

Western Equipment Manufacturing, Inc.
Employee Information Sheet

Please complete the following information for our records:

Complete Name Romualdo Guerrero Becerra
First Middle Initial Last

Address 15871 Highland Ave

City, State, Zip Code Fontana, CA 92330

Daytime Phone (626) 481-0709

Cell Phone _____

Social Security # 618-28-1936

Driver's License # A5705830

Name and Phone Number of Person to be contacted in case of emergency

Name Oscar Guerrero

Phone (626) 841-0738

Signature * Romualdo Guerrero Becerra

Printed Name Romualdo Guerrero Becerra

Thank you,

HR Department

Office Use Only	
Employee #	
Date of Hire	
Rate	
Position	



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

USCIS
Form I-9

OMB No. 1615-0047
Expires 08/31/2019

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

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

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

Last Name (Family Name) Guerrero Becerra		First Name (Given Name) Romualdo		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name) 15871 Highland Ave		Apt. Number	City or Town Fontana		State CA	ZIP Code 92336
Date of Birth (mm/dd/yyyy) 02/07/1967	U.S. Social Security Number 618-28-1936		Employee's E-mail Address		Employee's Telephone Number	

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

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

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)
<input checked="" type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): 093-245-817
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): Some aliens may write "N/A" in the expiration date field. (See instructions)
Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____
QR Code - Section 1 Do Not Write In This Space

Signature of Employee X Romualdo Guerrero Becerra	Today's Date (mm/dd/yyyy) X 9/13/2018
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Preparer and/or Translator Certification (check one):

☒ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

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



Employer Completes Next Page





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

USCIS
Form I-9

OMB No. I615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

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

Employee Info from Section 1	Last Name (Family Name) <u>Guerreiro Becerra</u>	First Name (Given Name) <u>Ramualdo</u>	M.I.	Citizenship/Immigration Status <u>Permanent Resident</u>
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List A
Identity and Employment Authorization

OR

List B
Identity

AND

List C
Employment Authorization

Document Title	Document Title <u>Drivers License</u>	Document Title <u>PR card</u>
Issuing Authority	Issuing Authority <u>State of California</u>	Issuing Authority <u>USCIS</u>
Document Number	Document Number <u>A5705830</u>	Document Number <u>093-245-817</u>
Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy) <u>02/07/2023</u>	Expiration Date (if any) (mm/dd/yyyy) <u>6/21/2022</u>
Document Title	Additional Information	
Issuing Authority		
Document Number		
Expiration Date (if any) (mm/dd/yyyy)		
Document Title	QR Code - Sections 2 & 3 Do Not Write In This Space	
Issuing Authority		
Document Number		
Expiration Date (if any) (mm/dd/yyyy)		

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

The employee's first day of employment (mm/dd/yyyy): 12/06/1999 (See instructions for exemptions)

Signature of Employer or Authorized Representative <u>Darren Dyck</u>	Today's Date (mm/dd/yyyy) 9/12/2018	Title of Employer or Authorized Representative General Manager	
Last Name of Employer or Authorized Representative Dyck	First Name of Employer or Authorized Representative Darren	Employer's Business or Organization Name Western Equipment Manufacturing	
Employer's Business or Organization Address (Street Number and Name) 1160 Olympic Drive		City or Town Corona	State CA
		ZIP Code 92881	

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

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

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

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

Signature of Employer or Authorized Representative <u>Darren Dyck</u>	Today's Date (mm/dd/yyyy) 9/12/2018	Name of Employer or Authorized Representative Darren Dyck
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California USA **DRIVER LICENSE** **FEDERAL LIMITS APPLY**


DL A5705830 **CLASS C**

EXP 02/07/2023 **END NONE**

LN BECERRA
FN ROMUALDO GUERRERO
15871 HIGHLAND AVE
FONTANA, CA 92336

DOB 02/07/1967 **02071967**
RSTR NONE

SEX: M **HAIR: BLK** **EYES: BLK**
HGT: 5'-06" **WGT: 140 lb** **ISS 01/27/2018**
DD 01/23/2013 **57RB/BDFD/23**



UNITED STATES OF AMERICA **PERMANENT RESIDENT**

Surname
GUERRERO BECERRA


Given Name
ROMUALDO

USCIS# **Category**
093-245-817 **S26**

Country of Birth
Mexico

Date of Birth **Sex**
07 FEB 1967 **M**

Card Expires: **06/21/22**
Resident Since: **12/01/90**



Form W-4 (2018)

