will be permitted to work while their alertness is impaired by fatigue, illness or other causes as this could potentially expose the employee or others to injury.
6. **Substance Abuse:** Never carry nor use intoxicants or illegal drugs. Anyone known to be under the influence of drugs or intoxicating substances that impair the employee's ability to safely

perform the assigned duties shall not be allowed on the job. Smoking is permitted in designated areas outside of the facility only.

7. **Safety Inspections:** Quarterly safety audits will be conducted at each site to ensure a safe working environment, and that all tools and equipment are maintained in a safe manner. Before using any tool or equipment, give each piece a visual inspection. Notify your supervisor of any defect to ensure proper repair.
8. **Personal Protective Equipment (PPE):** Employees must wear the appropriate PPE at all times as directed by the immediate area supervisor.
9. **Hand Tools:** Every tool is designed for a specific task. Use the right tool for the right task and ensure it is in safe working condition prior to use.
10. **Portable Power Tools:** Be prepared in the event of a sudden tool jam or other movement which could result in injury. Always wear the appropriate PPE. Keep moving parts away from the body. Examine each tool before using it. Ensure that all guards and other protective devices/shields are in proper place and correctly adjusted. Report any deficiencies immediately.
11. **Powered Fork Trucks:** Be alert to the presence of any trucks or other vehicles moving through the facility. Never walk beside a moving lift truck.
12. **Long Hair and Loose Clothing:** Loose, baggy clothes should never be worn when operating machinery or tools. Hair which is longer than shoulder length must be contained.
13. **Jewelry/Neck Ties:** Ties, long earrings or other dangling jewelry should never be worn while working around machines, tools or other electrical or moving machinery parts.
14. **Lock-Out/Tag-Out:** Safety interlocks must not be bypassed except by written permission from supervisor.
15. **BloodBorne Pathogens:** Only individuals properly trained in the hazards of bloodborne pathogens should be involved in the clean-up of any blood or bodily fluids. All other individuals should report any accidents immediately to the proper personnel.
16. **Hazardous Materials:**
  - a. A Material Data Safety Sheet (MSDS) will be requested from suppliers of all substances. MSDS will be maintained in an accessible location at each site.
  - b. Each chemical container must be labeled with the chemical name or the trade name and the NAFTA hazard warning.
  - c. Each employee will be trained annually in the proper procedures for handling chemicals in the immediate work area.
  - d. New employees will receive training from their supervisor/designee on all chemicals in their work area prior to using the substance.
  - e. Training for all employees who work with chemicals will include:
    - i. Methods of handling each substance
    - ii. MSDS for each location and product
    - iii. How to read an MSDS
    - iv. A review of employee "Right-to-Know"
  - f. The workplace will be assessed periodically to identify hazardous substances. Periodic evaluations will be conducted to determine employee exposure to health hazards in the workplace.
17. **Emergency Evacuation Plan:**
  - a. In the event that it is necessary to evacuate the building, an alarm will sound. Exit signs are located over doors to identify the building exits. Evacuation maps are placed throughout the building. It is your responsibility to familiarize yourself with the exits and evacuation routes.

- b. In the event of a fire, employees will immediately evacuate in an orderly manner. All employees are to assemble in the designated area for a head count.
18. Fire Extinguishers: Fire extinguishers are placed throughout the building. Their locations are marked with appropriate signage. Know the locations and types of extinguishers in your work area. Only employees who have received training in the use of fire extinguishers should operate the extinguisher in the event of a fire.
19. Fire Sprinkler Systems: There is an automatic sprinkler system within the facility. In the event of fire, sprinklers will automatically activate and an alarm will sound. If a water leak occurs in the sprinkler system, maintenance should be notified.
20. Electric Power Failure: Employees should remain in their work areas and not enter any area that does not have adequate lighting. Should an evacuation become necessary employees will be informed.
21. Bomb Threat: If an employee receives a bomb threat, they are to notify their supervisor immediately. All bomb threats should be taken very seriously and handled as though an explosive were in the building.
22. Hurricanes and Tornados: Employees will be instructed to move to an innermost enclosed area away from windows and outside doorways and entrances.
23. Earthquakes: Move to the nearest safe location against an indoor wall or under a study desk or table. Stay inside away from doors and windows until the shaking stops and you are sure it is safe to exit. Never use an elevator.
24. Accident-Incident Reporting:
- a. All injuries, minor or major, must be reported to a supervisor immediately. HR should be notified within 24 hours of the injury.
  - b. Any incident that has the potential to cause injury/harm must also be reported to the supervisor immediately.

