

Robert Half offers the convenience of eSignature technology for completing certain on-boarding documents.

Some of these documents are proactive and may or may not pertain to the position(s) that you are currently applying for or interested in. Signing these proactive documents may expedite the process for possible future assignments/placements that require these documents.

Please review the following instructions and complete the applicable field(s) on each electronic document.

To e-sign the documents, please take the following steps:

① Review – click  and  to continue

② Sign – click  and  tabs in your document to sign

③ Finish – click  to complete process

NOTE: All required (RED) fields and tags must be completed before you can finish the process.



NOTICE REGARDING ARBITRATION AGREEMENT

Please carefully review the enclosed Mutual Agreement to Arbitrate Claims (“Arbitration Agreement”), Arbitration Agreement Opt-Out Form (“Opt-Out Form”), and Arbitration Agreement Acknowledgment Form (“Acknowledgment Form”). The Arbitration Agreement is voluntary. However, you will **automatically** be deemed to have consented to the agreement, unless you submit the enclosed Opt-Out Form. Therefore, it is important that you carefully read this notice and the enclosed documents.

All candidates must complete the enclosed Acknowledgment Form, which confirms that you received these materials. Completing the Acknowledgment Form is a condition of your employment with RHI (or any affiliate).

What is the Arbitration Agreement?

The agreement provides that you and RHI mutually agree to resolve specified disputes through arbitration, rather than in court. By agreeing to resolve disputes through arbitration, you and RHI are giving up the right to a court or jury trial on claims covered by the agreement.

Instructions for “Opting-Out” of the Agreement:

If you do not want the enclosed agreement to apply to you, then you must complete the enclosed Opt-Out Form and email a signed copy to rhifsccompliance@rhi.com or fax to (925) 394-5315 within 30 calendar days.

If you do not submit an Opt-Out Form within 30 days, you will be required to resolve disputes that you may have with RHI through arbitration (and vice versa), in accordance with the terms of the enclosed Arbitration Agreement.

RHI will confirm receipt of a submitted Opt-Out Form within 15 days after receiving it. If you submit the form and do not receive confirmation from RHI within 15 days, you should call Customer Service at (888) 744-9202. **Your request to opt-out of (i.e., decline) the Arbitration Agreement will not be effective unless RHI has confirmed receipt of your Opt-Out Form.**

If you previously entered into an arbitration agreement with RHI (or any affiliate), submitting the Opt-Out Form will not cancel the agreement or affect your obligation, and RHI's (or any affiliate's) obligation, to arbitrate disputes pursuant to it. Submitting the Opt-Out Form only prevents the creation of a new Arbitration Agreement in the form enclosed.

Submitting an Opt-Out Form will not have any effect on your employment or employment opportunities with RHI. RHI will not retaliate against anyone who submits an Opt-Out Form. If, contrary to this assurance, you believe you are being retaliated against, please contact our toll free Harassment and Discrimination hotline at (888) 875-4901 immediately.

Questions:

If you have questions about the enclosed Arbitration Agreement and/or the Opt-Out Form, you may contact our toll free Arbitration Hotline at (877) 295-1965.

You may also discuss the decision of whether to accept the Arbitration Agreement or submit an Opt-Out Form with private legal counsel if you wish to do so.

MUTUAL AGREEMENT TO ARBITRATE CLAIMS

Claims Covered by the Agreement

Robert Half International Inc. (the “Company”) and I mutually agree to resolve by individual arbitration, and only by individual arbitration, all claims, whether or not arising out of my employment (or its termination), that the Company may have against me or that I may have against the Company and any other related or affiliated entity or person, including but not limited to parent, subsidiary and affiliated companies and employees or agents of any of them. I agree that to the fullest extent allowed by applicable law and, other than as specified in the section titled Claims Not Covered by the Agreement, no court or arbitrator shall determine any of my rights or claims on a class, collective or representative basis under any federal, state or local law. I understand, however, that I retain the right to bring claims in arbitration for myself as an individual.

Except as provided in the section titled “Claims Not Covered by the Agreement”, all claims that, in the absence of this Agreement, could have been brought in court are subject to arbitration, whether the claims derive from common law, statute, regulation, or otherwise, including but not limited to tort claims, contract claims, claims for wages, and claims for discrimination, retaliation and/or harassment. Except as otherwise provided in this Agreement, both the Company and I agree that neither of us shall initiate or prosecute any lawsuit in any way related to any claim covered by this Agreement, other than a lawsuit seeking temporary equitable relief in aid of arbitration.

Except as provided in this Agreement, the Federal Arbitration Act shall govern the interpretation, enforcement and all proceedings pursuant to this Agreement.

Claims Not Covered by the Agreement

The following claims are not covered by this Agreement: claims under California’s Labor Code Private Attorney General Act, Labor Code §§ 2698 *et seq.* (“PAGA”), to the extent the operative law at the time a PAGA claim is made precludes a pre-dispute waiver of the right to bring such claims on a representative basis (if the operative law changes during the pendency of a PAGA claim, and pre-dispute waivers of the right to bring PAGA claims on a representative basis become enforceable, then the parties intend and agree that PAGA claims would become covered claims under this Agreement); claims under an employee benefit or pension plan that specifies a different arbitration procedure; claims asserted in an existing dispute in which, at the time this Agreement becomes effective, both (i) I am represented by legal counsel and (ii) counsel has asserted such claims on my behalf; and the claims asserted by putative or actual class members in *Gentry v. RHI*, Case No. CGC-15-544878 (S.F. Superior Court).

Arbitration Procedures

The arbitration will be held under the auspices of Judicial Arbitration & Mediation Services (“JAMS”). The Company and I agree that, except as provided in this Agreement, the arbitration shall be held in accordance with its then-current Employment Arbitration Rules & Procedures (and no other JAMS rules), which are currently available at <http://www.jamsadr.com/rules-employment-arbitration>. I understand that, upon request, the Company will supply me with a copy of the JAMS rules. The Arbitrator shall apply the substantive law (and the law of remedies, if applicable) of the state in which the claim arose, or

federal law, or both, as applicable to the claim(s) asserted. The Arbitrator is without jurisdiction to apply any different substantive law or law of remedies.

The Company will be responsible for paying any filing fee and the fees and costs of the Arbitrator; provided, however, that if I am the party initiating the claim, I will contribute an amount equal to the filing fee to initiate a claim in the court of general jurisdiction in the state in which I am (or was last) employed by the Company.

Sole and Entire Agreement

This is the complete agreement of the parties on the subject of arbitration of disputes (except for any arbitration agreement in connection with any pension or benefit plan). This Agreement supersedes any prior or contemporaneous oral or written understandings on the subject. No party is relying on any representations, oral or written, on the subject of the effect, enforceability or meaning of this Agreement, except as specifically set forth in this Agreement.

Intent, Construction, and Severability

The parties do not intend for any class, collective, or representative claim to be heard in arbitration. In furtherance of this intent, if the class, collective, and representative waiver in the section entitled "Claims Covered by the Agreement" is determined to be void or unenforceable as to one or more covered claims, then this Agreement shall be of no force or effect as to those claims only because the parties intended to create an agreement to arbitrate disputes on an individual basis only. The parties understand and agree that this may result in some claims being arbitrated and other claims being litigated in court.

If any other provision of this Agreement is determined to be void or unenforceable, in whole or in part, it shall not affect the validity of the remainder of the Agreement and all other provisions shall remain in full force and effect; provided, however, that in no event shall this Agreement result in a class, collective, or representative arbitration.

Voluntary Agreement

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS AGREEMENT; THAT I UNDERSTAND ITS TERMS; THAT ALL UNDERSTANDINGS AND AGREEMENTS BETWEEN THE COMPANY AND ME RELATING TO THE SUBJECTS COVERED IN THE AGREEMENT ARE CONTAINED IN IT; AND THAT I HAVE ENTERED INTO THE AGREEMENT VOLUNTARILY AND NOT IN RELIANCE ON ANY PROMISES OR REPRESENTATIONS BY THE COMPANY OTHER THAN THOSE CONTAINED IN THIS AGREEMENT ITSELF AND THE DOCUMENTS THAT ACCOMPANIED ITS DISTRIBUTION TO ME.

I UNDERSTAND THAT I AM GIVING UP MY RIGHT TO A JURY TRIAL.

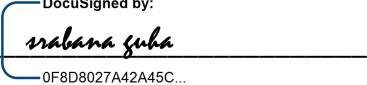
I FURTHER ACKNOWLEDGE THAT I HAVE BEEN GIVEN THE OPPORTUNITY TO DISCUSS THIS AGREEMENT WITH MY PRIVATE LEGAL COUNSEL AND HAVE AVAILED MYSELF OF THAT OPPORTUNITY TO THE EXTENT I WISH TO DO SO.



ARBITRATION AGREEMENT ACKNOWLEDGEMENT FORM

I have received the Notice Regarding Arbitration Agreement, Mutual Agreement to Arbitrate Claims (“Arbitration Agreement”), and Arbitration Agreement Opt-Out Form. I understand that RHI’s Arbitration Agreement is voluntary. **I also understand that if I do not want the Arbitration Agreement to apply to me, then I must complete the enclosed Arbitration Agreement Opt-Out Form, e-mail a signed copy to rhifsccompliance@rhi.com or fax to (925) 394-5315 within 30 calendar days of the date on which I sign below, and receive confirmation of receipt from RHI.** I understand that if I do not submit the Arbitration Agreement Opt-Out Form within 30 calendar days, I will be required to resolve disputes that I may have with RHI through arbitration (and vice versa), in accordance with the terms of the enclosed Arbitration Agreement.

Name: srabana guha

Signature:  DocuSigned by:
srabana guha Date: 12/13/2016
0F8D8027A42A45C...



ARBITRATION AGREEMENT OPT-OUT FORM

IF YOU DO NOT WANT THE MUTUAL AGREEMENT TO ARBITRATE CLAIMS (“ARBITRATION AGREEMENT”) ENCLOSED WITH THIS FORM TO APPLY TO YOU, THEN YOU MUST SIGN THIS DOCUMENT AND E-MAIL IT TO rhifsccompliance@rhi.com OR FAX IT TO (925) 394-5315 NO LATER THAN 30 CALENDAR DAYS AFTER SIGNING THE ARBITRATION AGREEMENT ACKNOWLEDGMENT FORM. CONTACT CUSTOMER SERVICE AT (888) 744-9202 IF YOU DO NOT RECEIVE CONFIRMATION OF RECEIPT OF THIS FORM FROM RHI WITHIN 15 DAYS OF SUBMITTING IT.

I have received a copy of the Arbitration Agreement and do not wish to accept the Agreement.

I understand that submitting this “Opt-Out” Form will not cancel any arbitration agreement(s) I have previously entered into with RHI, or affect my obligation to arbitrate disputes under the terms of any existing agreement(s).

Dated: _____, _____
(Signature)

(Print Name)

(Address)

(City, State, Zip Code)

(Telephone Number, Including Area Code)

Last 4 Digits of Social Security Number

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Please continue with any documents that may appear below.

**Robert Half
Certificate of Candidate**

General: I am submitting this form, as well as my resume or other work history information, to one of the divisions of Robert Half International Inc. (Robert Half) for the purpose of obtaining assistance in securing full-time, temporary, or contract employment. I understand that I will never be charged a fee by Robert Half or any of its divisions. I acknowledge that the use of the information I have submitted does not indicate that any positions are open, nor does it obligate Robert Half or any of its divisions to further process my application.

References: I hereby authorize Robert Half and its divisions and agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquiries connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in the information I have submitted. Furthermore, I authorize Robert Half and its divisions and agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

Authorization & Release: As a registered candidate of Robert Half, I may elect to participate in certain programs, including, but not limited to, training, assessment, and certification programs and courses ("Programs"). As a condition of my participation in the Programs, I authorize Robert Half to release certain data, including, but not limited to, exam scores, testing data, and personal data related to my participation in the Programs ("Data"). I hereby release Robert Half, its divisions, and their respective employees, agents, and affiliates from any and all liability relating to my participation in the Programs and Robert Half's release of Data.

Temporary/Contract Employment: When on temporary or contract assignment, I understand that I will be an employee of my Robert Half division and not of any client. If employed, I further understand that my employment on any assignment is not guaranteed for any specific time and may be terminated at any time for any reason with or without cause or advance notice. I acknowledge that job assignments may be sporadic, intermittent, unpredictable, and irregular. As a result, significant gaps may occur between assignments. I understand that I remain eligible for consideration by my Robert Half division for future suitable assignments, even if I am currently between assignments. I understand that I may take advantage, on a purely voluntary basis, of training resources offered by my Robert Half division between assignments. I understand that I will not earn wages except when I perform actual work on job assignments given by my Robert Half division or when otherwise required by law. During and after assignments, I will be paid in accordance with the regular payday rules. If I expressly notify my Robert Half division of my decision to quit, or if I am terminated, I understand that my final wages may be paid on an alternative schedule if the law requires. I further understand that a contract will exist between my Robert Half division and each client to whom I may be assigned which will require the client to pay a fee to the Robert Half division in the event I accept direct employment with the client. I agree to notify my Robert Half division supervisor immediately should I be offered direct employment by a client (or by a referral of the client to any subsidiary or affiliated company), either for a full-time, temporary (including assignments through another agency), or consulting positions during my assignment or after my assignment has ended.

Robert Half or any of its divisions are not professional accounting firms. I will not render an opinion on behalf of Robert Half on financial information (i.e. financial statements, tax returns, etc.). I will not sign the name of Robert Half or any of its divisions on any document or my name to financial information or tax returns for any client. Under no circumstances will I sign, endorse, wire, transport, or otherwise convey cash, securities, checks, or any other negotiable instruments or valuables of any client without the prior written consent of my Robert Half division supervisor.

Massachusetts applicants only: Applicants from Massachusetts may include volunteer positions in describing prior work experience. It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Maryland applicants only: "PLEASE NOTE THAT UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100".

Work Authorization

Are you 18 years of age or older?

Yes No

Are you legally authorized to work in the U.S.?

Yes No

Acknowledgement

- I have reviewed and agree to all statements and items described in this Certificate.
- I certify as to the accuracy of the matters set forth herein and in any resume or other work history information, and understand that any misstatement of fact may cause me to be refused employment or to lose my employment.

I, srabana guha, agree with the statements noted above.
Print Name

DocuSigned by:

srabana guha

0F8D8027A42A450 Signature

12/13/2016

Date Signed

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Please continue with any documents that may appear below.



**NOTICE AND AUTHORIZATION TO OBTAIN CONSUMER REPORT
FOR EMPLOYMENT PURPOSES**

As a condition of employment or placement by Robert Half International ("RHI"), I acknowledge and agree that RHI and/or its clients may obtain a "consumer report" about me at any time during my employment with RHI or at the time I am being considered for placement by RHI for a temporary, contract or permanent position with RHI or RHI's clients. The results of any such consumer report may include written, oral, or other information about my character, general reputation, personal characteristics, mode of living and creditworthiness. In addition, a consumer report may include such information obtained through personal interviews of past or present employers, business or personal acquaintances, or others who may have knowledge concerning this information. I understand that RHI and/or its clients will use the information contained in these consumer reports as a factor in determining my eligibility for employment and, if I become an employee, in determining my eligibility for placement and other employment purposes.

Because a consumer report which contains information obtained through personal interviews is considered an "investigative consumer report," I understand that, if such a report pertaining to me is obtained, RHI will, upon my written request made within a reasonable period of time after my receipt of this document, make a complete and accurate disclosure to me of the nature and scope of the investigation requested.

I acknowledge that as part of this disclosure I have received the accompanying document entitled "A Summary of Your Rights Under the Fair Credit Reporting Act," the Provisions of California Civil Code Section 1786.22 (which applies to California residents), and the special state provisions set forth on page 2 of this Notice and Authorization (which apply to residents of those states).

AUTHORIZATION

I hereby authorize RHI to obtain a consumer report (as defined above) about me.

Pursuant to this authorization, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau or employer may furnish any and all background information requested by any consumer reporting agency acting on behalf of RHI. I also agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

DocuSigned by:

A handwritten signature in black ink that reads "srabana guha".

OF8D8027A4A450

Applicant's/Employee's Signature

12/13/2016

Date

srabana guha

Print Name



**NOTICE AND AUTHORIZATION TO OBTAIN CONSUMER REPORT
FOR EMPLOYMENT PURPOSES**

For California Residents:

General Information Services, Inc. located at 917 Chapin Road, Chapin, SC 29036, (877) 590-4006, <http://www.gis-background.com/> will be the consumer reporting agency providing these reports. Otherwise, the following consumer reporting agency will provide these reports.