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

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of all federal income tax withheld because you had **no** tax liability, and
- For 2018 you expect a refund of all federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

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

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

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Specific Instructions

Personal Allowances Worksheet

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

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

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

Line F. Credit for other dependents. When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2018	
1 Your first name and middle initial Romualdo		Last name Guerrero Becerra		2 Your social security number 618-28-1936	
Home address (number and street or rural route) 15871 Highland Ave		3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."			
City or town, state, and ZIP code Fontana, CA 92336		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		5		3	
6 Additional amount, if any, you want withheld from each paycheck		6		\$ 0	
7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here		7		0	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) X Romualdo Guerrero Becerra Date 12/06/1999					
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.) Western Equipment Manufacturing		9 First date of employment 12/06/1999		10 Employer identification number (EIN)	

NOTICE TO EMPLOYEE*Labor Code section 2810.5***EMPLOYEE**Employee Name: Romualdo GuerreroStart Date: 12/06/1999**EMPLOYER**Legal Name of Hiring Employer: Western Equipment Manufacturing, Inc.Is hiring employer a staffing agency/business (e.g., Temporary Services Agency; Employee Leasing Company; or Professional Employer Organization [PEO])? ☐ Yes ☒ NoOther Names Hiring Employer is "doing business as" (if applicable):

Physical Address of Hiring Employer's Main Office:

1160 OLYMPIC DR., CORONA, CA 92881Hiring Employer's Mailing Address (if different than above):
_____Hiring Employer's Telephone Number: (951) 284-2000

If the hiring employer is a staffing agency/business (above box checked "Yes"), the following is the other entity for whom this employee will perform work:

Name: _____

Physical Address of Main Office: _____

Mailing Address: _____

Telephone Number: _____

WAGE INFORMATIONRate(s) of Pay: \$ 17. - Overtime Rate(s) of Pay: _____Rate by (check box): ☒ Hour ☐ Shift ☐ Day ☐ Week ☐ Salary ☐ Piece rate ☐ Commission☐ Other (provide specifics): _____Does a written agreement exist providing the rate(s) of pay? (check box) ☐ Yes ☒ NoIf yes, are all rate(s) of pay and bases thereof contained in that written agreement? ☐ Yes ☐ NoAllowances, if any, claimed as part of minimum wage (including meal or lodging allowances):

(If the employee has signed the acknowledgment of receipt below, it does not constitute a "voluntary written agreement" as required under the law between the employer and employee in order to credit any meals or lodging against the minimum wage. Any such voluntary written agreement must be evidenced by a separate document.)

Regular Payday: Friday

WORKERS' COMPENSATION

Insurance Carrier's Name: INSURANCE COMPANY OF THE WEST

Address: P. O. BOX 85563 - SAN DIEGO CA 92186

Telephone Number: (800)877-1111

Policy No.: WSD 2161584

☐ Self-Insured (Labor Code 3700) and Certificate Number for Consent to Self-Insure: _____

PAID SICK LEAVE

Unless exempt, the employee identified on this notice is entitled to minimum requirements for paid sick leave under state law which provides that an employee:

- a. May accrue paid sick leave and may request and use up to 3 days or 24 hours of accrued paid sick leave per year;
- b. May not be terminated or retaliated against for using or requesting the use of accrued paid sick leave; and
- c. Has the right to file a complaint against an employer who retaliates or discriminates against an employee for
 1. requesting or using accrued sick days;
 2. attempting to exercise the right to use accrued paid sick days;
 3. filing a complaint or alleging a violation of Article 1.5 section 245 et seq. of the California Labor Code;
 4. cooperating in an investigation or prosecution of an alleged violation of this Article or opposing any policy or practice or act that is prohibited by Article 1.5 section 245 et seq. of the California Labor Code.