By my signature below, I acknowledge that I have received and read the Safety Rules and Guidelines above. I have been given the opportunity to ask questions, have received any necessary clarification, and I understand the content.

Employee's Printed Name: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## **Workers' Compensation Notice**

Employees are insured in accordance with States' Workers' compensation laws. Workers' Compensation covers most work-related physical or mental injuries and illnesses. An injury or illness can be caused by one event or by repeated exposures. Workers' Compensation benefits include all medical treatment required to treat the injury or illness without deductible or dollar limit.

If an employee becomes injured or ill as a result of performing his/her job, the employee must inform the supervisor as soon as possible. In turn, the supervisor should assist the employee in obtaining any required medical treatment and prepare an "Occupational Injury/Illness Report" which must be forwarded to the Human Resources Department for filing with the Workers' Compensation Insurance carrier.

### **If an Employee Becomes Injured or Ill:**

1. **Get Medical Care.** If you need emergency care, call for help immediately. First aid kits are located in the office.
2. **Report Your Injury.** Report the injury immediately to your supervisor or to Human Resources. Do not delay in taking this step. If you wait too long to report your injury you could lose your right to benefits. Within one working day after you file a claim form, Foxconn shall authorize the provision of all treatment consistent with the applicable treating guidelines for the alleged injury and shall continue to provide treatment until the date the liability for the claim is accepted or rejected. Until the date that the claim is accepted or rejected, liability for medical treatment shall be limited to ten thousand dollars (\$10,000).

**Discrimination.** It is illegal for AFE Inc. to punish or fire an employee for having a work related injury or illness, for filing a claim, or testifying in another person's workers' compensation case.

**False Claims or False Denials.** It is illegal for any person to make or cause to be made any knowingly false or fraudulent material statement or representation for the purpose of obtaining or denying workers' compensation benefits or payments. Any person making such false or fraudulent material statement may face criminal liability.

**Off-Duty Activities.** AFE, Inc. is not liable for the payment of workers' compensation benefits for injuries that arise from your voluntary participation in any off-duty, recreational, social, or athletic activity that is not part of your work-related duties.

**Claims Administrator.** You may address questions to your local Human Resources Administrator. For a list of the company's Workers' Compensation insurance carrier, please see Human Resources.

A Labor Poster is located in the break room with additional pertinent information.

Employee's Printed Name: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Unlawful Harassment Notice of Complaint and Procedures**

The company indicated above (the "Company") is committed to provide a work environment free of unlawful harassment. Company policy prohibits harassment because of sex (which includes sexual harassment, gender harassment and harassment due to pregnancy, childbirth or related medical conditions) and harassment because of race, religious creed, color, national origin or ancestry, physical or mental disability, medical condition, marital status, age, sexual orientation or any other basis protected by federal, state or local law or ordinance or regulation. **All such harassment is unlawful.** The Company's anti-harassment policy applies to all persons involved in the operation of the Company and prohibits unlawful harassment by any employee of the Company, including supervisors and co-workers. Every reasonable step will be taken to prevent harassment from occurring.

Prohibited unlawful harassment because of sex (sexual harassment, gender harassment and harassment due to pregnancy, childbirth or related medical conditions), race, religious creed, color, national origin or ancestry, physical or mental disability, medical condition, marital status, age, sexual orientation or any other protected basis includes, but is not limited to, the following behavior:

- A. Verbal conduct such as epithets, derogatory jokes or comments, slurs or unwanted sexual advances, invitations or comments;
- B. Visual conducts such as derogatory and/or sexually oriented posters, photography, cartoons, drawings or gestures;
- C. Physical conduct such as assault, unwanted touching, blocking normal movement or interfering with work because of sex, race or any other protected basis;
- D. Threats and demands to submit to sexual requests as a condition of continued employment, or to avoid some other loss, and offers of employment benefits in return for sexual favors; and
- E. Retaliation for having reported or threatened to report harassment.