Name: _____ Address: _____

Phone: _____ Web Address: _____

I understand that I may request a copy of any consumer report or investigative consumer report obtained by RHI about me by checking the box below. I further understand that I shall not receive a copy of any such report(s) unless I mark this box. I acknowledge that I have received the accompanying Provisions of California Civil Code Section 1786.22.

- I wish to receive a copy of any consumer report or investigative consumer report that RHI may obtain about me.

For Maine Residents: I understand that I may request from RHI the name, address, and telephone number of the nearest unit designated to handle inquiries of each consumer reporting agency issuing an investigative consumer report about me. I further understand that I may request from the consumer reporting agency a copy of any investigative consumer report obtained by RHI about me.

For Massachusetts and New Jersey Residents: In connection with "investigative consumer reports" obtained by RHI, I hereby confirm my understanding of the nature and scope of the investigation requested by RHI. I also understand that I may request from the consumer reporting agency a copy of any investigative consumer report obtained by RHI about me.

For Minnesota and Oklahoma Residents: I understand that I may request a copy of any consumer report (including investigative consumer reports) obtained by RHI about me. I further understand and agree that I shall not receive a copy of any such consumer report unless I mark the box appearing below.

- I wish to receive a copy of any consumer report or investigative consumer report that RHI may obtain about me.

For New York Residents: I understand that, upon written request, I will be informed whether or not a consumer report or an investigative consumer report was requested by RHI and, if such a report was requested, informed of the name and address of the credit reporting agency that furnished the report. With regard to "investigative consumer reports," I further understand that when I receive the name and address of the consumer reporting agency, I may request a copy of such report by contacting such agency. By signing above, you also acknowledge receipt of Article 23-A of the New York Correction Law.

NEW YORK CORRECTION LAW ARTICLE 23-A

LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY CONVICTED OF ONE OR MORE CRIMINAL OFFENSES

§750. Definitions. For the purposes of this article, the following terms shall have the following meanings:

- (1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.
- (2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.
- (3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.
- (4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.
- (5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

§751. Applicability. The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited. No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

- (1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or (2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

§753. Factors to be considered concerning a previous criminal conviction; presumption.

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

- (a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.
- (b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.
- (c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.
- (d) The time which has elapsed since the occurrence of the criminal offense or offenses.
- (e) The age of the person at the time of occurrence of the criminal offense or offenses.
- (f) The seriousness of the offense or offenses.

(g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.

(h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

§754. Written statement upon denial of license or employment. At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

§755. Enforcement.

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.

2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.**

You may have additional rights under Maine's FCRA, Me. Rev. Stat. Ann. 10, Sec 1311 et seq.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;

- you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates. b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:	a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006 b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO)
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW Washington, DC
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration
7. Brokers and Dealers	Securities and Exchange Commission 100 F St NE Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC

PROVISIONS OF CALIFORNIA CIVIL CODE SECTION 1786.22

The following provisions of the California Civil Code explain how a California resident may review files maintained by an investigative consumer reporting agency:

- (a) An investigative consumer reporting agency shall supply files and information required under Section 1786.10 during normal business hours and on reasonable notice.
- (b) Files maintained on a consumer shall be made available for the consumer's visual inspection, as follows:
 - (1) In person, if he appears in person and furnishes proper identification. A copy of his file shall also be available to the consumer for a fee not to exceed the actual costs of duplication services provided.
 - (2) By certified mail, if he makes a written request, with proper identification, for copies to be sent to a specified addressee. Investigative consumer reporting agencies complying with requests for certified mailings under this section shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the investigative consumer reporting agencies.
 - (3) A summary of all information contained in files on a consumer and required to be provided by Section 1786.10 shall be provided by telephone, if the consumer has made a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone is prepaid by or charged directly to the consumer.
- (c) The term "proper identification" as used in subdivision (b) shall mean that information generally deemed sufficient to identify a person. Such information includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if the consumer is unable to reasonably identify himself with the information described above, may an investigative consumer reporting agency require additional information concerning the consumer's employment and personal or family history in order to verify his identity.
- (d) The investigative consumer reporting agency shall provide trained personnel to explain to the consumer any information furnished him pursuant to Section 1786.10.
- (e) The investigative consumer reporting agency shall provide a written explanation of any coded information contained in files maintained on a consumer. This written explanation shall be distributed whenever a file is provided to a consumer for visual inspection as required under Section 1786.22.
- (f) The consumer shall be permitted to be accompanied by one other person of his choosing, who shall furnish reasonable identification. An investigative consumer reporting agency may require the consumer to furnish a written statement granting permission to the consumer reporting agency to discuss the consumer's file in such person's presence.

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Please continue with any documents that may appear below.

Instructions For California Applicants Regarding the Individual Assessment Form

Note: This document does not apply to San Francisco applicants. If applicant is applying in San Francisco, please obtain Instructions for San Francisco Applicants Regarding the Individual Assessment Form.

What this is: After completing your interview for employment, we request you provide us with information about any prior criminal conviction(s). We will review the criminal history information along with any information you provided to us to help us evaluate whether or not you meet the Company's standards for employment or placement.

What to do: Please read the following instructions before answering the question listed in the Individual Assessment Form. Do not complete the Individual Assessment Form until after you have completed and submitted a Robert Half Certificate of Candidate for employment and you have completed an interview with our staffing professional.

By signing the Individual Assessment Form, you acknowledge that the Individual Assessment Form is not completed as part of your initial written application for employment with the Company.

When you answer the question on the Individual Assessment Form, please **do not include** information regarding:

- (a) marijuana related misdemeanor convictions that occurred over two years ago; or
- (b) any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed pursuant to law, including Penal Code Sections including Penal Code Sections 1203.4, 1203.4a, 1203.45, and 1210.1; or
- (c) sealed or expunged conviction records.

Individual Assessment Form

We request you provide us with information about any prior criminal conviction(s). We will review the criminal history information along with any information you provided to us to help us evaluate whether or not you meet the company's standards for employment or placement.

- Your name: srabana guha
- Social Security Number: 839-32-9894

Applicants in **CA, CO, CT, DE, HI, IL, IN, KY, LA, MA, MD, MN, NJ, NY, OH, OK, PA, RI, UT, VA, and WA** do not need to disclose information pertaining to sealed or expunged conviction records.

Have you ever been convicted of a felony or misdemeanor? Yes No

1. Do not complete this form until **after** you have completed and submitted a Robert Half Certificate of Candidate for employment and you have completed an interview with our staffing professional; or, if you have previously interviewed and are reapplying for employment or placement with Robert Half, please complete this Individual Assessment Form when it is provided to you.
2. A conviction does not automatically bar you from employment.
3. **Do not include** information regarding an arrest, detention or disposition in which **no conviction resulted**.

If you answered **Yes** above please include the following:

- Your name as it appears on the record: _____
- Answer the following questions:
 - Was the conviction a Misdemeanor or Felony? _____
 - When did it happen (approximate month and year)? _____
- Where did it happen (County, City and State/Province)?
 - What was the underlying conduct?

 - What happened (please explain the circumstances that led to the conviction and please provide any other information you think we should consider)?

I hereby acknowledge that I have read in full and understand the above statements.

DocuSigned by:

srabana guha

0F8D8027A42A45Signature

12/13/2016

Date Signed



HIPAA Policies & Procedures Candidate & Consultant Acknowledgement

The Health Insurance Portability and Accountability Act (HIPAA) is a federal law that protects the privacy of all individually-identifiable health information held or transmitted in any form or media, whether electronic, paper, or oral. This information is called “protected health information” or PHI.

While Robert Half’s operations do not involve medical or health-care services, many of their clients do. Therefore, if you are placed on an assignment at a client that is regulated by HIPAA, you are required to review this training material and comply with Robert Half’s HIPAA Privacy Policy, which is described below. A client company may require you to attend HIPAA training crafted to its operations; that training would be in addition to Robert Half’s HIPAA training. You will be required to participate in the client company’s training and to comply with the HIPAA compliance instructions you are given in that training.

HIPAA provides for electronic and physical security of PHI. PHI is the following:

- health information, including demographic information
- information as it relates to an individual’s physical or mental health or the provision of or payment for health care
- information that identifies the individual (e.g., name, address, birth date, Social Security Number, phone number, e-mail address)

As you can see, HIPAA’s impact is broad and affects many activities, including claims processing, data analysis, utilization review, billing, legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, and financial services.

You must follow Robert Half’s HIPAA Privacy Policy and the client company’s HIPAA privacy and security policies. If you feel there is a conflict between the Robert Half policy and the client company’s policies, please check with your client supervisor.

Robert Half HIPAA Privacy Policy

- Comply fully with the client company’s HIPAA privacy and security policies.
- Always protect and keep confidential all PHI.
- Do not use or disclose PHI, except as permitted or required by the client.
- Do not copy, duplicate, or move PHI without proper authorization from the client.



- Always limit the use, disclosure of, and requests for PHI to the **minimum amount necessary** to carry out your job duties.
- Do not use or disclose PHI to any person at a client's business unless s/he has a **need-to-know** and is authorized to have or see such information.
- Do not disclose PHI to any person in a Robert Half Branch Office.
- Do not physically or electronically remove or take PHI from the client's premises.
 - Do not take a laptop, flash drive, or hard-copy document containing PHI home or to another location.
 - Do not e-mail or send PHI across the Internet for access at another location such as your home computer.
- Do not share or give anyone your logins or passwords.
- Log-off computers when finished and secure paper records that contain PHI.
- Destroy, shred or put in the designated bins all papers that contain PHI before discarding them.
- Immediately report any improper use or disclosure of PHI to your client supervisor.
- A client may have additional requirements such as signing a client confidentiality agreement or participating in specific trainings for each assignment. You will be required to participate in that training and comply with those additional requirements.
- If you have any questions about a client's HIPAA privacy or security policies and procedures, please contact your client supervisor.

Examples of HIPAA's Impact on Various Organizations

- Hospitals/Physicians
 - Patient admission
 - Patient care
 - Patient billing and collection
- Pharmacies
 - Prescription fulfillment
 - Counseling and consultations
 - Documentation (fulfillment records, medical records, etc.)



- Health Plans
 - Claims processing and remittance
 - Eligibility, referrals and certification
 - Plan analytics and case management
- Employers
 - Sponsor and/or administer self-funded group health plan
 - Advocate on behalf of employees in resolving claims disputes
 - Operate and bill for on-site health services
- Universities
 - Campus health clinics
 - Research
 - Athletics

HIPAA Penalties

The following civil and criminal penalties may be imposed on **YOU** and the organization for improper use or disclosure of PHI.

- Civil money penalties for non-compliance:
 - Unknowing and inadvertent violations, the penalty is from \$100 up to \$50,000 per violation, up to \$1,500,000 per year for identical violations
 - Reasonable cause for a violation, the penalty is from \$1,000 up to \$50,000 per violation, up to \$1,500,000 per year for identical violations
 - If the violation was due to willful neglect but was corrected within 30 days, the penalty is from \$10,000 up to \$50,000 per violation, up to \$1,500,000 per year for identical violations
 - If the violation was due to willful neglect but was not corrected within 30 days, the penalty is at least \$50,000 per violation, up to \$1,500,000 per year for identical violations
- Criminal penalties for knowingly obtaining or disclosing PHI in violation of HIPAA enforced by the U.S. Department of Justice:
 - Up to \$50,000 and 1 year imprisonment
 - Up to \$100,000 and 5 years if done under false pretenses
 - Up to \$250,000 and 10 years if there was intent to sell, transfer, or use for commercial advantage, personal gain or malicious harm



HIPAA Dos & Don'ts

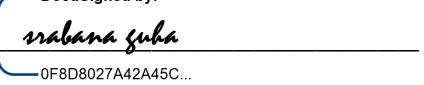
Do	Don't
Learn the client's HIPAA privacy and security rules for each assignment and comply with the client's policies.	Don't leave physical or electronic PHI unattended or unsecured at any time—especially in public areas.
Always protect and keep confidential all PHI.	Don't use or disclose PHI, except as permitted or required by the client.
Password protect your computer with strong passwords and change your passwords regularly.	Don't share or give anyone your logins or passwords, and don't allow a fellow employee to access PHI on a work station that you are logged into.
Log-off and secure your workstation when finished or leaving it unattended and secure paper records that contain PHI.	Don't be responsible for another person's abuse by neglecting to lock your work station or sign off.
Ensure that computer monitors displaying PHI are not able to be observed by unauthorized persons.	Don't physically or electronically remove or take PHI from the client's premises. This includes, but is not limited to, laptops, flash drives, hard-copy documents, and e-mail.
Always limit the use, disclosure of, and requests for PHI to the minimum amount necessary to carry out your job duties.	Don't use or disclose PHI to anyone unless s/he has a need-to-know and is authorized to have or see such information.
Properly identify all unknown individuals before disclosing any requested PHI (e.g., clergy, physicians, insurance companies, and fax numbers), and only disclose the minimum necessary information to those who are authorized to receive it.	Don't discuss PHI in public areas and/or with anyone not authorized to receive such information (e.g., coworkers, family, friends, and RHI Branch personnel).
Destroy, shred or put in the designated bins all papers that contain PHI before discarding them.	Don't copy, duplicate, or move PHI without proper authorization from the client.
Immediately report to your client supervisor if you know or suspect that there has been any improper use or disclosure of PHI.	Don't disclose PHI to any person in an RHI Branch Office.
If you have any questions about a client's HIPAA and computer-usage policies, contact your client supervisor.	Don't download and execute software or pursue risky behavior such as improper Web surfing and/or instant messaging.



Acknowledgement

Robert Half reserves the right to amend or modify its HIPAA Policy & Procedures at any time. Non-compliance with Robert Half's HIPAA Policy & Procedures will result in disciplinary action, up to and including termination of employment.

I acknowledge that I have read Robert Half's HIPAA Policies & Procedures and that I understand and will abide by the terms of Robert Half's HIPAA Policies & Procedures.

Signature: 

DocuSigned by:
srabana guha
0F8D8027A42A45C...
Print Name: _____

Dated: 12/13/2016

HOURLY EMPLOYMENT AGREEMENT

This Hourly Employment Agreement (this “**Agreement**”) is entered into as of 12/13/2016, by and between srabana guha (“**Employee**”), and Robert Half International Inc., through its division Robert Half Technology (“**Robert Half Technology**”).

1. EMPLOYEE SERVICES

- a. Employee’s services shall be “at will”, on an as needed basis, as required by Robert Half Technology from time to time. All work performed and services provided by Employee shall be under the direction and supervision of client(s) of Robert Half Technology (“**Client**”).
- b. Employee represents and warrants that all services provided by Employee shall meet professional standards of quality and workmanship commensurate with the level of position(s) to which Employee is assigned. Employee shall only perform services within the scope of his or her engagement (the “**Engagement**”). Employee shall immediately notify Robert Half Technology if he or she is asked to perform services outside the scope of his or her Engagement, or if he or she is not qualified or capable of providing any of the services required hereunder.
- c. Employee shall abide by Robert Half Technology’s and Client’s rules, policies, practices and procedures at all times.
- d. Once Employee has met Client as a result of Robert Half Technology’s presentation of Employee’s credentials, if Client asks Employee to provide Client with the names of any potential individual workers, Employee agrees to refer Client back to Robert Half Technology, and Employee further agrees that Employee will not refer individuals not affiliated with Robert Half Technology to Client without Robert Half Technology’s express written permission. Employee shall not, during Employee’s employment by Robert Half Technology, perform any services for any other individual or company similar to the services being provided hereunder without obtaining Robert Half Technology’s prior written consent.
- e. Employee and Robert Half Technology agree that either Employee or Robert Half Technology can terminate this Agreement at any time and for any reason. Robert Half Technology has no obligation to provide Employee with any specific type or minimum number of Engagements, or to present Employee as a candidate to a specific Client.
- f. Employee represents and warrants that Employee’s execution and delivery of this Agreement and the performance of his or her duties hereunder do not, and will not, breach or conflict with any obligation of Employee (including any obligation to a previous employer or any obligation to keep confidential any information acquired by Employee prior to the date hereof). Employee further represents and warrants that he or she will not make use of any third party or pre-existing proprietary information, ideas or material of others in connection with Engagements.

2. COMPENSATION

- a. Employee shall be paid weekly, only for hours actually worked, at an hourly rate to be determined at the time of placement with each Client or start of new project, reduced for applicable federal, state and local withholding requirements. In order to be paid, Employee must submit a time sheet signed by an authorized representative of the Client to Robert Half

Technology each week. Employee shall notify Robert Half Technology prior to accepting or performing any overtime services.

- b. Employee shall also be entitled to participate in such fringe benefit programs as may be specifically designated as being available to employees of Robert Half Technology from time to time. Except for such programs, Employee shall not be entitled to participate in any other employee benefit programs or fringe benefits which may be offered by Robert Half International Inc. or its affiliates to other employees. Robert Half Technology reserves the right to change, unilaterally with or without notice, any and all employment policies, rules, regulations, practices, procedures and programs applicable to Employee at any time and for any reason.
- c. Employee shall not disclose Employee's rate of pay to any Client or customer of Robert Half Technology.

