

CHECKLIST FOR COMPLETING NEW HIRE FORMS

- ✓ Use the TAB and ENTER keys, along with your mouse, to navigate and fill out the forms. It's recommended you put your "Caps Lock" on when filling out the forms.
- ✓ Once you type a piece of information in the form, it will automatically fill-in any other form where that information is required. You can select check boxes with your mouse.
- ✓ Double check your information to be sure it is correct. Sign the forms where your signature is required.
- ✓ Keep a set of paperwork for your files.
- ✓ **FAX THIS PAGE.** This indicates which forms are to be signed and returned to Allsource. Scan and email to: allsource@mindspring.com or the fax number is: 770-804-2075
- ✓ Questions? Call 770-579-8705 or email: allsource@mindspring.com

FORMS TO BE COMPLETED, SIGNED AND RETURNED TO EMAIL: allsource@mindspring.com or FAXED to 770-804-2075

	Employee Information Sheet
	I-9 Employee Eligibility Verification Note: <i>A photocopy of the supporting documents must be included with paperwork.</i>
	W-4 Federal Employee Withholding Allowance Certificate
	G-4 State of Georgia Employee Withholding Allowance Certificate Note: <i>Other states have different forms or no form. Check with Allsource.</i>
	Direct Deposit Note: <i>A copy of a voided check must accompany form for each account.</i>
	Post Offer Medical Information
	Release of Criminal Records
	Acknowledgement of PEO Relationship & Employee Handbook

PAYROLL

Please note: All forms must be completed in order to set you up for payroll. Contractors are paid bi weekly and payday is Friday. Time sheets must be received in a timely manner and signed by both the contractor and authorized company representative in order to be included in the current payroll.

EMPLOYEE INFORMATION SHEET

☐ New Hire ☐ Rehire

PLEASE PRINT ALL INFORMATION

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EMPLOYEE COMPLETES:

Employee Name:			
<i>Last</i>	<i>First</i>	<i>Middle Initial</i>	
Social Security #:		Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Employee Address:		<i>Street</i>	<i>Apt #</i>
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>County</i>
Home Phone:		Alternate Phone:	
E-mail Address:			
Emergency Contact Name:			
Phone Number:		Relationship:	
PLEASE READ THE BACK OF THIS FORM BEFORE COMPLETING THIS SECTION			
Race/Ethnicity: (Check only one)		Veteran Status:	
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Non-Veteran	
<input type="checkbox"/> White		<input type="checkbox"/> Vietnam Veteran	
<input type="checkbox"/> Black/African American		<input type="checkbox"/> Veteran of other wars	
<input type="checkbox"/> Native Hawaiian or other Pacific Islander		<input type="checkbox"/> Special Disability	
<input type="checkbox"/> Asian			
<input type="checkbox"/> American Indian or Alaskan Native			
<input type="checkbox"/> Two or more races			
Employee Signature: _____			Date: _____

CLIENT/WORKSITE EMPLOYER COMPLETES SECTION BELOW:

Allstaff HR Group Start Date:		Hire Date:		Start Date with Client:	
Job Title:		Dept:		WC Code:	
Pay Frequency:	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Semi-Monthly	<input type="checkbox"/> Monthly	
Pay Classification:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	<input type="checkbox"/> Commission	<input type="checkbox"/> Piecework	<input type="checkbox"/> Tips
Employment Status:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Seasonal		
FLSA Status: (Contact Human Resources if unsure)			<input type="checkbox"/> Nonexempt <input type="checkbox"/> Exempt (not eligible for overtime)		
Pay Rate: \$ _____		Average Hours Per Pay Period: _____			
Benefit Group: <input type="checkbox"/> Not Eligible <input type="checkbox"/> Supplemental / Voluntary Only <input type="checkbox"/> Primary <input type="checkbox"/> Manager <input type="checkbox"/> Other _____					
Authorized Signature: _____			Date: _____		

All employers are subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer must report their race and ethnicity. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Race and Ethnic Category Definitions:

***Hispanic or Latino:* A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.**

***White (not Hispanic or Latino):* A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.**

***Black or African American (not Hispanic or Latino):* A person having origins in any of the Black racial groups in Africa.**

***Asian (not Hispanic or Latino):* A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.**

***Native Hawaiian or Other Pacific Islander (not Hispanic or Latino):* A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.**