However, if you believe that you have been unlawfully harassed, we urge you to report the incident immediately and take the following procedures so that your complaint can be resolved quickly and fairly.

### **Complaint Procedures:**

1. When possible, confront the harasser and persuade him/her to stop.
2. Provide a written complaint to your own supervisor or to any other company supervisor, the head of management or a human resources representative of the company as soon as possible after the incident. Include details on the incident(s), names of individuals involved and the names of any witnesses.
3. Supervisors will refer all harassment complaints to the human resources representative, investigative officer or the president of the company. The company will immediately undertake an effective, thorough and objective investigation of the harassment allegations.

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4. If the company determines that unlawful harassment has occurred, it will take effective remedial action in accordance with the circumstances. Any employee the company determines to be responsible for unlawful harassment will be subject to appropriate disciplinary action, up to and including termination.
5. Whatever action the company takes against the harasser will be made known to the employee lodging the complaint. The company will take appropriate action to remedy any loss to you resulting from harassment.
6. The company will not retaliate against you for filing a complaint and will not tolerate or permit retaliation by management, employee or co-workers.

The Company encourages all employees to report any incidents of harassment forbidden by this policy immediately so that complaints can be quickly and fairly resolved. You should also be aware that the Federal Equal Employment Opportunity Commission investigates and prosecutes complaints of prohibited harassment in employment. If you think you have been harassed or that you have been retaliated against for resisting or complaining, you may file a complaint with the appropriate agency. The nearest office is listed in the telephone book.

If you have any questions about the company's policy against harassment because of sex or the procedure for filing complaints, please contact your human resources representative.

Employee's Printed Name: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Waiver and Release of Liability Use of Company Exercise Room and Participation in Recreational Activities on Company Property**

I understand and agree that the use of the Company exercise room including the assorted weights, ping-pong table and exercise/recreational equipment may entail certain risks of injury. I agree to assume the risk thereof and impliedly accept the condition of the equipment, and recognize that the use of such equipment can be a potentially strenuous and dangerous activity. The Company is not aware of my particular fitness level or level of proficiency or expertise that I may have regarding the use of the equipment within the exercise room, and specifically does not make any warranty or representation as to the condition of the equipment whatsoever.

I understand that participating in any recreational activities, such as basketball or ping-pong, can be harmful and I assume liability for any injuries, damages, claims or actions arising in any way, directly or indirectly, from my participation in any recreational activity. I hereby release, hold harmless, and agree to indemnify the Company of any responsibility for my participation in recreational activities, whether such loss or damage may be caused to or by me or to or by others. I understand that I am freely and expressly assuming and accepting any and all risks of property damage, personal injury, or death as the willing participant and user of this equipment and facility.

In consideration of being permitted by the Company to use such exercise room and participate in recreational activities, I unconditionally release, discharge, and hold harmless the Company its officers, directors, employees, agents and assigns, against any liability, cost, expense, claim, and damage for which the Company may otherwise be liable, arising from any accident or injuries to or death of my person, and/or damage to property, in any manner arising from or related to my presence in the exercise room and/or my use of the weights, exercise machines or ping-pong table therein or my participation in recreational activities, regardless of how, where or when said injury, death or damage occurs even if caused by the negligence of the Company, its employees or agents, or due to defective conditions in the exercise room or defective equipment.

I have read this release with full knowledge of the terms and conditions provided herein, and execute voluntarily this liability release and waiver with full knowledge of its significance, understanding that a signature below waives and precludes any claims I may have against the Company for any injuries, death, or property damage I may incur while using the exercise room or participating in recreational activities on company property.

Employee's Printed Name: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**EMPLOYEE HANDBOOK ACKNOWLEDGMENT****AFE Inc. ("the Company")**

I understand and acknowledge that a copy of the Employee Handbook will be posted on the Company's website. I agree to familiarize myself with and comply with the standards in this handbook.