3. CONFIDENTIAL INFORMATION/INTELLECTUAL PROPERTY

- a. As an interim employee assigned to Client, Employee understands that Employee may have access to confidential or proprietary information belonging to Robert Half Technology, Client or other parties, which such party wishes to keep confidential. Confidential Information includes any and all information which any party may consider proprietary or otherwise which to keep confidential, including, without limitation, customer lists, computer programs, cost or profit figures and projections, schematics, source code, object code, credit information, advertising and marketing or creative plans, specific areas of research and development, product formulations, processing methods, testing procedures, current, future or proposed products or services, plans and technology, business forecasts, financial records, accounting records, and technical information included in or on tracings, flow charts, drawings, field notes, calculations, specifications and engineering data, cost, revenue and profit figures and similar information, ("Confidential Information"). Employee agrees to hold in strict confidence all Confidential Information which Employee uses or to which Employee gains access during the course of Employee's employment by Robert Half Technology, and not to use, reproduce, publish, disclose or otherwise make known to any other person or entity any Confidential Information, except to the extent required and authorized in the performance of Employee's Engagements.
- b. Employee agrees not to disclose, indirectly or directly, to Robert Half Technology or any Client, or use any intellectual property, information or data the disclosure of which would constitute a violation of any obligation to, or infringe the rights of, any third party.
- c. Any intellectual property, works of authorship, and inventions including, but not limited to any ideas, slogans, copy, concepts, documents, written materials, source code, or other creation of any type, conceived, originated, developed, used, or reduced to practice by Employee or under Employee's direction during an Engagement ("**Work**"), whether or not incorporating confidential or proprietary information or trade secrets of any Client, shall be the sole and exclusive property of Client, and Employee hereby irrevocably assigns any and all rights, title and interest in the Work to Client, including, without limitation, any copyright, patent, or trademark interest in such Work. All Work constitutes "work for hire" within the meaning of the U.S. copyright laws. Employee, shall, without further compensation or any consideration, execute any and all instruments, applications, or registrations for patents, copyrights, or trademarks, and take whatever action may be deemed necessary by Robert Half Technology or

Client to fully vest all rights, title and interest in any Work in Client, including, without limitation, cooperating with Client in the registration of copyrights, patents, or trademarks for the Work. Employee shall not, before or after completion of an Engagement, use any Work for any purpose other than the Engagement in which the Work was created. Employee further agrees promptly and without prior request to disclose to Client all such Work created by or under the direction of Employee during an Engagement.

d. At the end of each Engagement, Employee agrees to immediately return to Client all information, data and any other materials supplied by, or obtained from Client, or created during the course of the Engagement, whether in hard copy, electronic, or any other format, along with all copies thereof.

e. Employee acknowledges and agrees that the disclosure of any Confidential Information or any other violation of the terms of Section 3 of this Agreement would cause immediate and irreparable injury, loss and damage to Robert Half Technology, Client and/or its customers and that an adequate remedy at law for such injury, loss and damage does not exist, and that in the event of such a violation or threatened violation, Robert Half Technology, Client and/or its customers shall be entitled to institute and prosecute proceedings in a court of competent jurisdiction to obtain temporary and/or permanent injunctive relief to enforce a provision of this Agreement, without the necessity of proof of actual damage or loss and without the necessity of posting a bond.

f. The obligations contained in this Section 3 shall (i) be binding upon Employee, and Employee's heirs, executors, administrators, successors and assigns and (ii) survive the termination of Employee's Engagements or this Agreement for whatever reason.

4. **WORKING REMOTELY.** Employee acknowledges and agrees that Client may request that Employee provide services to Client through Robert Half Technology remotely (i.e., on premises other than the Client's or Client's customer's premises) ("Work Remotely"), using computers, software, flash drives, cd, diskettes or other media format, email accounts, hard drives, servers and network equipment owned or licensed by Employee or the Client (collectively, the "Computer Systems").

a. In the event that Employee is requested to Work Remotely on Computer Systems owned or licensed by Employee:

i. Employee represents and warrants that the Computer Systems will: (A) have a secure login; (B) have a commercially standard firewall protection installed; (C) have commercially standard anti-virus software installed ((A), (B) and (C) collectively referred to as "Computer Protections"); and (D) be locked and secure at all times during the period that Individual is providing services to Client;

ii. Employee represents and warrants that the Computer Protections will (A) be operational and used according to their written specifications during the period that Employee is providing services to Client; and (B) be updated as recommended by the vendors providing such Computer Protections; and

iii. Employee represents and warrants that no person other than Employee will have access to or use the Computer Systems during the period that Employee will be providing services to Client.

b. In the event that Employee is requested to Work Remotely on Computer Systems owned or licensed by Client:

- i. Employee represents and warrants that (A) the Computer Systems will be the sole equipment (except for any necessary internet connection at Employee's remote location) used for the assignment by Employee; (B) no person other than Employee or Client will have access to or use the Computer Systems; and (C) the Computer Systems will not be left unattended and will be locked when not in use and secure at all times;
- ii. Employee represents and warrants that Employee shall not circumvent, override or in any way bypass Client's security protections and protocols on the Computer Systems; and
- iii. Employee agrees that the Computer Systems are loaned to Employee by Client and Employee shall not acquire any ownership interest in the Computer Systems. At the end of Employee's engagement for Client, Employee agrees to immediately return to Client the Client owned or leased Computer Systems.

5. **NOTIFICATION.** Employee shall immediately notify Client telephonically if the Computer System is stolen or if Employee suspects or is aware of a breach of security and/or disclosure of Confidential Information and shall cooperate with Client and local authorities in any investigation of such theft, breach and/or disclosure, including, without limitation, providing access to the Computer Systems.

6. **LIMITATION ON EMPLOYMENT WITH CLIENTS.** Unless approved by Robert Half Technology in writing, Employee agrees, as a condition of this Agreement and the assignment of Employee to Clients, that Employee will not solicit or accept an offer of employment on a full-time, part-time or temporary basis, or provide services to, any Client or any of its affiliates until the expiration of twelve months after termination of any Engagement with such Client under this Agreement. Employee shall immediately notify Robert Half Technology if Client or any affiliate solicits Employee with an offer of employment or to provide services. If an offer of employment or to provide services is made by a Client to Employee during the twelve month period described above, Employee agrees to advise Robert Half Technology.

7. **MISCELLANEOUS**

a. This Agreement constitutes the entire agreement between the parties with respect to the matters contained herein and supersedes any and all prior and contemporaneous agreements, negotiations, correspondence, undertakings and communications of the parties, oral or written, with respect to the subject matter hereof.

b. This Agreement may be amended or modified only by written consent of the parties.

c. The provisions of this Agreement and the covenants herein contained shall be construed independently of each other, it being the express intent of the parties hereto that the obligations of, and restrictions on, the parties as provided herein shall be enforced and given effect to the fullest extent legally permissible.

d. Employee may not, without the express written permission of Robert Half Technology, assign or pledge any rights or obligations hereunder.

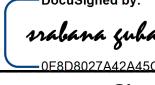
e. No waiver by Robert Half Technology of any provision or condition of this Agreement shall be deemed a waiver of any other provision or condition at the same time or any prior or subsequent time.

f. In the event that any of the provisions of this Agreement shall be held by a court or other tribunal of competent jurisdiction to be illegal, invalid or unenforceable, such provisions shall be limited or eliminated to the minimum extent necessary so that this Agreement shall otherwise remain in full force and effect.

g. This Agreement shall be governed by and construed in accordance with the laws of the state in which an activity occurred or threatens to occur. In no event shall the choice of law be predicated upon the fact Robert Half Technology is incorporated or has its corporate headquarters in a certain state.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed as of the date first written above.

EMPLOYEE

By: 

srabana guha
Signature
srabana guha

Printed Name
12/13/2016

Date

**Robert Half International Inc.,
through its division Robert Half Technology**

By: 

Ken Gitlin
Signature
Ken Gitlin

Printed Name
Senior Vice President, Operational Support

Title
12/13/2016

Date



Paid Sick Leave Policy for Candidates Who Work in California (Effective July 1, 2015)

Robert Half is pleased to provide paid sick leave to our temporary candidates who work in California.

Accrual, Use and Carry Over of Paid Sick Leave

Robert Half candidates will begin to accrue paid sick leave on the first day they are placed on assignment in California by Robert Half on or after July 1, 2015.¹ Candidates will accrue one (1) hour of paid sick leave for every thirty (30) hours worked in California. A candidate may accrue up to seventy-two (72) hours of paid sick leave annually and may carry over no more than seventy-two (72) hours of accrued, but unused, paid sick leave into the next calendar year. Once a candidate has reached the 72-hour cap, he/she will no longer accrue paid sick leave until he/she uses paid sick leave and the accrued balance falls below the 72-hour cap. Accrued sick leave can only be taken while working or scheduled to work in California. Candidates may use accrued paid sick leave and Robert Half will not retaliate against any candidate because he/she elects to do so.

Candidates placed on their first assignment on or after July 1, 2015 may begin using their accrued sick leave on the 90th calendar day following their first assignment start date (subject to the additional rules below in the "Break in Service" section).

Candidates placed on assignment before July 1, 2015 may begin using accrued sick leave as it accrues.

Break in Service

One Year or Less: If a candidate is placed on assignment in California within one (1) year from the date of his or her last assignment any sick leave previously accrued (but unused) will be reinstated.

More than One Year: If a candidate is placed on assignment in California more than one (1) year after the date of his or her last assignment, any sick leave previously accrued will not be reinstated, but (a) if the candidate has been on assignment within the previous 4 years, the candidate will be immediately eligible to accrue sick leave and use it as it accrues; or (b) if the candidate has not been on assignment within the previous 4 years, the candidate will immediately begin to accrue sick leave, but will not become eligible to use sick leave until the 90th calendar day following his/her assignment start date.

Approved Uses for Paid Sick Leave

Robert Half candidates are able to use their accrued paid sick leave for the diagnosis, preventive care, or treatment of an existing health condition for themselves or a family member or any other person (without the need to designate such person in advance), or for specified purposes if the candidate is a victim of domestic violence, sexual assault or stalking, or for other purposes authorized by applicable California law or city ordinances.

¹ Robert Half will carry over the paid sick leave balances, if any, that candidates have accrued as of July 1, 2015, as a result of having worked in San Francisco, and/or Oakland.

Notice Regarding Use of Paid Sick Leave

Due to the nature of Robert Half's business, a candidate must provide, if practicable, reasonable advance notice of his or her plans to use accrued paid sick leave in order for Robert Half to make the necessary arrangements related to the candidate's work. If clients need coverage during the absence of a candidate, Robert Half will arrange with the client how to accommodate coverage during a candidate's absence. A candidate should not search for or find a replacement to cover for him or her while the candidate is on paid sick leave. If the leave is not foreseeable, candidates must provide notice of the leave to Robert Half as soon as practical.

When requesting paid sick leave, candidates should not disclose any private medical information or any other confidential personal information to their manager or any other employee or candidate.

Payment of Sick Leave

Candidates will be paid for sick leave not later than the payday for the next regular payroll period after the sick leave was taken. No payment of any accrued but unused sick leave will be made at the time an assignment ends or upon termination or resignation.

Additional Information

Additional information on California Paid Sick Leave can be found on the California Department of Labor's website at <http://www.dir.ca.gov/dlse/ab1522.html>. For any additional details regarding this policy, please contact Customer Service at **888-744-9202** or **Pay.TimeReporting@rhi.com**.

Robert Half is an Equal Opportunity Employer M/F/Disability/Vet.

DS
SG

By initialing, I hereby acknowledge receipt of the California Sick Leave Policy.



CALIFORNIA SICK LEAVE PAYMENT REQUEST FORM

Please FAX Completed Payment Request to 1-800-304-3198
or email scanned copy to Temp.Payroll@roberthalf.com

CLIENT INFORMATION				SICK LEAVE				WEEK ENDING DATE	
CLIENT NAME									
REPORTS TO									
ADDRESS									
CITY	STATE	ZIP	CLIENT TELEPHONE						
EMPLOYEE NAME Employee ID (10 Digit #, not SSN. Available on your paycheck stub)		SUN	MON	TUE	WED	THU	FRI	SAT	TOTALS
									-
TOTAL SICK HOURS REPORTED		-	-	-	-	-	-	-	-

Do not use for reporting hours worked.
This form is to be used ONLY for reporting sick leave, and must be used in addition to your regular timesheet.
 Sick leave should be requested on this form (recorded to the nearest minute) and should coincide with time you reported that you did not work on your timesheet. For example, if you left work on Tuesday, July 7th at 2:25pm (instead of your normal end time of 5:00pm) for a reason you can be paid sick leave, you can request to be paid 2hrs and 35mins of sick leave pay. You will be paid only for sick leave that you have accrued and are eligible to use. If you have no accrued sick leave you will not be paid sick leave pay.
Sick leave should be entered in decimal format (2 hours and 35 minutes should be entered as 2.58 (35 min / 60 min = .58 hours))
Important Reminder: To avoid processing issues, make sure that your request for sick leave pay matches with time you reported as not worked on your timesheet.

Fax completed Sick Leave Payment Request Form to **1-800-304-3198**. For questions, call Customer Service at **1-888-744-9202** or contact us at **Pay.TimeReporting@roberthalf.com**

Date

Employee Signature

Employee Signature

Date

Robert Half is an Equal Opportunity Employer M/F/Disability/Vet.

DS
SG

By initialing, I hereby acknowledge receipt of the California Sick Leave Payment Request Form.



INJURY AND ILLNESS
PREVENTION PROGRAM
TEMPORARY PROFESSIONALS

1.0 INTRODUCTION

Robert Half makes all reasonable efforts to:

- Protect the health and safety of Robert Half temporary and contract workers.
- Work with our clients to provide safe workplaces for all professionals.
- Provide information to professionals about health and safety hazards.
- Identify health and safety hazards and encourage temporary employees to report hazards to the client.

Robert Half has adopted this Injury and Illness Prevention Program (“the Plan”) which describes specific requirements for the program including: compliance, communication, hazard assessment, accident/exposure investigations, and training.

2.0 RESPONSIBILITIES

2.1 Temporary Professionals Placed At Client Sites

As a temporary professional for Robert Half, you are responsible for following the requirements of the Plan. This involves:

- Keeping yourself informed of conditions affecting your health and safety.
- Participating in our clients’ training programs, as required.
- Adhering to healthy and safe practices in the client’s workplace.
- Advising your immediate, onsite supervisor of potential hazards in the workplace.
- Informing your Robert Half branch office of those potential hazards.
- In addition to immediately informing their supervisors of potential hazards, the attached **Appendix B (Hazard Reporting Form)** is to be used by temporary professionals to report hazards in writing to their onsite supervisors.

2.2 Safety Committees

In certain states, our clients may be required by local law to follow more formal procedures regarding safety meetings and safety committees. In Nebraska, Nevada, New Hampshire, Oregon and Washington, employees of our clients will have in-house safety committees to which you can report hazards and provide them with any information regarding your working environment.

3.0 SAFETY CONSIDERATIONS

Responsibility for safety and health exists at all levels. At the client site, all professionals, including managers and supervisors, must know and understand their duties and are responsible for establishing and maintaining good health

and safety practices. Should you need to inform a supervisor or manager about a workplace hazard or condition that concerns you, utilize Appendix B to ensure compliance with our program and the client's.

4.0 COMMUNICATION

Clients are responsible for communicating with their employees and Robert Half temporary professionals about occupational safety and health in a form readily understandable by all. If you feel that you are not sure of the client's safety protocols or program and want to request a copy of their programs, or if you need to report something, you should do so without fear of reprisal as it is our goal that our professionals work in a safe and healthy environment.

Robert Half uses various communication systems to relay information to all professionals on matters relating to occupational safety and health, which include:

- The Welcome Brochures contained within your information packet;
- Anonymous and confidential hazard reporting by calling (866) 368-0718 and reporting it to Robert Half Corporate Headquarters

If you reasonably believe that your assigned work exposes you to a dangerous condition, you should not perform the work until the danger is abated and you should notify your client supervisor or manager and the Robert Half branch office immediately. Such refusal will not result in sanctions against you.

You shall not be discharged from your assignment or discriminated against in any manner for bona fide reporting of health and safety hazards to our client, Robert Half or to appropriate governmental agencies.