***American Indian or Alaska Native (not Hispanic or Latino):* A person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment.**

***Two or More Races (not Hispanic or Latino):* All persons who identify with more than one Race (White, Black/African American, Native Hawaiian/Other Pacific Islander, Asian, American Indian/Alaskan Native).**

Form W-4 (2010)

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. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7, and sign the form to validate it. Your exemption for 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

Note: You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/multiple

job situations. However, you may claim fewer (or zero) allowances. Complete all worksheets that apply. For regular wages, withholding must be based on allowances you claimed may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501. Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

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 may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see notice 1392, Supplemental form w-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected tax for 2010. See Pub. 919 especially if you used the Two-Earner/Two-Job Worksheet on page 2 and your earnings exceed \$130,000 (Single) or \$180,000 (Married)

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	.....	A	.....
	I You are single and have only one job; or			
B	Enter "1" if:		B	.....
	I You are married, have only one job, and your spouse does not work; or	.....	
	I Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.			
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	.....	C	.....
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	.....	D	.....
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	..	E	.....
F	Enter "1" if you have at least \$1,800 of child or dependent care expenses for which you plan to claim a credit	.....	F	.....
	(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)			
G	Child Tax Credit (including additional child tax credit): See Pub. 972, Child Tax Credit, for more information.			
	I If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.			
	I If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have 6 or more eligible children.		G	.....
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.)		H	.....
	For accuracy, complete all worksheets that apply			
	I If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.			
	I If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$18,000 (\$32,000 if married) see the Two-Earner/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.			
	I If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.			

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2010
1 Type or print your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		
6 Additional amount, if any, you want withheld from each paycheck		6		\$
7 I claim exemption from withholding for 2009, and I certify that I meet both of the following conditions for exemption. I Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and I 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		
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 (Form is not valid unless you sign it.)		Date		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)

Deductions and Adjustments Worksheet**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2010 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$11,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,400 \text{ if head of household} \\ \$5,700 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2010 adjustments to income and any additional standard deduction. (Pub. 919) 4 \$ _____
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 6* in Pub. 919.) 5 \$ _____
- 6 Enter an estimate of your 2010 nonwage income (such as dividends or interest) 6 \$ _____
- 7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" 7 \$ _____
- 8 **Divide** the amount on line 7 by \$3,650 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3." 2 _____
 - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 _____
- Note.** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4–9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet 4 _____
 - 5 Enter the number from line 1 of this worksheet 5 _____
 - 6 **Subtract** line 5 from line 4 6 _____
 - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
 - 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
 - 9 Divide line 8 by the number of pay periods remaining in 2010. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2009. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1

Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$7,000 -	0	\$0 - \$6,000 -	0
7,001 - 10,000 -	1	6,001 - 12,000 -	1
10,001 - 16,000 -	2	12,001 - 19,000 -	2
16,001 - 22,000 -	3	19,001 - 26,000 -	3
22,001 - 27,000 -	4	26,001 - 35,000 -	4
27,001 - 35,000 -	5	35,001 - 50,000 -	5
35,001 - 44,000 -	6	50,001 - 65,000 -	6
44,001 - 50,000 -	7	65,001 - 80,000 -	7
50,001 - 55,000 -	8	80,001 - 90,000 -	8
55,001 - 65,000 -	9	90,001 - 120,000 -	9
65,001 - 72,000 -	10	120,001 and over	10
72,001 - 85,000 -	11		
85,001 - 105,000 -	12		
105,001 - 115,000 -	13		
115,001 - 130,000 -	14		
130,001 - and over	15		

Table 2

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
65,001 - 120,000	910	35,001 - 90,000	910
120,001 - 185,000	1,020	90,001 - 165,000	1,020
185,001 - 330,000	1,200	165,001 - 370,000	1,200
330,001 and over	1,280	370,001 and over	1,280

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1a. YOUR FULL NAME	1b. YOUR SOCIAL SECURITY NUMBER
2a. HOME ADDRESS (Number, Street or Rural Route)	2b. CITY, STATE AND ZIP CODE

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING THIS FORM**3. MARITAL STATUS**

(If you do not wish to claim allowances, please enter "0" in the brackets beside your marital status.)