**I acknowledge that the Employee Handbook is not intended to create any contract or binding agreement between the Company and me, and that no provision or portion of the Employee Handbook constitutes an implied or express contract, guarantee, or assurance of employment or right to an employment-related benefit or procedure.**

I understand that the Employee Handbook, while summarizing the Company's employment practices, does not bind the Company to any particular decision or course of action (except its policy of employment "at will") and the Company reserves the right to adopt the course of action it deems most appropriate in each work-related situation on a case-by-case basis. Policies, benefits, procedures and rules in the Employee Handbook can be changed, added to or discontinued by the Company at any time, with or without notice

Employee's Printed Name:

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Employee's Signature:

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Date:

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**VOLUNTARY EQUAL EMPLOYMENT OPPORTUNITY COMMISSION IDENTIFICATION INFORMATION**

Submission of *this* information is **voluntary** and will not be used in any decision affecting employment.

Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as gender and race or ethnicity. The information requested on this form is for compliance within certain record keeping and reporting requirements for the administration of civil rights laws and regulations. The Company believes all persons are entitled to equal employment opportunities and does not discriminate against its employees or applicants for employment because of race, color, sex, religion, national origin, disability, veteran status, age, marital status or any other protected group status. This form will be maintained in a separate confidential file.

Please check one: ☐ Male ☐ Female

Please check as applicable:

- ☐ **HISPANIC or LATINO** - Includes all persons of Mexican, Puerto Rican, Cuban, Central or South American origin, or any other Spanish origin or culture, regardless of race.
- ☐ **WHITE** - (Not of Hispanic or Latino) Includes all persons having origins in Europe, North Africa or the Middle East
- ☐ **BLACK or AFRICAN AMERICAN** - (Not Hispanic or Latino) Includes all persons having origins in any Of the Black racial groups of Africa.
- ☐ **ASIAN** (Not Hispanic or Latino) - Includes all persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands or the Indian subcontinent including, for example, China, Japan, Korea, the Philippines, Samoa, Indian and Pakistan.
- ☐ **AMERICAN INDIAN or ALASKA NATIVE** (Not Hispanic or Latino) - Includes all persons having origins in any of the original peoples of North American, and who maintain cultural identification through tribal affiliation or community recognition.
- ☐ **TWO or MORE RACES** (Not Hispanic or Latino) - All persons who identify with more than one of the above five races.

**CHOOSE ONE BOX BELOW:**

- ☐ I HAVE READ THE ABOVE AND VOLUNTARY PROVIDE THE REQUESTED INFORMATION.
- ☐ I HAVE READ THE ABOVE AND DECLINE TO PROVIDE THE REQUESTED INFORMATION.

Employee's Printed Name: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

THANK YOU FOR YOUR INFORMATION  
This form will be maintained in a separate confidential file

**SUMMARY OF BENEFITS – 2019****A) Holidays:**

AFE Inc. offers the following paid holidays to all regular employees during 2019 calendar year:

	<b>Holiday</b>	<b>Date</b>	<b>Day</b>
1	*New Year's Day (2019)	January 1, 2019	Tuesday
2	Martin Luther King's Day	January 21, 2019	Monday
3	President's Day	February 18, 2019	Monday
4	Memorial Day	May 27, 2019	Monday
5	Independence Day	July 4, 2019	Thursday
6	Labor Day	September 2, 2019	Monday
7	Thanksgiving Day	November 28, 2019	Thursday
8	Day After Thanksgiving	November 29, 2019	Friday
9	Christmas Eve	December 24, 2019	Tuesday
10	Christmas Day	December 25, 2019	Wednesday
	*New Year's Day (2020)	January 1, 2020	Wednesday

**PAID LEAVE OF ABSENCE****B) Personal Leave and Vacation:**

Regular full-time Foxconn employee will be eligible for: (i) Personal Leave, and (ii) Vacation in the following manners:

**i) Personal Leave:**

- Regular full-time employee will be eligible to accrue 80 hours personal leave per calendar year (from January 1 to December 31 of each calendar year), or 3.08 hours every biweekly.
- The accrued amount of the personal leave hours will show on employee's biweekly paycheck as "Personal Bal."
- Subject to Manager's approval on date and time, employees may request to take personal leave **for any reason**, and for any number of hours of personal leave that have actually been accrued and unused at date of usage, either intermittently or consecutively.
- Company will not grant advancement of personal leave hours.
- Personal leave hours cannot be carried over from one calendar year to the next, and the personal leave ledger will be refreshed from zero starting on January 1 of each new calendar year.
- Unused personal leave hours will not be paid at time of termination.
- Employees who are on "Unpaid Personal Leave" will not accrue any personal leave hours.

**ii) Vacation:**

Years of Service	Vacation Hours Accrual Rate		Maximum Vacation Cap
Less than 5 years	80 hours per year	3.08 hours per biweekly	120 hours
Over 5 years	120 hours per year	4.62 hours per biweekly	180 hours
Over 10 years	160 hours per year	6.15 hours per biweekly	240 hours
Over 20 years	200 hours per year	7.69 hours per biweekly	300 hours

- Regular Foxconn full-time employees will be eligible to accrue vacation hours in accordance with the years of service from the first day of employment as shown in the above chart.
- Vacation pay is based on straight-hour rate of pay. A normal workday consists of 8 hours per day.
- Subject to Manager's approval on date and time, employees may request to take vacation for any number of vacation hours that have actually been accrued and unused at date of usage.
- Employees requesting 2 weeks or longer consecutive vacation must obtain approval from the Manager at least one month prior to the scheduled vacation.
- Company will not grant advancement of vacation hours.
- Vacation hours will carry over from one calendar year to the next; however, there is a maximum vacation accrual cap for each block of years of service as shown in the above chart.
- Employees who are on "Unpaid Personal Leave" will not accrue any vacation hours.
- Upon reaching the maximum vacation cap, no additional vacation hours will be accrued and earned for time worked until vacation hours are utilized and below the cap.
- Vacation hours will begin to accrue at the stated accrual rate only if the vacation hours fall below the maximum cap.
- Vacation accrual rate and maximum vacation cap will be automatically adjusted to the respective accrual rate and maximum cap on the 5<sup>th</sup>, 10<sup>th</sup> and 20<sup>th</sup> anniversary date from original date of hire.
- At time of termination, employees will be paid accrued and unused vacation hours, if any, but not more than the applicable maximum vacation cap.

**C) Bereavement Leave:**

- Company will grant bereavement leave with full pay to regular full-time employees due to the death of a member of the employee's immediately family.
- Immediate family is defined as: mother, father, spouse, child, brother, sister, grandparents, mother-in-law, father-in-law, son-in-law, daughter-in-law, and grandchild.
- The length of bereavement leave is based on the following family relationships:
  - 5 days: Death of parents, spouse, child, father-in-law, mother-in-law.
  - 3 days: Death of grandparents, brother, sister, son-in-law, daughter-in-law, grandchild.
- Requests for bereavement leave must be accompanied by credible documentation, including but not limited to, newspaper obituary, certification from funeral homes, death certificate, to show employee's relationship to the deceased, and the location, date, and time of the funeral services.
- Bereavement leave is granted to allow the employee to attend or make arrangement for the funeral service; the leave cannot be "saved" or used at later date, and the employees will not be paid in lieu of not taking the eligible bereavement leave.



- Employees on approved personal, medical, or military leaves of unpaid absences are not eligible for bereavement leave.
- If the death of immediately family occurs while an employee is on paid personal leave or vacation, the paid leave may be changed and replaced by bereavement leave, or may be extended using bereavement leave.

**D) Jury Duty:**

- Employee who receives notice of jury service must immediately, within three (3) days of receipt of notice, inform the department manager or supervisor regarding the date of court appearance.
- Upon presentation of official certification of jury service, Company will grant paid time off from work for the time required to serve for a period of not more than five (5) days per calendar year.
- The excused paid absence only covers jury duty but does not cover the period of absence when employee is the litigant or is called as a witness in any legal action.
- If the employee is released from jury service, or if the jury service is scheduled so that the employee is able to work 4 hours or more prior to the end of the regular workday, the employee must report to work for the remainder of the day.