5.0 REPORTING OBLIGATIONS

In the event a serious injury (“Serious Accident”) or illness occurs, the following reporting procedures shall be followed:

- If you are involved in a Serious Accident, the client supervisor or manager receiving the report shall report the accident to the appropriate emergency response personnel (e.g., paramedics, fire and/or police), if necessary.
- When you are able, call your branch office and provide them the same information so that Robert Half will be able to appropriately address the situation with the client.
- Follow the Workers' Compensation process as outlined in your Welcome Brochure for reporting the injury.
- If you witness a serious accident or illness, please inform your client supervisor what you witnessed in complete detail.

6.0 INJURY AND ILLNESS INVESTIGATIONS

Procedures for investigating occupational injuries, illnesses and accidents shall include the following:

- Robert Half temporary professionals are to report any accident or injury immediately after it occurs to the client's supervisor and seek immediate medical attention if required. As soon as is reasonable, you should call the local Robert Half Office and report the accident to the Staffing Manager or Branch Manager.
- You may be interviewed by a client manager or supervisor as a witness.
- A client manager or supervisor examines the workplace for factors associated with the accident or exposure.
- A client manager or supervisor takes corrective action to prevent the accident/exposure from recurring.
- A client manager or supervisor should record the findings and corrective actions taken.
- A Temporary professional may utilize **Appendix C (Accident/Exposure Investigation Report)** to document the accident or exposure for the client.
- A client manager or supervisor shall take precautions to control any remaining hazards in the area before the investigation team enters.

7.0 TRAINING AND INSTRUCTION

7.1 Safety Orientation

If the client has an in-person safety orientation, DVD or online course for you to take, complete the course as required. Complete any client documentation to indicate you have taken the course. If the client does not provide you with documentation, utilize Appendix A to document the course.

7.2 Basic Safety Rules

- Never do anything that is unsafe in order to get the job done. If a job is unsafe and you reasonably believe that you are exposed to a dangerous condition, stop work and report it to the client supervisor and your local Robert Half branch office. We will work with the client to alleviate the situation or find another assignment for you.
 - Obey all safety warning signs.
 - Working under the influence of alcohol or illegal drugs or using them at work is prohibited.
 - Do not bring firearms or explosives onto client company property.
 - Check with the client on their smoking policy and follow all written policies.
 - Horseplay, running and fighting are prohibited.
 - Clean up spills immediately. Good housekeeping helps prevent accidents.
-

7.3 Training

The client shall have training and instruction on general and job-specific safety and health practices. Follow any instruction that is provided.

When reporting to the assignment, you will receive any site-specific safety training that may be required for performance of your duties. You may be provided documentation and/or training; if you are not provided documentation, please utilize Appendix A.

7.4 Safety Practices

General workplace safety and health practices include, but are not limited to, the following:

- Implementation and maintenance of the Plan at the client site.
- You have the right to refuse work in various circumstances when health or safety is in danger including unsafe work conditions or threat of workplace violence.
- Review the client's evacuation, emergency action and fire prevention plan.
- Determine the location of evacuation maps. If not readily visible, approach the client supervisor or manager for the locations of maps and routes. Review provisions for medical services and first aid including emergency procedures.
- Review how the client works towards prevention of repetitive motion musculoskeletal injuries, including proper lifting techniques.
- Proper housekeeping, such as keeping stairways and aisles clear, work areas neat and orderly, and promptly cleaning up spills.
- Prohibiting horseplay, scuffling or other acts that tend to adversely influence safety.
- Proper storage to prevent stacking goods in an unstable manner, unsafe height or storing goods against doors, exits, fire extinguishing equipment and electrical panels.
- Proper reporting of hazards and accidents to supervisors.

8.0 EMERGENCY ACTION AND FIRE PROCEDURE PLAN

8.1 Workplace Violence

In the event you know of or observe actual or potential workplace violence, you must contact your client supervisor immediately, your Robert Half staffing professional or the Branch Manager at your local Robert Half Branch office.

8.2 Fire Procedures

In the case of fire, you should determine the extent of the fire, attempt to extinguish the fire only if safe to do so, and notify a client manager or supervisor immediately of the fire. If the fire cannot be extinguished safely, you should call for emergency services, “911” or other appropriate number. Evacuate the building. All employees are to exit the building following the client site evacuation maps. Do not use an elevator when exiting the building. Follow the client’s evacuation procedures and follow their instructions. No one is to re-enter the building until directed to do so by the proper authority.

8.3 Fire Extinguishers

Please ask for the locations of fire extinguishers at the client site. If you are unaware of their locations, ask the client manager to show you the locations on a map or by pointing them out.

8.4 Earthquake Procedures

In case of an earthquake, find cover away from all windows. When told and when safe to do so, exit the building following the evacuation maps provided by the client to the closest emergency exits. No one is to use an elevator when exiting the building unless instructed to do so by emergency response personnel. Go to the designated reporting place of the building to receive further instructions. No one is to re-enter the building until directed to do so by the proper authority.

8.5 Evacuation Plan

During an evacuation, the client should have designated employees stationed at the exits to help implement evacuation procedures. All exits should be clearly marked with exit signs and all doors are unlocked (from the inside) during business hours.

8.6 First Aid Kits

Determine if the client has a First-Aid Kit and where it is located in the event it is needed.

8.7 Emergency Training and Response

Please report any and all minor injuries and mishaps to the client supervisor and the Robert Half branch office.

In the event of major injury, “911” is to be called and a manager or supervisor is to be notified.

9.0 RECORD KEEPING

If the client asks you to attend a safety training of any type, they should provide documentation for you to complete. In the event they do not, utilize **Appendix A** to document the date and time you completed the training and check the remaining boxes acknowledging that you received the IIPP upon hire and are aware of Robert Half's directions on safety at your workplace.

Robert Half temporary professionals are encouraged to report any unsafe conditions or practices. Forms for recording and reporting such hazards are attached at **Appendix B (Hazard Reporting Form)**.

In the event that an accident does occur, and you would like to document the accident, use the **Accident/Exposure Investigation Report**, the form of which is attached at **Appendix C**.

In the event that an incident of workplace violence does occur, document the incident using **Appendix D**.

Contact information for state occupational safety and health agencies are attached at **Appendix E (State Occupational Safety and Health Contact Information)**.

10.0 PROGRAM REVIEW

Robert Half will review the entire safety program once a year. Program evaluation shall include review of:

- Accuracy of the plan as it pertains to our clients' procedures.
- Interviews and feedback provided by temporary professionals.

After the evaluation process is complete, Robert Half will update the safety program accordingly and to engage in communication with our client about reports that have come in over the last year.

APPENDIX A

TEMPORARY PROFESSIONAL

SAFETY ORIENTATION ACKNOWLEDGMENT

- I have received a copy of the Injury and Illness Prevention Program and I am familiar with the general safety policies, rules and guidelines contained therein.
- 1) In case I am injured while in the course of my work, I will report the injury to my job-site supervisor immediately and to Robert Half as soon as practicable.
- 2) I have received training on accident, injury and hazards reporting. I am familiar with the forms and reports and the procedures for reporting accidents, injuries and hazards at a client's facility.
- 3) My signature certifies that I have received and understand the Injury and Illness Prevention Program and agree to abide by it.
- 4) Should I need additional copies of the Appendices below, or should I have any questions regarding this plan, I will contact (866) 368-0718.

srabana guha

Name (Print)

DocuSigned by:

Signature
058D002AA42A45C...

12/13/2016

Date

APPENDIX E

STATE OCCUPATIONAL SAFETY AND HEALTH CONTACT INFORMATION

The following list provides contact information for local workplace safety agencies in the states covered in which you work. For all other states, **not including** CA, NV, NE, NH, OK, OR, WA, please contact (866) 368-0718 for instructions on reporting requirements.

CALIFORNIA

California Division of Safety and Health

2424 Arden Way, Ste. 410
 Sacramento, California 95825
 Telephone: (800) 963-9424
 Email: InfoCons@dir.ca.gov
 Website: <http://www.dir.ca.gov>

NEBRASKA

Nebraska Workforce Development

Nebraska Department of Labor
 Labor & Safety Standards
 301 Centennial Mall South
 P.O. Box 95054
 Lincoln, Nebraska 68509-5024
 Telephone: (402) 471-2239
 Website: <http://dol.nebraska.gov/nwd/>

NEVADA

Nevada Division of Industrial Relations

Occupational Health and Safety Enforcement
 1301 North Green Valley Parkway, Ste. 200
 Henderson, Nevada 89074
 Telephone: (702) 486-9020
 Website:
<http://dirweb.state.nv.us/OSHA/osha.htm>

NEW HAMPSHIRE

New Hampshire Department of Labor

State Office Park South
 Spaulding Building
 95 Pleasant Street
 Concord, New Hampshire 03301
 Telephone: (603) 271-3176
 Website: <http://www.labor.state.nh.us>

OKLAHOMA

Oklahoma Department of Labor

4001 N. Lincoln Boulevard
 Oklahoma City, Oklahoma 73105
 Telephone: (405) 528-1500 or (888) 269-5353
 Website: <http://www.okdol.state.ok.us/>

OREGON

Oregon Occupational Safety & Health Division

350 Winter Street NE, Rm. 430
 Salem, Oregon 97301-3882
 Telephone: (800) 922-2649 or (503) 378-3272
 Website:
<http://www.cbs.state.or.us/external/osha/index.html>

WASHINGTON

Washington Department of Labor and Industries

WISHA Services Division
 PO Box 44600
 Olympia, Washington 98504
 Telephone: (800) 547-8367
 Website:
<http://www.lni.wa.gov/wisha/default.htm>

By initialing, I hereby acknowledge receipt of IIPP Appendix E
 State Occupational Health and Safety Contact Information.

APPENDIX B

HAZARD REPORTING FORM

DATE _____

PROFESSIONAL'S NAME:

CLIENT: _____ PHONE# (optional): _____

UNSAFE CONDITION OR PRACTICE: _____

LOCATION: _____

SUGGESTION FOR IMPROVING SAFETY: _____

Has this matter been reported to your supervisor? Yes No

Temporary Professionals are advised that it would be illegal for an employer to take any action against a temporary professional in reprisal for exercising rights to participate in reporting safety issues.

DS
SG

By initialing, I hereby acknowledge receipt of IIPP Appendix B Hazard Reporting Form.

APPENDIX C

ACCIDENT/EXPOSURE INVESTIGATION REPORT

(This report to be completed by worker to assist in documenting the event)

Non-critical Injury- to be completed within 24 hours after occurrence

Critical Injury- to be completed within eight hours of occurrence

1. Date of Accident: _____ Time of Accident: _____ am/pm

2. Location of Accident (Bldg., Rm.#, etc.): _____

3. Accident Description (Include the sequence of events preceding accident and machinery or equipment involved):

4. Description of bodily injury sustained: _____

5. Persons involved and witnesses (List all names, addresses and job titles):

6. Identify any unsafe condition, acts or procedures that may have contributed to the accident:

Corrective Action Taken: _____

Was First Aid administered: Yes No If yes, by whom? _____

Were Emergency Medical Personnel Called Yes No

Hospitalization required? Yes No

Person investigating accident at the client site:(Name and Job Title): _____

Client Manager Responsible: _____ Date Completed: _____

Send copy to: Local Robert Half Branch Manager

Upon Request- provide copy to:

Accident Inspector State Health & Safety Director

By initialing, I hereby acknowledge receipt of IIPP Appendix C
Accident-Exposure Investigation Form.

APPENDIX D

INCIDENT REPORT FOR WORKPLACE VIOLENCE

(This report to be completed by worker to assist in documenting the event.)

1. Date of Incident: _____ Time of Incident: _____ am/pm
 2. Location where incident occurred (Bldg., Rm.#, etc.): _____

3. Persons involved and witnesses (List all names, addresses and job titles): _____

- 4. Incident Description (Include the sequence of events preceding incident):**

Name and address of contact if further incidents arise: _____

Person investigating incident (Name and Job Title): _____

Client Manager Responsible: _____ Date Completed: _____

Send copy to: Robert Half Local Branch Manager Client Supervisor or Manager



By initialing, I hereby acknowledge receipt of IIPP Appendix D Workplace Violence Incident Form.



By initialing, I hereby acknowledge receipt of the Robert Half Welcome Brochure.



Welcome to Robert Half Technology

Welcome to Robert Half Technology

We're pleased you have decided to join our team of temporary technology professionals. Robert Half Technology is committed to matching IT professionals with the best positions in the industry worldwide.

Robert Half Technology is a leading provider of IT professionals on a project and full-time basis. We specialize in initiatives ranging from Web development and systems integration to network security and technical support. Because we partner with over 90,000 hiring managers across North America every single week, we are uniquely positioned to help you find an opportunity that meets your specific career objectives.

At Robert Half Technology, we strive for excellence. We are dedicated to providing superior customer service every step of the way. But don't just take our word for it; our company once again was named to FORTUNE® magazine's list of "World's Most Admired Companies" (March 1, 2016). We look forward to a long and rewarding relationship with you!

About Your Assignment

- Once you have accepted a temporary assignment with Robert Half Technology, you will get all the information necessary – company name, location, supervisor, duration, responsibilities and other details.
- Before you work overtime, make sure you have permission from both your project manager and your Robert Half Technology Account Executive.
- Notify your project manager and Robert Half Technology Account Executive when you are ill or running late.
- As your project nears completion, give us a call and we will begin working with you to find you a new opportunity.
- If you are offered a full-time position at your Robert Half Technology temporary assignment, please let us know immediately.

- Please: No physical labor or driving and no signing, wiring, transporting or conveying of cash, checks or negotiable instruments while you are on a Robert Half Technology temporary assignment.

Points to Remember

- Be punctual! It is important that you arrive on time every day.
- Be discreet! Assignments may involve working with sensitive and confidential information. Please don't talk about your work in elevators or other public areas.
- When introduced to your supervisor at the client's office, talk about those things that will make your job easier, such as tasks you will be performing and the standard office procedures. You must take your rest and meal breaks in accordance with applicable laws. If you have any questions about your meal and rest breaks, contact your Robert Half Technology Account Executive.
- Understand that Robert Half Technology is your employer when you are working on assignments for Robert Half Technology's clients, not the company to which you are assigned.
- If the status of the assignment changes or if you encounter any problems on an assignment, please discuss the matter with your Account Executive immediately. Examples include:
 - A change in assignment duties, hours or reporting manager.
 - The assignment is extended or shortened.
 - A full-time job offer is made by the hiring manager on a current assignment.
 - Personal issues occur at the job site.
- Strive to do your job well. Be alert. Be polite. And when in doubt, ask questions!
- Don't accumulate your time sheets. Report your work hours for each week on a separate time sheet and submit the time sheet only once each week.

Continuing Your Job Search

If you are interested in contract consulting while looking for a full-time job outside of Robert Half Technology, you are a welcome addition to our team. However, we would appreciate it if you would please:

- Schedule your interviews at times that are convenient for our client, such as early morning, late afternoon or lunchtime. This causes less disruption for our client and allows you maximum pay for each day's work.

- Notify your job supervisor and Robert Half Technology Account Executive in advance (one or two days' notice is sufficient) if you'll be on an interview or unavailable for other reasons.
- Give us time to find a suitable replacement (one or two weeks' notice is adequate for most assignments) if you accept a full-time position and must start before your Robert Half Technology assignment is scheduled to end.
- If you weren't originally looking for full-time work, but decided to do so after beginning a temporary assignment with us, let us know. We can help you in your job search.

Getting Paid

Regardless of the method of payment you select, when you are working for Robert Half Technology's clients, you will be paid no later than the close of business on Friday of each week for hours worked the previous week. However, if you elect to receive a check via the U.S. Postal Service, please note that your paycheck will be deposited in the mail no later than the close of business on Friday of each week.

Payroll Options

Direct Deposit

- Activating your direct deposit is easy! When you are placed on your first assignment, you will receive an email with login instructions for the Time Reporting and Approval System. Once you log in to the Time Reporting and Approval system, locate the Payroll Center section on the Home Page. Click on the **Direct Deposit Center** link and follow the instructions. Access to sign up for Paperless Paystubs and your Paystub History can also be found in the **Payroll Center**.
- Wages will be deposited directly into your bank account each pay period.
- You can also go green and elect to receive your paystubs online on the same date the payment is produced. Your electronic paystub will outline all of your gross-to-net details. If you still want to receive paper paystubs, a payment voucher will be mailed each pay period.

Payroll Debit Card

- Complete a Payroll Debit Card Application available via your branch office.
- Wages will be deposited into your Payroll Debit Card Account each pay period.
- With the Payroll Debit Card, you can also elect to receive electronic paystubs, which will outline your gross-to-net details. If you still want to receive paper paystubs, a payment voucher will be mailed each pay period.

- Access to funds 24/7 through ATM, point-of-sale transaction, or check-writing privileges.
- Fees are associated with various transactions such as ATM and point-of-sale.