A. Single: enter 0 or 1.....[]

B. Married Filing Joint, both

Spouses working: enter 0 or 1 or 2.....[]

C. Married Filing Joint, one

Spouse working: enter 0 or 1 or 2.....[]

D. Married Filing Separate:

Enter 0 or 1 or 2.....[]

E. Head of Household:

Enter 0 or 1 or 2.....[]

4. DEPENDENT ALLOWANCES[]**5. ADDITIONAL ALLOWANCES**[]

(Complete worksheet below)

6. ADDITIONAL WITHHOLDING\$ _____**WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCE**

(Must be completed if line 5 is greater than zero)

1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION:

Yourself: Age 65 or over ☐ Blind ☐
 Spouse: Age 65 or over ☐ Blind ☐ Number of blocks checked ____ X 1300 = \$ _____

2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:

A. Federal Estimated Itemized Deductions.....\$ _____

B. Georgia Standard Deduction - Single/Head of Household: \$2,300

Each Spouse: \$1,500 \$ _____

C. Subtract Line B From Line A \$ _____

D. Allowable Deductions To Federal Adjusted Gross Income..... \$ _____

E. Add The Amounts On Lines 1, 2C, and 2D..... \$ _____

F. Estimate Of Taxable Income Not Subject To Withholding..... \$ _____

G. Subtract Line F From E (if zero or less, stop here)..... \$ _____

H. Divide The Amount On Line G By \$3000. Enter total here and on Line 5 above.....

(This is the number of additional allowances. If the remainder is over \$1,500 round up).

7. LETTER USED (Marital Status A, B, C, D, or E) _____**TOTAL ALLOWANCES (Total of Lines 3 - 5)** _____

(Employer: This letter indicates the tax table in the Employer's Tax Guide)

8. EXEMPT: (Do not complete lines 3-7 if claiming exempt) Read the Line 8 Instructions on page 2 before completing this section.a) I claim exemption from withholding because I incurred no Georgia income tax liability last year and I do not expect to have a Georgia income tax liability for this year. **Check here** ☐

I certify that I am not subject to Georgia withholding because I meet the conditions set forth under the Servicemembers Civil Relief Act as amended by the Military Spouses Residency Relief Act as provided on page 2. My state of residence is _____. My spouse's (servicemember) state of residence is _____. The states of residence must be the same to be exempt. **Check here** ☐

I certify under penalty of perjury that I am entitled to the number of withholding allowances or the exemption from withholding status claimed on this form G-4. Also, I authorize my employer to deduct per pay period the additional amount listed above.

Employee's Signature _____ Date _____

Employer: **Complete Line 9 and mail entire form only if employee claims over 14 allowances or exempt from withholding.** Mail form to Georgia Department of Revenue, Withholding Tax Unit, P.O. Box 49432, Atlanta, GA 30359.

9. EMPLOYER'S NAME AND ADDRESS:**EMPLOYER'S FEIN:** _____**EMPLOYER'S WH#:** _____

Do not accept forms claiming additional allowances unless the worksheet has been completed. Do not accept forms claiming exempt if numbers are written on Lines 3-7.

INSTRUCTIONS FOR COMPLETING FORM G-4

Enter your full name, address and social security number in boxes 1a through 2b.

Line 3: Write the number of allowances you are claiming in the brackets beside your marital status.

- A. Single - enter 1 if you are claiming yourself
- B. Married Filing Joint, both spouses working - enter 1 if you claim yourself or 2 if you claim yourself and your spouse
- C. Married Filing Joint, one spouse working - enter 1 if you claim yourself or 2 if you claim yourself and your spouse
- D. Married Filing Separate - enter 1 if you claim yourself or 2 if you claim yourself and your spouse
- E. Head of Household - enter 1 if you claim yourself but the individual(s) for whom you maintain a home does not qualify as a dependent; or 2 if you claim yourself and a qualified dependent for whom you maintain a home

Do not claim a deduction on Line 4 for a dependent used to qualify you as head of household

Line 4: Enter the number of dependent allowances you are entitled to claim.

Line 5: Complete the worksheet on Form G-4 if you claim additional allowances. Enter the number on Line H here.

Failure to complete and submit the worksheet will result in automatic denial of your claim.

Line 6: Enter a specific dollar amount that you authorize your employer to withhold in addition to the tax withheld based on your marital status and number allowances.