The following applies to the employee identified on this notice: *(Check one box)*

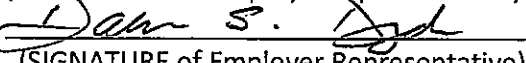
- ☐ 1. Accrues paid sick leave only pursuant to the minimum requirements stated in Labor Code §245 et seq. with no other employer policy providing additional or different terms for accrual and use of paid sick leave.
- ☒ 2. Accrues paid sick leave pursuant to the employer's policy which satisfies or exceeds the accrual, carryover, and use requirements of Labor Code §246.
- ☐ 3. Employer provides no less than 24 hours (or 3 days) of paid sick leave at the beginning of each 12-month period.
- ☐ 4. The employee is exempt from paid sick leave protection by Labor Code §245.5. (State exemption and specific subsection for exemption): _____

ACKNOWLEDGEMENT OF RECEIPT

(Optional)

DARREN DYCK

(PRINT NAME of Employer representative)



(SIGNATURE of Employer Representative)

9/11/2018

(Date)

Romaldo G. Soto

(PRINT NAME of Employee)



(SIGNATURE of Employee)

9-17-18

(Date)

The employee's signature on this notice merely constitutes acknowledgement of receipt.

Labor Code section 2810.5(b) requires that the employer notify you in writing of any changes to the information set forth in this Notice within seven calendar days after the time of the changes, unless one of the following applies: (a) All changes are reflected on a timely wage statement furnished in accordance with Labor Code section 226; (b) Notice of all changes is provided in another writing required by law within seven days of the changes.

The new payroll service is unable to process any deductions from employee checks except for authorized benefits or court order deductions.

EMPLOYEE LOANS

As of this week, you will need to make any loan payments on your own. Please deliver the weekly check to your General Manager.

Since we realize this is an inconvenience -- we have obtained for you a (no-charge) alternative that could make these deductions and payments for you until the loan is paid in full. Please ask your Manager for details.

Loan Balance Date	NA
Current Loan Balance on Account	0
Current Weekly Payment	0

EMPLOYEE OTHER

As of this week, you will need to make any deductions you requested on your own. Please deliver the weekly check to your General Manager.

Since we realize this is an inconvenience -- we have obtained for you a (no-charge) alternative that could make these deductions and payments for you until you decide to withdraw. Please ask your Manager for details.

Type of Deduction	NA
Monthly Deduction Requested	0
Weekly Deduction	0

ACCRUED VACATION

We need to know if you would like us to pay in full any vacation accrual or transfer the balance to the new service.

Vacation Balance Date		9/1/2018	
Total Vacation Accrued on Account		75.86	
Please check one of the boxes below			
Transfer Accrual to new Payroll Service		Send me a check for the total accrued above	<input checked="" type="checkbox"/>

ACCRUED SICK

All Sick Time Accrued will be transferred to new service

HEALTH & DENTAL DEDUCTIONS

All Health and Dental Deductions will be transferred to new service

Should you have any questions, please contact your General Manager or Carol Vera at cvera@thompsoncorp.com or (714) 299-7007.

Thank you.
HR Department

DATE

9-17-18

EMPLOYEE NAME

EMPLOYEE SIGNATURE

Ronald O. G. 0500
[Signature]

RECEIPT OF MPN NOTIFICATION
RECIBO DE NOTIFICACIÓN DE MPN

ENGLISH

I **acknowledge** that I have received information regarding my rights under the new Medical Provider Network (MPN) program, administered by Medex Healthcare, Inc., for the sole purpose of treatment should I become injured or ill on the job.

The information given to me includes:

- The Medex Medical Provider Network (MPN) implementation notice.

ESPAÑOL

Reconozco que he recibido información con respecto a mis derechos bajo el nuevo programa de Red de Proveedor Médico (MPN) administrado por Medex Healthcare, Inc., para el único propósito de tratamiento si es que me lesionara o me enfermara en el trabajo.

La información que se me dio incluye:

- La notificación de la implementación de la Medex Red de Proveedor Médico (MPN)

Print your name/Imprima su nombre: Romualdo Guerrero

Last four digits of social security number or employee identification number/Últimos cuatro números del seguro social o número de identificación del empleado: 1936

Address/Dirección: 15871 Highland Ave

City/Ciudad: Fontana State/Estado: CA Zip code/Código postal 92336

Company name/Nombre de la compañía Western Equipment Mfg.

Signature/Firma Romualdo Guerrero Date/Fecha 09/17/2018

Empleo A Voluntad y Política de Resolución de Disputas de Western

Empleo A Voluntad

El empleo en Western Equipment Manufacturing es a voluntad. El empleo a voluntad significa que puede ser terminada en cualquier momento, con o sin razón o notificación por el empleador o el empleado. Esta relación de empleo a voluntad existe independientemente de cualquier declaración por personal de la oficina. Sólo el gerente general, Darren Dyck, está autorizado para modificar la naturaleza a voluntad de la relación laboral, y la modificación deberá ser por escrito.