Paper Checks

- Payroll checks will be mailed weekly to the mailing address you have provided.
- Irregularities of the U.S. Postal Service may result in varying delivery results.

How to Report Your Time

You are entitled to be paid for all time worked. Submit your time sheet, approved by the client, indicating the actual number of hours you worked on each day of the work week. Complete your time sheet and submit it during your work assignment. If you are not able to complete your time sheet while on assignment, make sure to include as work time the time it takes you to subsequently complete your time sheet and submit or fax it to us.

For payroll-related questions, please call Customer Service at **1.888.744.9202**. We have a dedicated team of payroll specialists available Monday - Friday to assist you with:

- Using our Online Time Reporting and Approval tool
- Updating personal contact information such as address, email and phone numbers
- Changing withholding exemptions
- Enrolling in direct deposit
- Verification of employment requests
- Other payroll-related issues

Online Time Sheet Reporting Requirements

- Hours are submitted by entering them in our Online Time Reporting and Approval tool accompanied by your electronic authorization. You may access the Online Time Reporting and Approval tool via the **Access Timesheets** button under **Time and Approval** on the Robert Half Technology website or through an email link provided to you.
- Submit your completed online time sheet by Friday, 6 p.m., local time.
- A new blank electronic time sheet will be created for you each week in the Online Time Reporting and Approval tool.

Written Paper Time Sheet Reporting Requirements

For those unable to utilize the Online Time Reporting and Approval tool, follow these instructions to complete and submit your written paper time sheets:

- Obtain printed time sheets from your Account Executive/local branch or call Customer Service at **1.888.744.9202** and select the automated forms option on the phone menu.
- Follow the instructions on the time sheet for recording the time you worked.
- Your written time sheet must be completed by you each work week and signed by your job supervisor.
- Never ask the client to approve a blank or incomplete time sheet.
- Fax your time sheet to the toll-free number on the front of the time sheet. Verify that your fax confirmation is complete, and keep the confirmation with your original time sheet for your records. Do not mail your time sheet.
- Fax your time sheet by Friday, 6 p.m., local time.

Falsifying or forging time sheets is illegal. If any questions arise concerning your hours, call your Account Executive for assistance.

Bonus and Holiday Programs

We want to reward our temporary professionals for their hard work and adapt quickly to meet business needs and market conditions. To keep you informed and updated, we will announce new programs and any changes to our existing programs (such as work requirements and payouts) at the beginning of a calendar quarter. Our current Bonus and Holiday Programs can be found on the Home Page of the Online Time Reporting and Approval System. Once you log in to the Time Reporting and Approval system, locate the Candidate Programs & Policies link at the bottom of the Home Page. Once redirected to the Candidate Programs & Policies page, click on the Bonus and Holiday Programs link for the current information about our programs.

Beginning in 2017, the holidays for which we intend to provide holiday pay will be announced in late December for the upcoming year. We may add or subtract holidays during the year and may also adjust the pay and hours worked requirement needed to be eligible for pay during the year.

Look at the Online Time Entry and Approval System's Home Page Message Banner and Candidate Programs & Policies link for important announcements and changes to our programs. Please remember that we continue to reserve the right, in our sole discretion, to continue, discontinue, and change our programs. Bonus and holiday programs are merely a statement of current policy, and candidates do not have a contractual or other right to any particular set of parameters or any bonus, holiday or other program.

Referral Bonus

Attracting experienced temporary professionals is the key to any successful business. We understand that highly skilled temporary professionals like you often know of other talented people who may consider working for Robert Half Technology. If you do, you can receive a Referral Bonus by doing the following:

- Refer a colleague (who has not worked or registered with us before) to your local Robert Half Technology office. Tell your associate to mention your name as a reference during the Robert Half Technology registration.
- Or simply call your local Robert Half Technology Account Executive and give your colleague's name and phone number to us; we'll take it from there.
- Receive a \$500 referral bonus once the person you refer successfully completes a minimum of 250 hours within 90 days of registering with Robert Half Technology.
- Earn up to \$1,500 when you refer a consultant who is added to your current Robert Half Technology project as a direct result of your recommendation and who has worked a minimum of 250 hours on the project.

For program details and eligibility, visit rht.com/referral-bonus.

Whether a referral bonus program is available varies by branch. Contact your local branch for details.

Benefits

At Robert Half Technology, we know that your health and well-being are important. We offer qualified U.S. temporary professionals and their eligible dependents access to medical coverage options so they can satisfy the individual mandate under healthcare reform. These options* include:

- A preventive care medical plan; and
- A comprehensive high-deductible medical plan.

You're eligible to enroll in the preventive care plan as soon as you begin your first job assignment. You'll pay the full cost of coverage for yourself and your eligible dependents for this plan. For the high-deductible plan, you're eligible to enroll if you have worked as a temporary professional for Robert Half Technology for the preceding 12-month period and met a threshold number of hours per week over that period. For this plan, you pay a portion of the cost of coverage for yourself and the full cost of coverage for your eligible dependents.

Both the preventive care plan and the high-deductible plan are designed to meet the Affordable Care Act (ACA) mandate requiring individuals to have minimum essential coverage. If you enroll in the preventive care or high-deductible health plans, you will not have to pay a tax penalty under the ACA for failing to have medical insurance. Robert Half Technology also offers you access to GetInsured, a comparison-shopping portal for healthcare products and services, including state healthcare exchanges.

In addition to medical coverage, Robert Half Technology also offers a number of voluntary benefits, including:

- **Hospital indemnity:** This benefit provides supplemental payments to cover expenses for hospital stays.
- **Dental:** The dental plan covers most preventive and basic dental services.
- **Vision:** The vision plan covers common services like exams, frames and lenses, and contact lenses.
- **Short-Term Disability insurance:** This coverage offers up to 26 weeks of income protection if you are unable to work due to illness or injury.
- **Term life with accidental death and dismemberment (AD&D) insurance:** Term life with AD&D insurance is available for you and your eligible dependents; the benefit is paid in a lump sum.
- **Critical illness:** This benefit pays a lump sum when a covered illness is diagnosed.
- **Voluntary Accident:** Pays for accidental injuries.

You may enroll for voluntary benefits as soon as you begin your first job assignment. You pay the full cost of voluntary benefits on an after-tax basis.

Enrolling for Coverage

All benefit plans are administered through Benefits-In-A-Card (BIC). To enroll in benefits, go to <http://roberthalf.mybenefitsinacard.com>. You may also call 1.866.372.3980.

*These plans are not available in Hawaii. Please contact Mercer Marketplace at 1.855.879.6739 for information about healthcare benefits available to Hawaiian employees.

Please note: Due to state laws, not all products are available in all states. Residents of Massachusetts are advised that enrollment in the medical plans offered by Robert Half may not satisfy state health insurance requirements and could subject them to a state tax penalty.

Mercer Voluntary Benefits Program

- Eligibility – the date you begin your first job assignment
- Temporary professionals purchase products directly from Mercer via direct bill

- Available benefits – Identity Theft Protection, Long Term Care, Auto, Home and Pet Insurance
- Online comparative rates available
- Obtain information and voluntarily purchase any of the Mercer benefits products and services by calling the Mercer Customer Service Center at **1.866.795.2054**, Monday through Friday, 8 a.m. to 6 p.m., (all times EST/EDT), or go online at www.rhiprovoluntaryplans.com.

The insurance referral service is made available to temporary professionals at competitive group prices. Such service can be purchased on a voluntary basis through the Mercer Voluntary Benefits program. The provision of group prices should not be construed in any way as an endorsement or warranty of the insurance referral service.

401(k) Retirement Savings

Robert Half Technology is pleased to offer you a 401(k) Retirement Savings Plan that enables you to make pre-tax deferrals through payroll deductions to save for your retirement. Eligible candidates may enroll online following receipt of your second paycheck, and participation can begin as soon as the first of the month following the completion of your online enrollment.

- Eligibility is limited to temporary professionals whose Robert Half earnings for the previous year are less than the annually prescribed IRS limit.
- Participants may contribute 1% - 60% of eligible earnings, subject to IRS dollar limits.
- Contributions are deducted from weekly paychecks.
- Pre-tax deductions reduce taxable income.
- Contributed funds are accessible for loans, distributions, rollovers or hardship withdrawals, subject to IRS rules.
- Participants may direct the investment of their contributions to any of a range of investment funds through Fidelity Investments.
- Account is 100% vested at all times.

Please contact the Benefits Department Savings Plan Hotline at **1.866.586.6153** or savings.plans@roberthalf.com for more information.

The 401(k) plan is limited to employees living and working in the United States.

If there is any discrepancy between the information presented here and the applicable official plan document, the official plan document will govern how benefits are determined and administered. Robert Half International Inc. reserves the right at any time to amend or terminate any plan or any benefit offered under a plan.

Free and Discounted Training

Robert Half Technology understands your need for access to continuous education to keep pace with the rapid changes in technology. That's why we are pleased to offer a free voluntary online training program and access to world-class tools to assist you in enhancing your skills and earning certifications on the latest technology.

- Our free voluntary Online Training program, provided through SkillSoft, is available once you have fully registered with Robert Half Technology and have received a login and password from your Account Executive. Our program includes access 24 hours a day, 7 days a week to over 8,000 online courses, and 28,000 books, videos and a wide range of research reports from technology leaders like Microsoft®, Oracle®, Cisco® and others.
- As a temporary professional with Robert Half Technology, you may have access to additional voluntary training and certification benefits through our partnerships with HDI® and Microsoft. Please ask your Account Executive for more information.
- The Robert Half Technology blog offers additional career and job search resources. Subscribe at blog.rht.com.

The time you choose to spend on our Online Training program, if any, is not compensable.

All referenced trademarks are the property of their respective owners.

This Welcome Brochure Does Not Create an Employment Contract: Please note that nothing in this brochure creates any contract of employment or any right or expectation of continued employment. Further, Robert Half Technology may change or cancel these programs at any time without notice.

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Call us today at 1.800.793.5533

rht.com



rh Robert Half®
Technology

Our Commitment to Ethics

- Policies Against Harassment
- Unemployment Insurance
- Substance Abuse/Drug-Free Workplace Policy
- Workplace Safety Information
- Meal and Rest Period Policy
- Family Medical Leave Act (FMLA) and California Family Rights Act (CFRA) Leave
- Information Regarding Your Position With Robert Half
- Equal Opportunity Employer Statement

Robert Half and its staffing divisions – Accountemps, OfficeTeam, Robert Half Finance & Accounting, Robert Half Legal, Robert Half Management Resources, Robert Half Technology and The Creative Group – have a commitment to Ethics. Please review the policies in this brochure.

Policies Against Harassment

Policy Against Harassment

The policy of Robert Half is that there be no unlawful discrimination against any employee, temporary professional, candidate, client or contractor based on such individual's membership in a protected group (e.g., age, disability, gender identity, national origin, race/color, religion, sex (including pregnancy), sexual orientation, veteran status, or any other protected status). In keeping with that policy, Robert Half will not tolerate harassment.

In general, harassment is defined as inappropriate, unwelcome or offensive conduct whether verbal, physical or visual where:

- Submission to or rejection of such conduct is used as a basis for employment decisions; or
- Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

Examples may include but are not limited to:

- Derogatory comments about an individual's membership in a protected group.
- Visual messages that are degrading to or reflect negatively upon a protected group.
- Jokes that have the purpose or effect of stereotyping, demeaning or making fun of any protected group.
- Slurs that describe a protected group.
- Nicknames that relate to a person's membership in any protected group.
- Verbal or non-verbal innuendoes that relate to or reflect negatively upon any protected group.

Harassment includes incidents outside of the workplace if persons involved include employees, temporary professionals, supervisors, candidates, clients, or contractors of Robert Half.

Policy Against Sexual Harassment

The policy of Robert Half is to provide a working environment that is free of all impermissible forms of harassment. This includes sexual harassment. Robert Half will not tolerate sexual harassment of or by any of its employees, temporary professionals, candidates, clients, or contractors and will treat any violation of this policy as a disciplinary matter. In order to assure that all employees fully understand what constitutes sexual harassment, this form of prohibited harassment is addressed separately in this policy.

Any unwelcome sexual conduct or sexual behavior that is offensive to a reasonable person, if severe or pervasive, may be deemed to be sexual harassment. Sexual harassment includes:

- Sexual advances or requests for sexual favors.
- Unwelcome or offensive touching and other verbal, graphic or physical conduct of a sexual nature, including sexual gestures.
- Offensive remarks, jokes and other verbal, written or graphic commentaries of a sexual nature about an individual's body, sexually degrading words used to describe an individual, or suggestive or obscene letters, notes, gestures or invitations.
- Physical conduct, including touching, assault or impeding or blocking movements.
- Sexual harassment includes incidents outside of the workplace if persons involved include employees, temporary professionals, supervisors, candidates, clients, or contractors of Robert Half.

Unwelcome sexual conduct is absolutely prohibited regardless of whether it involves individuals of different sexes or the same sex.

Any employee, temporary professional, candidate, client, or contractor who feels that he or she has been subjected to any form of harassment or discrimination should immediately report the incident to Robert Half management so that prompt and effective action can be taken. That report may be made to any Robert Half manager with whom the individual feels comfortable. As an alternative, Robert Half has set up a special toll-free hotline which employees, temporary professionals, candidates, or contractors may use to make initial reports of harassment or discrimination. That number is **1-888-875-4901**. The hotline is not intended to be used for anonymous complaints because Robert Half cannot effectively deal with anonymous complaints.

All complaints of harassment and discrimination will be promptly and thoroughly investigated and, if warranted, appropriate corrective action will be taken after the investigation.

Employees, temporary professionals, candidates and contractors can be assured that they will not be penalized in any way for reporting harassment or discrimination. Retaliation in any form against an employee, temporary professional, candidate or contractor for having filed a good-faith complaint is strictly forbidden.

If an employee, temporary professional, candidate, or contractor believes he or she has been subjected to any form of harassment or discrimination, he or she may also file a complaint with the appropriate government agency set forth below.

- California Department of Fair Employment & Housing,
1-800-884-1684, 1-800-700-2320 TTY, www.dfeh.ca.gov
- Illinois Department of Human Rights, 100 W. Randolph Street, 10th Floor, Intake Unit, Chicago, IL 60601
1-312 814-6200, 1-217-785-5125 TTY, www.state.il.us/dhr/Forms/CIS_SXH.pdf
- Maine Human Rights Commission, 51 State House Station, Augusta, Maine 04333-0051
1-207-624-6050, 1-888-577-6690 TTY
- Massachusetts Commission Against Discrimination, One Ashburton Place, Rm. 601, Boston, MA 02108
1-617-994-6000, 1-617-994-6196 TTY
- 436 Dwight Street, Ste. 220, Springfield, MA 01103
1-413-739-2145
- U.S. Equal Employment Opportunity Commission
1-800-669-4000, 1-800-669-6820 TTY

Unemployment Insurance

- If you have unemployment insurance, your unemployment insurance may be deferred while you are working on assignments for Robert Half as a temporary professional. You may be required to report any wages you have earned through our payroll.

- Disqualification (determined by the state agencies) for unemployment benefits may occur for a number of reasons. Some of the events that could result in disqualification include, but are not limited to, the following circumstances: failure to show for an assignment without providing proper notification; continual absence/tardiness; falsifying applications/time sheets/records; violation of policies or other misconduct; quitting an assignment without good cause; refusal of suitable work; and not being able and available for work. Some states may also impose a disqualification on those who do not report their availability to their assigned branch upon completion of a temporary assignment.
- It should be noted that your temporary intermittent employment services shall be "at will" and provided only on an as-needed basis. Any engagement may be terminated at any time by us.
- If you file a claim for unemployment benefits, please be sure to list Robert Half as your temporary employer for the time when you worked on assignments for Robert Half's client(s) and not the clients of Robert Half for whom you worked.
- Information regarding your state unemployment filing procedures and laws can be obtained by contacting your local state unemployment office via Internet or phone.

Substance Abuse/Drug-Free Workplace Policy

It is Robert Half's belief that the impairment of any employee during working hours due to substance abuse will have a detrimental impact upon Robert Half's business and upon its employees, temporary professionals, candidates, clients and other business guests. As a condition of employment, each employee must abide by this policy.

The Company recognizes that some individuals may use substances such as alcohol and drugs to such an extent that their health and work are impaired. The Company's position regarding substance abuse is the same whether alcohol, illegal drugs, prescription drugs or other controlled substances are involved. Any employee who begins work impaired or becomes impaired while at work, or who illegally possesses, manufactures, distributes or dispenses, or attempts to manufacture, distribute or dispense a controlled substance, is in violation of Company policy. Additionally, when an employee is involved in the use, possession, manufacture, distribution or dispensation, or the attempted manufacture, distribution or dispensation of a substance in violation of the law, Robert Half may notify appropriate authorities.