**UNPAID LEAVE OF ABSENCE****E) Family and Medical Care Leave (FMLA):**

- Eligible employees can request family medical care leave pursuant to the Family Medical Leave Act (FMLA) under the following four circumstances:
  - a) To care for the birth of a son or daughter (within the 12 month period following the child's birth);
  - b) Because of the placement of a son or a daughter with the employee for adoption or foster care (within 12 months of such placement of the child);
  - c) To care for the employee's close relative, including a spouse, son, daughter or parent, who has a serious health condition;
  - d) Because of a serious health condition that makes the employee unable to perform the employee's job duties.
- To be eligible, employees must have worked at least 12 months, or at least 1,250 hours over the previous 12-month period.
- Eligible employees may take up to 12 weeks of FMLA leave either intermittently or consecutively during a 12-month period.
- For any leave taken due to a serious health condition, although employees are not required to provide medical records under HIPPA rule, Company can request to see a medical certification confirming that a serious health condition exists.
- FMLA leave is an **unpaid** leave; however, the employee may elect to use available accrued paid leave, such as personal and vacation leave, for some or all of the FMLA leave period.
- Employees will not accrue personal and vacation leave hours during the unpaid FMLA leave duration.
- Employees are urged to consult Human Resources personnel for details and procedures of applying for FMLA leave.

**F) Unpaid Personal Leave**

- Employees must exhaust all accrued and available personal and vacation leaves before requesting for unpaid personal leave.

- Unpaid personal leave may be granted solely at the discretion of the General Manager based on: reason for the request, length of employee's service with company, workload, interference with normal operations of the business or production, and availability of other employees to cover the workload.
- If unpaid personal leave is granted, Company will not be obligated to maintain the group health insurance beyond the normal end of month validity period, and will not guarantee to reinstate the employee to the same or comparable job.
- Employees will not accrue personal and vacation leave hours during the unpaid personal leave duration.

**G) Military:**

- If a full-time regular employee is called to active military duty, reserve or National Guard obligations, the Company will grant military leave in accordance with the mandate of the law.
- A copy of the order must be submitted with the leave request.
- Company will pay the employee's base salary less military pay for this period upon receipt of proof of military pay.

**H) Group Health Insurance Benefits**

All regular, full-time employees are eligible for Company's group health insurance benefits which include medical, dental, vision, short-term disability, and life/ADD insurance. The Company will pay a portion of the insurance premiums depending on the medical plan chosen. Employees may cover immediate family members for medical, dental and vision insurance. The company will contribute a portion of the insurance premium and employees will pay the remaining premiums through pre-tax payroll deductions. The group health insurance will be effective on the first day of the following month after the date of hire, and after the employees turn in their insurance enrollment form to HR Department at least three (3) business days before the end of the month. There may be 0-30 days of waiting period for acceptance into company group health insurance plans depending on the date when the employees turn in their insurance enrollment form following their date of hire. Employees have the option to participate in voluntary term life insurance, accidental death and dismemberment insurance, and long-term disability insurance. These voluntary plans are optional and require the employees to pay the premiums through payroll deductions.

**I) 401(k) Savings Plan**

All regular, full-time employees are eligible to participate in the Company's 401(K) Safe Harbor savings plan upon completion of 12 months continuous service. Employees can defer up to 75% of their pays, or a maximum of US\$19,000 (or US\$25,000.00 if over age 50). The Company will make a matching contribution equal to 100% of the salary deferral contributions that the employees make up to the first 4% of the salary deferral. Employer matching contributions will be made on a paycheck-to-paycheck basis. Employee salary deferral and employer matching contributions are 100% vested.

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*Please be advised that the above benefits are subject to change at Company's discretion, with or without prior notice.*

***AFE Inc.***

***Human Resources Department***

*Revised June 20, 2019*