Política de Resolución de Disputa

En caso de cualquier conflicto laboral, pasado, presente o futuro, que el **empleador** y el **empleado** no pueden resolver informalmente a través de la negociación, mediación o de otra forma, arbitraje obligatorio, se utilizará como el foro exclusivo para la resolución de tales conflictos y la ley federal controlará. El **empleador** y los **empleados** renuncian a ambos (i) todo derecho de iniciar o participar en ninguna forma de acción u otro procedimiento colectivo o representativo ("Class Action Waiver") para la resolución de cualquier controversia relacionada con el empleo y (ii) cualquier derecho a juicio en la corte ante un juez y, o un jurado. Diferencias relacionadas con el empleo se someterán a arbitraje sólo en forma individual, y independientemente de las reglas de la AAA que podrían proveer lo contrario, ambos **empleador** y **empleado** renuncian a el derecho de participar o recibir dinero o cualquier otra ayuda de cualquier clase, procedimiento colectivo o representativo. Ninguna de las partes puede presentar una reclamación en nombre de otras personas. Nada en este acuerdo cambia o de ninguna manera modifica la relación de Empleador/Empleado de empleo a voluntad. Bajo esta afirmación de empleado "a voluntad" ya sea **Empleado** o **Empleador** puede terminar la relación laboral en cualquier momento por cualquier razón no prohibida por la ley.

Reconocimiento de Recibo

Entiendo y acepto que mi empleo con la empresa es a voluntad. Tengo el derecho de renunciar en cualquier momento con o sin causa, así como la empresa puede terminar mi empleo en cualquier momento con o sin causa o previo aviso, sujeto a las leyes aplicables. Entiendo que cualquier declaración oral o escrita no altera la relación a voluntad, salvo por acuerdo por escrito firmado por el empleado y Darren Dyck.

Reconozco que la empresa puede revisar, suspender, revocar, terminar, cambiar o quitar, prospectiva o retrospectivamente, la **Política de Resolución de Disputas**, en todo o en parte, con o sin previo aviso en cualquier momento, a discreción de la compañía.

Romulo Gonzalez

(Name of Employee)

[Signature]

(Signature of Employee)

9.17.18

(Date)

[Signature]
(Company Representative)

Formulario de Elección de Nómina



✓ Empleador en el lugar de trabajo: Western Equine Management Fecha: 9/13/2018 ✓
 ✓ Nombre del empleado (en letra de imprenta): Romualdo Guerrero Becerra
 ✓ Firma del empleado: X Romualdo Guerrero Núm. de Seguro Social: UAB-28-19302 ✓