For safety and other reasons, employees who are taking prescription drugs that have a potentially impairing effect should notify their immediate supervisor. When notifying your supervisor, you should not disclose the nature of the underlying condition, the name of the medication you are taking or any other private information; you should simply inform your supervisor that you are taking a medication which may have a potentially impairing side effect.

Employees must notify the Company within five days after any conviction under a criminal drug statute for a violation occurring in the workplace. When required by federal law, the Company will notify any federal agency with which it has a contract of any employee who has been convicted under a criminal drug statute for a violation occurring in the workplace. After receiving notice from an employee of a conviction under a criminal drug statute for a violation occurring in the workplace, the Company will: (1) take appropriate personnel action against such employee up to and including termination; and/or (2) require such employee to satisfactorily participate in a drug abuse assistance or rehabilitation program.

When the Company has reasonable suspicion to believe that an employee or employees are working in violation of the drug-free workplace policy, prompt and appropriate disciplinary action will be taken.

Robert Half is aware that substance abuse may represent a complex health problem that has both physical and emotional impacts on the employee, co-workers, family and friends. Voluntary, successful participation in a recovery or rehabilitation program by an employee may be a mitigating factor in any disciplinary action, depending on the facts and circumstances of each individual case. However, seeking and accepting treatment will not necessarily prevent disciplinary action.

Workplace Safety Information

The client companies with which you may work are committed to providing you with a safe workplace. As part of that commitment, you are covered by the safety plan of the client companies for which you may work and will receive the same safety training as employees of those client companies.

You should be aware of the following when you are on assignment with client companies:

- No temporary professional is expected to undertake a job that appears to be unsafe.
- No temporary professional is expected to undertake a job until he or she has received instructions on how to do it properly and has been authorized to perform that job.
- No temporary professional should perform any work that he or she considers potentially injurious without first discussing it with a supervisor.
- Temporary professionals are expected to inform their supervisor of all unsafe working conditions.
- Temporary professionals must not operate equipment they believe to be unsafe and must call a supervisor for instructions.
- Temporary professionals have the right to provide information regarding safety hazards without fear of reprisals.
- Temporary professionals must not work with hazardous or controlled products and should contact a supervisor if they believe they are being exposed to, or are in the proximity of, controlled products.
- Temporary professionals have the right to an explanation of any risks and hazards involved at any specific worksite, including the right to view the Material Safety Data Sheets (MSDS) that describe the safe handling, use, storage, and disposal of controlled products in the workplace and the safe work procedures employees must follow.
- In the event you are injured while on assignment at a client site, you must immediately report the injury to your Robert Half Staffing Manager, who will report the incident to the carrier at **1-888-414-8115**.

Meal and Rest Period Policy

Robert Half provides meal periods that temporary professionals are entitled, encouraged and expected to take. Robert Half expects its clients to adhere to this policy. Non-exempt temporary professionals who work more than 5 hours in a day are entitled to an unpaid 30-minute, uninterrupted meal period starting no later than the end of the 5th hour of work. Non-exempt temporary professionals who work more than 10 hours in a day are entitled to a second unpaid 30-minute, uninterrupted meal period starting no later than the end of the 10th hour of work. During meal periods, temporary professionals are entitled to be relieved of all duty and are free to spend this time as they choose. Clients may not impede or discourage temporary professionals from taking their meal periods.

Robert Half also authorizes and permits temporary professionals to take a net 10-minute rest period during every work period of 4 hours or major portion thereof. Robert Half expects its clients to adhere to this policy as well. Temporary professionals may take 1 rest period for up to 6 hours of work in a day, 2 rest periods for more than 6 hours of work in a day up to 10, 3 rest periods for more than 10 hours of work in a day up to 12, and so forth. Temporary professionals should take their rest periods in the middle of each work period to the extent practical to do so, and not combine them with meal periods or skip them to leave work early.

If you feel that you were not provided a meal period or rest period that complies with this policy, inform your Staffing Professional, the Branch Office Manager or Customer Service at **1-888-744-9202**.

Family Medical Leave Act (FMLA) Leave and California Family Rights Act (CFRA) Leave

Leave under FMLA/CFRA, as defined by California and Federal law, will be provided to eligible temporary professionals. To be eligible a temporary professional must have been (a) employed by Robert Half for 12 calendar months and (b) worked at least 1250 hours in the preceding 12 months with Robert Half. FMLA/CFRA allows an employee to be away from work, without pay, to recover from his or her own medical conditions, to care for family members who are suffering from a serious health condition, and also to bond with a newborn or adopted child. For additional details employees should contact the Branch Office Staffing Professionals for your division.

Information Regarding Your Position with Robert Half

Pursuant to Labor Code Section 2810.5:

You will receive the following information at the time of hire and with each temporary assignment you have with the Company: You will be provided your specific rate of pay, overtime rate and such other rates of pay as State and Federal law require. You will be paid by direct deposit or U.S. mail no later than every Friday following the week

worked. Please refer to the section that explains our Online Time Reporting System in the Welcome Brochure. Your employer is Robert Half International Inc. ("Robert Half"). Robert Half does business in the State of California under the following divisions and/or subsidiaries: Accountemps, Benchmark Staffing, Inc., OfficeTeam, Robert Half Financial Services Group, Robert Half Legal, Robert Half Management Resources, Robert Half Technology, and The Creative Group. Robert Half's main office is located at 2884 Sand Hill Road, Menlo Park, CA 94025. You may contact Robert Half by calling **1-888-744-9202**. Note that Robert Half's workers' compensation insurance carrier information is as follows:

- The Insurance Company of the State of Pennsylvania
175 Water Street, 18th Floor
New York, NY 10038
1-212-770-7000
- Robert Half's workers' compensation coverage is administered by:
Gallagher Bassett Services, Inc.
P.O. Box 4040
Sacramento, CA 95812-4040
1-866-481-0962

Equal Opportunity Employer Statement

Robert Half is an equal opportunity employer. Hiring, promotion, transfer, compensation, benefits, discipline, termination and all other employment decisions are made without regard to race, color, religion, sex, age, disability, national origin, sexual orientation, gender identity, veteran status or any other protected status.

Because of our support of equal employment opportunity, discrimination on account of race, color, religion, sex, age, disability, national origin, sexual orientation, gender identity, veteran status or any other protected status will not be tolerated.

WHAT IS WORKERS' COMPENSATION?

WHAT IS WORKERS' COMPENSATION?

If you get hurt on the job, your employer is required by law to pay for workers' compensation benefits. You could get hurt by:

One event at work.

Examples: hurting your back in a fall, getting burned by a chemical that splashes on your skin, getting hurt in a car accident while making deliveries.

—or—

Repeated exposures at work.

Examples: hurting your wrist from using vibrating tools, losing your hearing because of constant loud noise.

—or—

Workplace crime.

Examples: you get hurt in a store robbery, physically attacked by an unhappy customer.

Discrimination Is Illegal

It is illegal under Labor Code section 132a for your employer to punish or fire you because you:

- File a workers' compensation claim
- Intend to file a workers' compensation claim
- Settle a workers' compensation claim
- Testify or intend to testify for another injured worker.

If it is found that your employer discriminated against you, he or she may be ordered to return you to your job. Your employer may also be made to pay for lost wages, increased workers' compensation benefits, and costs and expenses set by state law.

WHAT ARE THE BENEFITS?

Medical care: Paid for by your employer to help you recover from an injury or illness caused by work. Doctor visits, hospital services, physical therapy, lab tests and x-rays are some of the medical services that may be provided. These services should be necessary to treat your injury. There are limits on some services such as physical and occupational therapy and chiropractic care.

Temporary disability benefits: Payments if you lose wages because your injury prevents you from doing your usual job while recovering. The amount you may get is up to two-thirds of your wages. There are minimum and maximum payment limits set by state law. You will be paid every two weeks if you are eligible. For most injuries, payments may not exceed 104 weeks within five years from your date of injury. Temporary disability (TD) stops when you return to work, or when the doctor releases you for work, or says your injury has improved as much as it's going to.

Permanent disability benefits: Payments if you don't recover completely. You will be paid every two weeks if you are eligible. There are minimum and maximum weekly payment rates established by state law. The amount of payment is based on:

- Your doctor's medical reports
- Your age
- Your occupation

Supplemental job displacement benefits: This is a voucher for up to \$6,000 that you can use for retraining or skill enhancement at an approved school, books, tools, licenses or certification fees, or other resources to help you find a new job. You are eligible for this voucher if:

- You have a permanent disability.
- Your employer does not offer regular, modified, or alternative work, within 60 days after the claims administrator receives a doctor's report saying you have made a maximum medical recovery.

Death benefits: Payments to your spouse, children or other dependents if you die from a job injury or illness. The amount of payment is based on the number of dependents. The benefit is paid every two weeks at a rate of at least \$224 per week. In addition, workers' compensation provides a burial allowance.

OTHER BENEFITS

You may file a claim with the Employment Development Department (EDD) to get state disability benefits when workers' compensation benefits are delayed, denied, or have ended. There are time restrictions so for more information contact the local office of EDD or go to their web site www.edd.ca.gov.

If your injury results in a permanent disability (PD) and the state determines that your PD benefit is disproportionately low compared to your earning loss, you may qualify for additional money from the Department of Industrial Relation's special earnings loss supplement program also known as the return to work program. If you have questions or think you qualify, contact the Information & Assistance Unit by going to www.dwc.ca.gov and looking under "Workers' Compensation programs and units" for the "Information & Assistance Unit" link or visit the DIR web site at www.dir.ca.gov.

Workers' compensation fraud is a crime

Any person who makes or causes to be made any knowingly false statement in order to obtain or deny workers' compensation benefits or payments is guilty of a felony. If convicted, the person will have to pay fines up to \$150,000 and/or serve up to five years in jail.

WHAT SHOULD I DO IF I HAVE AN INJURY?

Report your injury to your employer

Tell your supervisor right away no matter how slight the injury may be. Don't delay – there are time limits. You could lose your right to benefits if your employer does not learn of your injury within 30 days. If your injury or illness is one that develops over time, report it as soon as you learn it was caused by your job.

If you cannot report to the employer or don't hear from the claims administrator after you have reported your injury, contact the claims administrator yourself.

Workers' compensation insurance company or if employer is self-insured, person responsible for handling the claim is:

Gallagher Bassett Services Inc.
P.O. Box 4040
Sacramento, CA 95812

1.866.481.0962

You may be able to find the name of your employer's workers' compensation insurer at www.caworkcompcov.com.

If no coverage exists or coverage has expired, contact the Division of Labor Standards Enforcement at www.dir.ca.gov/DLSE as all employees must be covered by law.

Get emergency treatment if needed

If it's a medical emergency, go to an emergency room right away. Tell the medical provider who treats you that your injury is job related. Your employer may tell you where to go for follow up treatment.

Emergency telephone number:

Call **911** for an ambulance, fire department or police. For non-emergency medical care, contact your employer, the workers' compensation claims administrator or go to this facility:

Medical Provider Network website:

www.talispoint.com/cvty/gbcvtympn

1.800.243.2336

Fill out DWC 1 claim form and give it to your employer

Your employer must give you a **DWC 1 claim form** within one working day after learning about your injury or illness. Complete the employee portion, sign and give it back to your employer. Your employer will then file your claim with the claims administrator. Your employer must authorize treatment within one working day of receiving the DWC 1 claim form.

If the injury is from repeated exposures, you have one year from when you realized your injury was job related to file a claim.

In either case, you may receive up to \$10,000 in employer-paid medical care until your claim is either accepted or denied. The claims administrator has up to 90 days to decide whether to accept or deny your claim. Otherwise your case is presumed payable.

Your employer or the claims administrator will send you "benefit notices" that will advise you of the status of your claim.

MORE ABOUT MEDICAL CARE

What is a Primary Treating Physician (PTP)?

This is the doctor with overall responsibility for treating your injury or illness. He or she may be:

- The doctor you name in writing before you get hurt on the job
- A doctor from the medical provider network (MPN)
- The doctor chosen by your employer during the first 30 days of injury if your employer does not have an MPN or
- The doctor you chose after the first 30 days if your employer does not have an MPN.

What is a Medical Provider Network (MPN)?

An MPN is a select group of health care providers who treat injured workers. Check with your employer to see if they are using an MPN.

If you have not named a doctor before you get hurt and your employer is using an MPN, you will see an MPN doctor. After your first visit, you are free to choose another doctor from the MPN list.

What is Predesignation?

Predesignation is when you name your regular doctor to treat you if you get hurt on the job. The doctor must be a medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or a medical group with an M.D. or D.O. You must name your doctor in writing before you get hurt or become ill.

You may predesignate a doctor if you have health care coverage for non-work injuries and illnesses. The doctor must have:

- Treated you
- Maintained your medical history and records before your injury and
- Agreed to treat you for a work-related injury or illness before you get hurt or become ill.

You may use the "predesignation of personal physician" form included with this pamphlet. After you fill in the form, be sure to give it to your employer.

WHAT IF THERE IS A PROBLEM?

If you have a concern, speak up. Talk to your employer or the claims administrator handling your claim and try to solve the problem. If this doesn't work, get help by trying the following:

Contact the Division of Workers' Compensation (DWC) Information and Assistance (I&A) Unit

All 24 DWC offices throughout the state provide information and assistance on rights, benefits and obligations under California's workers' compensation laws. I&A officers help resolve disputes without formal proceedings. Their goal is to get you full and timely benefits. Their services are free.

To contact the nearest I&A Unit, go to **www.dwc.ca.gov** and under "Workers' Compensation programs and units", click on "Information & Assistance Unit." At this site you will find fact sheets, guides and information to help you.

Consult with an attorney

Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fees may be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at **1.415.538.2120** or go to their website at **www.californiaspecialist.org**. You may get a list of attorneys from your local I&A Unit or look in the yellow pages.

Warning

Your employer may not pay workers' compensation benefits if you get hurt in a voluntary off-duty recreational, social or athletic activity that is not part of your work-related duties.

Additional rights

You may also have other rights under the Americans with Disabilities Act (ADA) or the Fair Employment and Housing Act (FEHA). For additional information, contact FEHA at **1.800.884.1684** or the Equal Employment Opportunity Commission (EEOC) at **1.800.669.4000**.

The information contained in this pamphlet conforms to the informational requirements found in Labor Code sections 3551 and 3553 and California Code of Regulation, Title 8, sections 9880 and 9883. This document is approved by the Division of Workers' Compensation administrative director.

Revised 6/17/14 and effective for dates of injuries on or after 1/1/13

PREDESIGNATION OF PERSONAL PHYSICIAN

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or medical group if:

- On the date of your work injury you have health care coverage for injuries or illnesses that are not work related;
- The doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- Your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for non-occupational illnesses and injuries;
- Prior to the injury your doctor agrees to treat you for work injuries or illnesses;
- Prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor's name and business address.
- You may use this form to notify your employer if you wish to have your personal medical doctor or a doctor of osteopathic medicine treat you for a work-related injury or illness and the above requirements are met.

NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN

Employee: Complete this section.

To: _____
(Name of Employer)

If I have a work-related injury or illness, I choose to be treated by:

(Name of Doctor) (M.D., D.O., or medical group)

(street address, city, state, ZIP)

(telephone number)

Employee Name (please print)

Employee's Address

Name of Insurance Company, Plan, or Fund providing health coverage for nonoccupational injuries or illnesses

Employee's Signature

Date

Physician: I agree to this Predesignation:

Signature

Date

(Physician or Designated Employee of the Physician or Medical Group)

The physician is not required to sign this form, however, if the physician or designated employee of the physician or medical group does not sign, other documentation of the physician's agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

Submit this Notice of Predesignation of Personal Physician to **ca-mpn@roberthalf.com** or fax to **1.925.394.5154**.

Exchange Notice

Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

When key parts of the health care law took effect in 2014, a new way to buy health insurance became available: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers one-stop shopping to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in November of 2016 for coverage starting as early as January 1, 2017.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.69% of your household income for the year, or if the coverage your employer provides does not meet the minimum value standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

¹ An employer-sponsored health plan meets the minimum value standard if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Benefits Operations at 888-677-6613 or benefits@roberthalf.com.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name: Robert Half International Inc.	4. Employer Identification Number (EIN): 94-1648752	
5. Employer address: 2613 Camino Ramon	6. Employer phone number: 888-677-6613	
7. City: San Ramon	8. State: CA	9. Zip code: 94583
10. Who can we contact about employee health coverage at this job? Benefits Operations		
11. Phone number (if different from above)	12. Email address: benefits@roberthalf.com	



NOTICE TO EMPLOYEES

Your employer must send a copy of your *Employee's Withholding Allowance Certificate* (Form W-4 [federal] or DE 4 [state]) to the Franchise Tax Board (FTB) if the form meets either of the following two conditions:

- You claim more than 10 withholding allowances.
- You claim to be exempt from state or federal income tax withholding and your employer expects your usual weekly wages to exceed \$200.

Your employer will continue to treat the Form W-4 and/or DE 4 as valid until notified, in writing, by the FTB of the proper marital status and number of allowances to use for California Personal Income Tax (PIT) withholding purposes.

If you disagree with the FTB determination, you may request a review of the determination by writing to:

W-4 Unit
Franchise Tax Board MS F180
P.O. Box 2952
Sacramento, CA 95812-2952
Fax: 916-843-1094

You, as the employee, will have to provide proof that the FTB determination is incorrect for California PIT withholding purposes. Your employer must continue to withhold as instructed in the original determination until notified by the FTB, in writing, of any changes.

If the FTB finds that the number of withholding allowances you claimed is unreasonable, you may be subject to a \$500 penalty as provided by Section 13101 of the California Unemployment Insurance Code.

- Versión en español en la página 2 -



AVISO A EMPLEADOS

Su empleador debe de enviar una copia del certificado del empleado que autoriza la retención de impuestos conocido comúnmente en inglés como, *Employee's Withholding Allowance Certificate* (Formularios W-4 [federal] ó DE 4 [estatal]) al Franchise Tax Board (la oficina de recaudación de impuestos estatales), si el formulario cumple con cualquiera de las dos condiciones siguientes:

- Usted reclama más de 10 exenciones de retención en los cuales se basa la retención de impuestos.
- Usted sostiene estar exento de retención de impuestos federales y estatales y su empleador espera que usted gane su salario normal semanal de más de \$200.

Su empleador continuará considerando el Formulario W-4 y/o el formulario DE 4 como válido hasta que sea notificado por el Franchise Tax Board, por escrito, del estado civil apropiado y el número de exenciones que se pueden usar para el propósito de retención del Impuesto de Ingreso Personal (PIT, por sus siglas en inglés) en California.

Si usted no está de acuerdo con la determinación del Franchise Tax Board, usted puede pedir que se revise la determinación escribiendo al:

W-4 Unit
Franchise Tax Board MS F180
P.O. Box 2952
Sacramento, CA 95812-2952
Fax: 916-843-1094

Usted, como empleado, tendrá que proporcionar las pruebas de que la determinación del Franchise Tax Board es incorrecta para el propósito de retención del Impuesto de Ingreso Personal en California. Su empleador continuará la retención como fue indicado en la determinación original hasta que sea notificado por el Franchise Tax Board, por escrito, de cualquier cambio.

Si el Franchise Tax Board decide que el número de exenciones que usted reclama es irrazonable, se le podrá imponer una multa de \$500 conforme la Sección 13101 del Código del Seguro de Desempleo de California.

- English version on page 1 -



Fast Facts About Paid Family Leave

- Provides eligible workers with partial wage replacement when taking time off work to care for a child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or registered domestic partner.
- Provides coverage to employees who are covered by SDI (or a Voluntary Plan in lieu of SDI).
- Offers up to six weeks of benefits in a 12-month period.
- Bonding benefits are payable within one year of birth, adoption, or foster care placement.
- Provides benefits of approximately 55 percent of lost wages.
- PFL benefits are considered taxable income.
- Provides benefits but does not provide job protection or return rights.

In California, it's the law.

Paid Family Leave

Benefits

To apply online or for more information, visit:

www.edd.ca.gov/disability.

English 1-877-238-4373

Spanish 1-877-379-3819

Cantonese 1-866-692-5595

Vietnamese 1-866-692-5596

Armenian 1-866-627-1567

Punjabi 1-866-627-1568

Tagalog 1-866-627-1569



State of California

The EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Requests for services, aids, and/or alternate formats need to be made by calling 1-866-490-8879 (voice) or through the California Relay Service at 711.

This pamphlet is for general information only and does not have the force and effect of law, rule, or regulation.



**The time you need
for times like these.**

Paid Family Leave



Paid Family Leave Benefits for California Workers

There may be times in the life of a working person when they need to care for a loved one. Whether it's a working parent bonding with a new child or an employee caring for a seriously ill child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or registered domestic partner, California's Paid Family Leave (PFL) was created for these times.



A Program Benefiting You and Your Family

California leads the nation as the first state to make it easier for employees to balance the demands of the workplace and family care needs at home. PFL benefits are based on the claimant's (care provider's) past quarterly earnings. For more information regarding maximum benefit amounts paid, read the *Disability Insurance (DI) and Paid Family Leave (PFL) Weekly Benefit Amounts in Dollar Increments form*, DE 2589, at www.edd.ca.gov/disability.

Paid Family Leave for California Employees

To qualify for PFL benefits, you must meet the following requirements:

- Be covered by State Disability Insurance (SDI) (or a Voluntary Plan in lieu of SDI) and have earned at least \$300 in your base period from which deductions were withheld.
- Supply medical information supporting your claim that the care recipient has a serious health condition and requires your care.
- Submit your claim no earlier than nine days after the first day your family leave begins, but no later than 49 days after your family leave begins.
- Provide documentation to support a claim for bonding with a new biological, adopted, or foster child.
- You may need to use up to two weeks of any earned but unused vacation leave or paid time off, if required by your employer, prior to the initial receipt of benefits.
- Serve a seven-day unpaid waiting period before benefits are paid for each different care recipient within the 12-month period.

You may not be eligible for benefits if:

- You are receiving Disability Insurance, Unemployment Insurance, or workers' compensation benefits.
- You are not working or looking for work at the time you begin your family care leave.
- You are not losing wages.
- The need for care is not supported by the certificate of a treating physician/practitioner.
- You are in custody due to conviction of a crime.

You are entitled to:

- Know the reason and basis for decisions affecting your benefits.
- Appeal decisions about your eligibility for benefits. Appeals must be sent to PFL in writing.
- A hearing of your appeal before an Administrative Law Judge. Decisions may be further appealed to the California Unemployment Insurance Appeals Board and the courts.
- Privacy information about your claim will be kept confidential except for the purposes allowed by law.

PFL benefits do not provide job protection or return rights. Job protection may be provided if your employer is subject to the federal Family and Medical Leave Act and the California Family Rights Act. Notify your employer of the reason for taking leave in a manner consistent with your company's leave policy. DE 2511 Rev. 13 (9-16) (INTERNET)



Apply for Benefits

Apply for PFL benefits using SDI Online at www.edd.ca.gov/disability. Employers and physicians/practitioners can submit claim information through SDI Online. You may also file a claim using a paper form. To request a claim form, visit www.edd.ca.gov/disability.

If you are currently receiving DI pregnancy-related benefits, it is not necessary to request a PFL claim form. Claim filing information will be sent through your SDI Online account or a claim form will be sent via mail when your pregnancy-related disability claim ends.

If you are covered by a Voluntary Plan, contact your employer to obtain information about your coverage and instructions on how to apply for benefits.

Contact Paid Family Leave

For questions about PFL benefits, please visit www.edd.ca.gov/disability.

The phone number is located on the back panel.

Claim forms should be mailed to PFL at:
PO Box 989315
West Sacramento, CA 95798-9315



**The definition of sexual harassment includes
many forms of offensive behavior.**



Department of Fair Employment and Housing

- such as a lead, supervisor, manager or agent;
- the employer had no knowledge of the harassment;
- there was a program to prevent harassment; and
- once aware of any harassment, the employer took immediate and appropriate corrective action to stop the harassment.

Filing a Complaint

Employees or job applicants who believe that they have been sexually harassed may file a complaint of discrimination with DFEH within **one year** of the harassment.

DFEH serves as a neutral fact-finder and attempts to help the parties voluntarily resolve disputes. If DFEH finds sufficient evidence to establish that discrimination occurred and settlement efforts fail, the Department may file a formal accusation. The accusation will lead to either a public hearing before the Fair Employment and Housing Commission or a lawsuit filed by DFEH on behalf of the complaining party.

If the Commission finds that discrimination has occurred, it can order remedies including:

- Fines or damages for emotional distress from each employer or person found to have violated the law
- Hiring or reinstatement
- Back pay or promotion
- Changes in the policies or practices of the involved employer

Employees can also pursue the matter through a private lawsuit in civil court after a complaint has been filed with DFEH and a Right-to-Sue Notice has been issued.

For more information, see publication DFEH-159 "Guide for Complainants and Respondents."

For more information, contact DFEH toll free at
(800) 884-1684
Sacramento area & out-of-state at **(916) 478-7200**
TTY number at **(800) 700-2320**
or visit our Web site at www.dfeh.ca.gov

In accordance with the California Government Code and ADA requirements, this publication can be made available in Braille, large print, computer disk, or tape cassette as a disability-related reasonable accommodation for an individual with a disability. To discuss how to receive a copy of this publication in an alternative format, please contact DFEH at the numbers above.



State of California

Department of Fair Employment & Housing

Sexual Harassment

The Facts About Sexual Harassment

The *Fair Employment and Housing Act* (FEHA) defines sexual harassment as harassment based on sex or of a sexual nature; gender harassment; and harassment based on pregnancy, childbirth, or related medical conditions. The definition of sexual harassment includes many forms of offensive behavior, including harassment of a person of the same gender as the harasser. The following is a partial list of types of sexual harassment:

- Unwanted sexual advances
- Offering employment benefits in exchange for sexual favors
- Actual or threatened retaliation
- Leering; making sexual gestures; or displaying sexually suggestive objects, pictures, cartoons, or posters
- Making or using derogatory comments, epithets, slurs, or jokes
- Sexual comments including graphic comments about an individual's body; sexually degrading words used to describe an individual; or suggestive or obscene letters, notes, or invitations
- Physical touching or assault, as well as impeding or blocking movements



The mission of the Department of Fair Employment and Housing is to protect the people of California from unlawful discrimination in employment, housing and public accommodations, and from the perpetration of acts of hate violence.

Employers' Obligations

All employers must take the following actions against harassment:

- Take all reasonable steps to prevent discrimination and harassment from occurring. If harassment does occur, take effective action to stop any further harassment and to correct any effects of the harassment.
- Develop and implement a sexual harassment prevention policy with a procedure for employees to make complaints and for the employer to investigate complaints. Policies should include provisions to:
- Fully inform the complainant of his/her rights and any obligations to secure those rights.
- Fully and effectively investigate. The investigation must be thorough, objective, and complete. Anyone with information regarding the matter should be interviewed. A determination must be made and the results communicated to the complainant, to the alleged harasser and, as appropriate, to all others directly concerned.
- Take prompt and effective corrective action if the harassment allegations are proven. The employer must take appropriate action to stop the harassment and ensure it will not continue. The employer must also communicate to the com-

plainant that action has been taken to stop the harassment from recurring. Finally, appropriate steps must be taken to remedy the complainant's damages, if any.

- Post the Department of Fair Employment and Housing (DFEH) employment poster (DFEH - 162) in the workplace (available through the DFEH publications line [916] 478-7201 or Web site).
- Distribute an information sheet on sexual harassment to all employees. An employer may either distribute this pamphlet (DFEH 185) or develop an equivalent document that meets the requirements of Government Code section 12950(b). This pamphlet may be duplicated in any quantity. **However, this pamphlet is not to be used in place of a sexual harassment prevention policy, which all employers are required to have.**
- All employees should be made aware of the seriousness of violations of the sexual harassment policy and must be cautioned against using peer pressure to discourage harassment victims from complaining.
- Employers who do business in California and employ 50 or more part-time or full-time employees must provide at least two hours of sexual harassment training every two years to each supervisory employee and to all new supervisory employees within six months of their assumption of a supervisory position.

- A program to eliminate sexual harassment from the workplace is not only required by law, but is the most practical way for an employer to avoid or limit liability if harassment should occur despite preventive efforts.

Employer Liability

All employers, regardless of the number of employees, are covered by the harassment section of the FEHA. Employers are generally liable for harassment by their supervisors or agents. Harassers, including both supervisory and non-supervisory personnel, may be held personally liable for harassing an employee or coworker or for aiding and abetting harassment.

Additionally, the law requires employers to take "all reasonable steps to prevent harassment from occurring." If an employer has failed to take such preventive measures, that employer can be held liable for the harassment. A victim may be entitled to damages, even though no employment opportunity has been denied and there is no actual loss of pay or benefits.

In addition, if an employer knows or should have known that a **non-employee** (e.g. client or customer) has sexually harassed an employee, applicant, or person providing services for the employer and fails to take immediate and appropriate corrective action, the employer may be held liable for the actions of the non-employee.

An employer might avoid liability if

- the harasser is not in a position of authority,

DI Office Locations & Mailing Addresses

Chico 645 Salem Street
(PO Box 8190, Chico, CA 95927-8190)

Chino Hills ... 15315 Fairfield Ranch Road, Ste. 100
(PO Box 60006, City of Industry, CA 91716-0006)

Fresno 2550 Mariposa Mall, Rm. 1080A
(PO Box 32, Fresno, CA 93707-0032)

Long Beach ... 4300 Long Beach Blvd., Ste. 600
(PO Box 469, Long Beach, CA 90801-0469)

Los Angeles 888 S. Figueroa Street, Ste. 200
(PO Box 513096, Los Angeles, CA 90051-1096)

Oakland 7677 Oakport Street, Ste. 325
(PO Box 1857, Oakland, CA 94606-1857)

Riverside 1190 Palmyrita Avenue, Ste. 100
(PO Box 59903, Riverside, CA 92517-9903)

Sacramento 5009 Broadway
(PO Box 13140, Sacramento, CA 95813-3140)

San Bernardino 371 West 3rd Street
(PO Box 781, San Bernardino, CA 92402-0781)

San Diego ... 9246 Lightwave Avenue, Bldg. A, Ste. 300
(PO Box 120831, San Diego, CA 92112-0831)

San Francisco 745 Franklin Street, Rm. 300
(PO Box 193534, San Francisco, CA 94119-3534)

San Jose 297 West Hedding Street
(PO Box 637, San Jose, CA 95106-0637)

Santa Ana ... 605 West Santa Ana Blvd., Bldg. 28, Rm. 735
(PO Box 1466, Santa Ana, CA 92702-1466)

Santa Barbara 128 East Ortega Street
(PO Box 1529, Santa Barbara, CA 93102-1529)

Santa Rosa 606 Healdsburg Avenue
(PO Box 700, Santa Rosa, CA 95402-0700)

Stockton 3127 Transworld Dr., Ste. 150
(PO Box 201006, Stockton, CA 95201-9006)

California State Government Employees
(PO Box 2168, Stockton, CA 95201-2168)

Van Nuys 15400 Sherman Way, Rm. 500
(PO Box 10402, Van Nuys, CA 91410-0402)



STATE OF CALIFORNIA

LABOR AND WORKFORCE DEVELOPMENT AGENCY

EMPLOYMENT DEVELOPMENT DEPARTMENT

*This pamphlet is for general information only,
and does not have the force and effect of the law,
rule or regulation.*

The EDD is an equal opportunity employer/program.
Auxiliary aids and services are available upon request to
individuals with disabilities. Requests for services, aids,
and/or alternate formats need to be made by calling DI at
1-866-490-8879 (voice), or through the California Relay
Services at 711.



DISABILITY INSURANCE PROVISIONS



Disability is an illness or injury, either physical or mental, which prevents customary work. Disability includes elective surgery, pregnancy, childbirth, or related medical conditions.

Disability Insurance (DI) is a component of the State Disability Insurance (SDI) program, designed to partially replace wages lost due to a non-work-related disability (see "Other Programs," for job-related disabilities).

SDI contributions are paid by California workers covered by the SDI program. Contribution rates may vary from year to year. For current rates, visit the DI website at www.edd.ca.gov/disability, or contact the Employment Development Department (EDD) Disability Insurance customer service at 1-800-480-3287 or EDD employment tax customer service at 1-888-745-3886.

DI Plans

- **State Plan.** The DI state plan is covered in this brochure.
- **Voluntary Plan (VP).** A private plan, approved by the Director of the EDD, which may be substituted for the State Plan. Voluntary Plans may be established if the employer and majority of employees agree to do so. VP information and filing a claim may be done through your employer. If you are covered by a VP, the provisions of this brochure may not apply to you. Obtain information about your coverage and file a VP claim through your employer.
- **Elective Coverage (EC).** Employers and self-employed persons, including general partners, may elect coverage. The method of computing benefits for EC participants is not the same as for mandatory rate payers. The cost of participating, which is set annually, can be obtained from your local EDD Employment Tax Customer Service Office.

EC claims are filed in the same manner as State Plan claims; however, there are some differences in eligibility requirements from those listed in this pamphlet.

- For additional information or to apply for coverage, contact EDD DI customer service at 1-800-480-3287, EDD employment tax customer service at 1-888-745-3886, or visit our website at www.edd.ca.gov/disability.