<input type="checkbox"/> Nueva inscripción	<input type="checkbox"/> Inscribir en Depósito Directo a una Tarjeta de Nómina Visa: Recibirá su Tarjeta de Nómina PaychekPLUS! Elite® Visa® personalizada en 7 – 10 días hábiles de su Gerente o Administrador de Nómina. <input type="checkbox"/> Depositar \$ _____ en cada fecha de pago (Escriba "Net" si elige depositar todo el sueldo neto) Al marcar esta casilla usted está eligiendo que su sueldo sea depositado directamente en una Tarjeta de Nómina Visa y está de acuerdo con lo siguiente: <small>Consentimiento de Cuenta de Tarjeta: Por el presente nombro a MetaBank™ como mi institución financiera para que acepte el depósito directo de mis sueldos de mi empleador en una cuenta en MetaBank Decido recibir una tarjeta de nómina en mi nombre emitida por MetaBank con el propósito de acceder a mis sueldos desde mi cuenta de Tarjeta de Nómina. Reconozco que terceros que no sean MetaBank pueden cobrar comisiones y cargos en conexión con el uso de la Tarjeta de Nómina; sin embargo, entiendo que puedo elegir una de varias transacciones en cada período de pago, que se describen en los Términos y Condiciones del Titular de Tarjeta, con la cual puedo retirar el total de mi sueldo neto sin pagar una comisión. Declaro que lo anterior es verdad y completo según mi leal saber y entender. Autorizo a la Compañía a depositar directamente mis sueldos en cada fecha de pago en mi cuenta de Tarjeta de Nómina. Esta autorización permanecerá vigente hasta que haya avisado por escrito a BBSI, Payroll Administrator, que quiero cancelarla. Si se depositan fondos en mi cuenta a los que no tengo derecho, autorizo a BBSI que ordene a MetaBank a devolver dichos fondos. También entiendo que es mi responsabilidad verificar depósitos antes de hacer transacciones contra el saldo de la Tarjeta.</small>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Inscribir en Depósito Directo a una Cuenta Bancaria: Por favor complete la sección de arriba y adjunte un cheque anulado, o una copia de un cheque anulado, o una confirmación impresa del Número de Tránsito de la ABA y su Número de Cuenta como deben aparecer en la nómina de BBSI. <input checked="" type="checkbox"/> Depositar \$ <u>Net</u> en cada fecha de pago en mi: <small>(Escriba "Net" si elige depositar todo el sueldo neto en esta cuenta)</small> Nombre de la institución financiera: <u>J.P. Morgan Chase Bank, N.A.</u> Número de Tránsito de la ABA Y Número de Cuenta <u>3222711027 & 438490791</u> <input checked="" type="checkbox"/> Cuenta de Cheques <input type="checkbox"/> Cuenta de Ahorro <input type="checkbox"/> Depositar lo que quede (si queda) de mi sueldo neto en: Número de Tránsito de la ABA Y Número de Cuenta _____ <input type="checkbox"/> Cuenta de Cheques <input type="checkbox"/> Cuenta de Ahorro
<input type="checkbox"/> Cambiar inscripción	Cambio en el Depósito Directo: Para hacer cualquier cambio a la inscripción original, por favor marque esta casilla y haga los cambios en los espacios que se encuentran más arriba. Se debe adjuntar un cheque anulado, o una copia de un cheque anulado, o una confirmación impresa del Número de Tránsito de la ABA y su Número de Cuenta si cambia de instituciones financieras.
<input type="checkbox"/> Cancelar inscripción	Cancelar la opción de Depósito Directo: Por favor indique la Fecha de Cancelación aplicable: _____

Si no desea participar en Depósito Directo, por favor contacte a su representante de BBSI y solicite instrucciones.

Por la presente autorizo a BBSI y a la institución financiera indicada más arriba a iniciar asientos contables en el número de cuenta indicado en este Acuerdo. En caso de que la institución financiera sea notificada por BBSI que se han depositado por error fondos en la cuenta indicada más arriba a los que el empleado no tiene derecho, autorizo a la institución financiera a que devuelva dichos fondos a BBSI.

Por favor tenga en cuenta: Para asegurar un procesamiento rápido y preciso de solicitudes de inscripción o cambio, envíe todas las solicitudes de empleados incluyendo un cheque anulado (los comprobantes de depósito no sirven) a BBSI tan pronto como sean completadas. Este acuerdo puede ser cancelado solo de la manera indicada en la opción CANCELAR DEPÓSITO DIRECTO más arriba. Los Depósitos Directos usualmente entrarán en vigencia dentro de los 14 días a partir de la fecha en que BBSI recibe este formulario.

~~Si usted no elige una de las opciones de depósito directo indicadas más arriba, recibirá automáticamente una tarjeta de nómina Visa.~~

****No se realizarán Depósitos Directos a una Cuenta Bancaria sin uno de los siguientes documentos.**
(No se aplica a la Tarjeta de Nómina Visa.)

ADJUNTAR

Cheque anulado O listado del banco del número de cuenta y número de tránsito de la ABA**

Los comprobantes de depósito no sirven

La Tarjeta de Nómina PaychekPLUS! Elite® Visa® es emitida por MetaBank™ de conformidad con una licencia de Visa U.S.A Inc.

✓ Romualdo Guerrero Becerra  9/13/2018
 Nombre con letra de imprenta Firma Fecha

WESTERN MFG

INCREASE INFORMATION

DATE: 7/12/2021 EMPLOYEE # 73028

EMPLOYEE NAME: Romualdo G

CURRENT RATE OF PAY: \$ 17.00 per Hr

INCREASE: \$ 2.00 per Hr

NEW RATE OF PAY: \$ 19.00 per Hr

EFFECTIVE DATE OF INCREASE: 7/12/2021

REASON FOR INCREASE: Wage competition



MANAGER