How to Claim State Plan Benefits

1. Use **SDI Online** to securely file for benefits or request a paper claim form.
- By Internet: www.edd.ca.gov/disability.
- By phone: **1-800-480-3287**.
- By mail: EDD, Disability Insurance, PO Box 989777, West Sacramento, CA 95798-9777.
- In person by visiting any of the DI offices listed under "DI Office Locations."
- California state government employees covered by SDI should call **1-866-352-7675**.
2. When filing SDI Online, complete all required fields. A receipt number will be generated when your claim is submitted. If using a paper claim form, complete and sign the "Claim Statement of Employee." Print clearly, and verify your answers are complete and correct as errors delay payments.
3. Have your physician/practitioner complete the "Physician/Practitioner Certification" online or use the paper claim form. If filing online, your physician/practitioner will need your receipt number to complete the "Physician/Practitioner Certification." Usually a claim cannot begin more than seven days before you were examined by or under the care of a physician/practitioner. Certification may be made by a licensed medical or osteopathic physician and surgeon, nurse practitioner, chiropractor, dentist, podiatrist, optometrist, designated psychologist, or an authorized medical officer of a United States government facility. Certification may also be made by a licensed nurse-midwife or licensed midwife for disabilities related to normal pregnancy or childbirth.
4. File online or submit your paper claim form within 49 days from the first day you were disabled. If your claim is late, you may lose benefits unless your explanation of the delay is accepted as reasonable.

How Benefits Are Paid

- The SDI benefits are paid electronically or by mail. You do not need to appear in person to apply or receive benefits.
- Benefits are paid via the EDD Debit CardSM. The EDD Debit CardSM works like other debit cards, giving you access to funds 24 hours a day, 7 days a week, and can be used everywhere Visa[®] debit cards are accepted. When your claim is received, you may be contacted through SDI Online, by phone, or by mail for additional information. Most properly completed claims are processed within 14 days.
- The first seven days of your DI claim are a non-payable waiting period.

Benefits are paid as quickly as possible after all information to determine eligibility is received. If you meet all eligibility requirements, benefits will be authorized. If you are eligible for further benefits, you will be authorized additional benefits electronically or sent a "continued claim" certification form for you to complete for the next benefit period. Usually these benefit periods are for two-week intervals. However, DI pays benefits based on daily eligibility within a seven-day calendar week. Partial weeks are paid at a daily rate. This rate is one-seventh of your weekly benefit amount. Please allow 10 days from the date you mail or electronically submit a certification for receipt of payment.

How Your Benefit Rate is Determined

Benefit amounts are based on wages paid during a specific 12-month **base period**, determined by the date your claim begins. Consider when to start your claim since this may affect your weekly benefit rate, your maximum benefit amount, and the period of your benefit eligibility.

Only **base period** wages subject to the SDI contributions can be used in computing your benefits. To qualify, you must have earned at least \$300 during your base period. The month your claim begins determines which four consecutive quarters are used.

If your claim begins in:

- January, February, or March, your base period is the 12 months ending last September 30.**
(Example: A claim beginning February 14, 2015,

uses a base period of October 1, 2013, through September 30, 2014.)

- April, May, or June, your base period is the 12 months ending last December 31.**

(Example: A claim beginning June 20, 2015, uses a base period of January 1, 2014, through December 31, 2014.)

- July, August, or September, your base period is the 12 months ending last March 31.**

(Example: A claim beginning September 27, 2015, uses a base period of April 1, 2014, through March 31, 2015.)

- October, November, or December, your base period is the 12 months ending last June 30.**

(Example: A claim beginning November 2, 2015, uses a base period of July 1, 2014, through June 30, 2015.)

Exceptions: If your claim is determined to be invalid, but you were unemployed and seeking work for 60 days or more in any quarter of your base period, you may be able to substitute wages paid in prior quarters.

You may be entitled to substitute wages paid in prior quarters to either validate your claim or increase your benefit amount, if during your base period you:

- were in the military service.
- received workers' compensation benefits.
- did not work because of a labor dispute.

If your situation fits any of the above, include a letter and supporting documentation with your claim form.

Wage Continuation. If your employer continues to pay you wages while you are disabled, your DI benefits may be affected. DI benefits plus wages cannot exceed your regular weekly wage. DI benefits are not affected by vacation pay you may receive.

Maximum Benefits. The maximum benefit amount is 52 times the weekly rate, but not more than your total base period wages. Exception: For employers and self-employed individuals who elect SDI coverage, the maximum benefit amount is 39 times the weekly rate.

Additionally, benefits are payable only for a limited period to a resident in an alcoholic

recovery home or drug-free residential facility that is both licensed and certified by the state in which the facility is located. However, disabilities related to or caused by acute or chronic alcoholism or drug abuse, being medically treated, do not have this limitation.

Pregnancy. As with any medical condition, your disability period begins the first day you are unable to do your regular or customary work. DI benefits are based on the period of time your physician/practitioner certifies you are unable to do your regular or customary work. Do not send in your claim for pregnancy-related DI benefits until the date your physician/practitioner certifies you are disabled.

NOTE: For information on Paid Family Leave (PFL) bonding benefits, see the "Other Programs" section of this brochure.

You May Not be Eligible for Benefits

- If you are receiving Unemployment Insurance or PFL benefits.
- If you are not working or looking for work at the time you become disabled.
- If you are in custody due to conviction of a crime.
- If your full wages are paid.
- If you are receiving workers' compensation at a weekly rate equal to or greater than the DI rate. If workers' compensation benefits are paid at a lower rate than your DI rate, you may be paid the difference.
- For the amount of time a claim is late (without good cause).
- If you make a false statement or fail to report a material fact. (A 30 percent penalty may be assessed if benefits are overpaid because you willfully withheld a material fact or made a false statement.)
- If you fail to attend an independent medical examination when requested. (Fees for such examinations are paid by the EDD.)

The California Unemployment Insurance Code provides for penalties consisting of fines, imprisonment, and loss of benefit rights for fraud against the SDI program.

Your Rights. You are entitled to:

- Know the reason and basis for any decision that affects your benefits.
- Appeal any decision about your eligibility for benefits. (Appeals must be sent to the DI office in writing.)
- Request an appeal hearing before an Administrative Law Judge (ALJ). You may further appeal the ALJ's decision to the California Unemployment Insurance Appeals Board and the courts.
- Privacy – all claim information will be kept confidential except for the purposes allowed by law.

Your Obligations. Your responsibilities:

- Complete your claim and other forms correctly, completely, and truthfully.
- Submit your claim and other forms according to time limits on forms. If your claim is submitted late and you believe you have a good reason for being late, you should include a written explanation of the reason(s) with the form.
- Contact DI if you do not understand a question or how to answer it.
- Include your name and Social Security number on letters to DI.

Contact DI

- By e-mail at <https://ask.edd.ca.gov>
- By phone at:
 - English 1-800-480-3287
 - Spanish 1-866-658-8846
- By U.S. mail addressed to PO Box 13140, Sacramento, CA 95813-3140. If you do not have a current claim, you may write to any DI office. Note: Do not mail claim forms to this PO Box.
- By TTY (teletypewriter for deaf, hearing-impaired, and speech-impaired persons only) at 1-800-563-2441.
- In person by visiting any of the DI offices listed under "DI Office Locations."

Other Programs

If you are injured on the job or become ill as a result of your occupation, notify your employer. If you are able and available to work but unemployed, contact the Unemployment Insurance program of the EDD through the website at www.edd.ca.gov/unemployment, or by phone at 1-800-300-5616 (TTY 1-800-815-9387).

If you need help in finding work, job training, retraining, or other services in order to return to work, visit your local America's Job Center of CaliforniaSM formerly known as One-Stop Career Centers listed at www.servicelocator.org, or in the white pages of your phone directory.

If your disability is permanent or is expected to continue for a year or more, contact the U.S. Social Security Administration at www.ssa.gov, or by phone at 1-800-772-1213 (TTY 1-800-325-0778).

If you take time off work to care for a family member or if you take time off from work to bond with a new child, including newly adopted, newly placed foster children, or those of your registered domestic partner, contact the EDD PFL program at www.edd.ca.gov/disability, or by phone at 1-877-238-4373, or through the California Relay Service at 711.

Note: A PFL bonding claim form will be sent automatically with the final benefit payment to new mothers receiving DI benefits.

If you are a victim of a crime, contact the California Victim Compensation program at 1-800-777-9229 (TTY 1-800-735-2929). You may also contact your county Victim/Witness Assistance Center.

Questions about spousal or parental support obligations should be directed to the district attorney's office for the county that issued the court order.

Questions about child support obligations should be directed to the Department of Child Support Services at 1-866-901-3212 (TTY 1-866-399-4096).



1.888.778.5881

[Job Seekers](#) | [Salary Center](#) | [Find An Office](#) | [Blog](#)

Robert Half temporary professionals who work in the following areas are eligible to participate in the Robert Half Commuter Benefits Program as required by local law:

- Five boroughs of New York City, per the NYC Commuter Benefits Law
- San Francisco Bay area, per the Bay Area Commuter Benefits Program

You will be able to elect a pre-tax payroll deduction up to \$255 per month for eligible transit expenses and up to \$255 per month for eligible parking expenses. Beginning July 1, 2016, you can visit <https://ebsbenefits.lh1ondemand.com> to enroll, make changes or cancel your elections.

You will need to log in to make your elections. **Your login is as follows:**

Username: First letter of first name, full last name, last four digits of your SSN (no spaces or commas in between). Example: jsmith6789

Password: Employee ID number

You can change your username and password after you first log in. See the [FAQs](#) for more details.



[Job Seekers](#) | [Salary Center](#) | [Find An Office](#) | [Blog](#)

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If you prefer not to receive future general email broadcasts from Robert Half, please [click here to unsubscribe](#). You may also mail your unsubscribe request to the address below. Thank you.

Robert Half | Attn: Marketing | 2884 Sand Hill Road | Suite 200 | Menlo Park | CA 94025 USA



Commuter Benefits FAQs

Frequently Asked Questions for Temporary Professionals

1. WHO IS ELIGIBLE TO PARTICIPATE?

Robert Half temporary professionals who work in the following areas are eligible to participate in the Robert Half Commuter Benefit Program as required by local law:

- Five boroughs of New York City, per the NYC Commuter Benefits Law
- San Francisco Bay Area, per the Bay Area Commuter Benefits Program

2. WHY SHOULD I USE THIS BENEFIT?

By enrolling, you can deduct pre-tax funds from your paycheck up to the IRS limit of \$255 per month for transit and up to \$255 per month for qualified parking expenses.

3. HOW DOES THIS PROGRAM WORK?

Deductions withheld from your check are deposited weekly into an account with Employee Benefit Specialists (EBS), our program administrator. You will access these funds by using a special debit card or by submitting receipts to EBS for reimbursement.

4. WHAT ARE THE DOLLAR LIMITS ON TAX-FREE TRANSIT AND PARKING BENEFITS?

For 2016, the federal law limits are \$255 per month for transit and \$255 per month for qualified parking. (Qualified Parking is defined in FAQ 6.)

5. WHAT COMMUTING EXPENSES ARE ELIGIBLE?

Transit costs you incur when traveling between your residence and your workplace are eligible. Eligible transit expenses include bus, rail or ferry, operated by either public or private companies, as well as vanpooling costs. For more information, visit <https://www.irs.gov/publications/p15b/ar02.html>.

6. WHAT IS QUALIFIED PARKING?

Qualified parking is parking at or near work, or parking at or near the public transportation you use to get to work. For more information, visit <https://www.irs.gov/publications/p15b/ar02.html>.

7. WHAT EXPENSES ARE NOT ELIGIBLE?

Commuting expenses that you cannot claim under the program include, but are not limited to, traffic tickets, mileage, taxis, taxi services (such as Uber, Lyft, Sidecar, etc.), and business travel expenses paid by Robert Half. For more information, visit <https://www.irs.gov/publications/p15b/ar02.html>.



8. HOW DO I PARTICIPATE OR ENROLL?

Employee Benefit Specialists (EBS) administers the Robert Half commuter benefits program. To participate in the program, log on to <https://ebsbenefits.lh1ondemand.com>.

YOUR LOGIN INFORMATION IS AS FOLLOWS:

Username: First letter of first name, full last name, last four digits of SSN (no spaces or commas in between).

Example: jsmith6789

Password: Employee ID number

Once you enroll, you will receive access to a secure, easy-to-use web portal where you can track your account balance and submit requests for reimbursements. You may be able to download the EBS app to your smartphone to manage your account and submit your requests.

EBS will send you a "Benny Stored Value Benefits" debit card through the mail. This card can be used instead of cash to pay for qualified expenses. When you use the card, payments are automatically withdrawn from your account; you won't have to submit receipts for reimbursement. Just swipe the card and go. It's that easy! If you have questions, contact EBS at 888.327.2770.

9. HOW DO I USE THIS BENEFIT?

You can use your "Benny" debit card at authorized transit dealers. Some merchants, like the Washington Metropolitan Area Transit Authority (WMATA), do not accept the Benny card. You can still buy your tickets using cash or your personal credit/debit cards, and submit the receipt along with a reimbursement request to EBS by logging on to your account via the web portal or the EBS app.

10. WHAT HAPPENS IF I LOSE OR MISPLACE MY DEBIT CARD?

Contact EBS online at <https://ebsbenefits.lh1ondemand.com> or call 888.327.2770 to request a replacement. A \$5 fee will be deducted from your account to replace a lost or stolen card.

11. IS THERE A DEADLINE TO ENROLL?

You must enroll by the 25th of the month to participate in the program the following calendar month. Tax rules require that you elect your benefit amount before the period of coverage begins. For example, you have from August 26 to September 25 to make your elections for October. Once you enroll, your elections will carry over from month to month unless you change or cancel your election.

Note: You also have until the 25th of the month prior to the benefit month to cancel or change your online order.

12. IF I ENROLL, WHEN WILL DEDUCTIONS BEGIN?

After your election is submitted and received by the monthly deadline, payroll deductions will begin with the first paycheck of the enrolled benefit month. For example, if you enroll by July 25 for August, your deductions will begin with any paycheck dated on or after August 1.

13. HOW SOON CAN I START USING THE FUNDS AFTER THE PAYCHECK DEDUCTION?

Every Friday, deductions for the previous seven days are sent to the administrator (EBS) for posting to your account. Generally, the funds will be available in your account by the following Tuesday. Banking holidays could delay the funds posting.
For example:

Check date: August 1, 2016

Deductions sent to EBS: August 5, 2016

Funds available: August 9, 2016



14. WHOM DO I CONTACT IF I WANT TO CHANGE OR STOP THE BENEFIT?

To make changes to your commuter online orders, or to stop or cancel participation, you can log on to your EBS account at <https://ebsbenefits.lh1ondemand.com> or call 888.327.2770. Changes made before the 25th will be effective the next benefit month.

15. WHAT HAPPENS TO MY ACCOUNT BALANCE IF I STILL WORK FOR ROBERT HALF BUT CHOOSE TO END MY PARTICIPATION IN THE COMMUTER PLAN?

Funds deposited in your commuter benefits account will remain in the account until they are used; they cannot be refunded or used for other purposes. Excess balances will be carried over to the subsequent month and can only be accessed by you for commuter benefits. You can continue to use your debit card until you use up all your funds while you work for Robert Half.

16. WHAT HAPPENS IF I STOP WORKING FOR ROBERT HALF?

If you stop working for Robert Half and you still have a balance in your account, you can continue to use your debit card for six months. After six months, your debit card will be deactivated, even if you still have a balance in your account.

You can still submit reimbursement requests online, via the app or by calling EBS at 888.327.2770. You have until April 30 of the following year to submit expenses incurred during the time in which you were working for Robert Half. Any unused funds remaining in your account after April 30 will be forfeited. For example, if you participated beginning January and stopped working for Robert Half in June, you have until April 30 of the following year to submit reimbursement requests for expenses incurred from January to June. Make sure you include a receipt when submitting a reimbursement request.





Labor Law Posters Online

A rectangular sign with a blue header and a white body. The blue header contains the text "This Employer Participates in E-Verify" in yellow, bold, sans-serif font. Below this, the word "E-Verify" is written in large, stylized, blue letters with a red outline. To the right of the text is a circular seal of the Social Security Administration. The white body of the sign contains several paragraphs of text in black font, providing information about E-Verify participation. At the bottom left is a small "Employment Verification" logo with "Check" and "Done" buttons. At the bottom right is a "U.S. DEPARTMENT OF LABOR" logo.

Equal Employment Opportunity is THE LAW

View the required
federal, state, and municipal
labor law postings online at
www.roberthalf.com/labor-law-posters.

www.roberthalf.com/labor-law-posters

Hard copies of all labor law postings can also be viewed in person at any Robert Half branch or corporate office.