Line 7: Enter the letter of your marital status from Line 3. Enter total of the numbers on Lines 3 - 5.

Line 8:

- a) Check the box if you qualify to claim exempt from withholding. You can claim exempt if you filed a Georgia income tax return last year and the amount on Line 4 of Form 500EZ or Line 16 of Form 500 was zero, **and** you expect to file a Georgia tax return this year and will not have a tax liability. You cannot claim exempt if you did not file a Georgia income tax return for the previous tax year. **Receiving a refund in the previous tax year does not qualify you to claim exempt.**

EXAMPLES: Your employer withheld \$500 of Georgia income tax from your wages. The amount on Line 4 of Form 500EZ or Line 16 of Form 500 was \$100. Your tax liability is the amount of Line 4 (or Line 16); therefore, you **do not qualify** to claim exempt.

Your employer withheld \$500 of Georgia income tax from your wages. The amount on Line 4 of Form 500EX (or Line 16 of Form 500) was \$0 (zero). Your tax liability is the amount on Line 4 (or Line 16) and you filed a prior year income tax return; therefore, **you qualify** to claim exempt.

- b) Check the second box if you are not subject to Georgia withholding and meet the conditions set forth under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act. Under the Act, a spouse of a servicemember may be exempt from Georgia income tax on income from services performed in Georgia if:
 - 1. The servicemember is present in Georgia in compliance with military orders;
 - 2. The spouse is in Georgia solely to be with the servicemember;
 - 3. The spouse maintains domicile in another state; and
 - 4. The domicile of the spouse is the same as the domicile of the servicemember.

Additional information for employers regarding the Military Spouses Residency Relief Act:

- 1. On the W-2 for 2009, the employer should report all wages earned during the year as Georgia wages. On the W-2 for 2010 and any year thereafter, the employer should not report any of the wages as Georgia wages on the W-2.
- 2. If the spouse of a servicemember is entitled to the protection the Military Spouses Residency Relief Act in another state and files a withholding exemption form in such other state, the spouse is required to submit a Georgia Form G-4 so that withholding will occur as is required by Georgia Law when a Georgia domiciliary works in another state and withholding is not required by such other state. If the spouse does not fill out the form, the employer shall withhold Georgia income tax as if the spouse is single with zero allowances.

Do not complete Lines 3 - 7 if claiming exempt.

O.C.G.A. 48-7-102 requires you to complete and submit Form G-4 to your employer in order to have tax withheld from your wages. By correctly completing this form, you can adjust the amount of tax withheld to meet your tax liability. Failure to submit a properly completed Form G-4 will result in your employer withholding tax as though you are single with zero allowances.

Employers are required to mail any Form G-4 claiming more than 14 allowances or exempt from withholding to the Georgia Department of Revenue for approval. Employers will honor the properly completed form as submitted pending notification from the Withholding Tax Unit. Upon approval, such forms remain in effect until changed or until February 15 of the following year. Employers who know that a G-4 is erroneous should not honor the form and should withhold as if the employee is single claiming zero allowances until a corrected form has been received.

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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):

- ☐ A citizen or national of the United States
☐ A noncitizen national of the United States (see instructions)
☐ A Lawful Permanent Resident (Alien # A _____)
☐ An alien authorized to work until ____/____/____
(Alien # or Admission #)

Employee's Signature

Date (month/day/year)

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature

Print Name

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ____/____/____		____/____/____		____/____/____
Document #: _____				
Expiration Date (if any): ____/____/____				

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) ____/____/____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name	Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

Section 3. Updating and Reverification To be completed and signed by employer.

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: _____	Document #: _____ Expiration Date (if any): ____/____/____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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	Date (month/day/year)
----------------------------------------------------	-----------------------

Form I-9, Employment Eligibility Verification

Instructions

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

When Should Form I-9 Be Used?

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

Filling Out Form I-9

Section 1, Employee

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

Employers should note the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in **Section 2** evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

Preparer/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers* (Form M-274). You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

Section 3, Updating and Reverification

Employers must complete Section 3 when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in Section 1 (if any). Employers CANNOT specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B; and:
 - 1. Examine any document that reflects the employee is authorized to work in the United States (see List A or C);
 - 2. Record the document title, document number, and expiration date (if any) in Block C; and
 - 3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing Section 3.

What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, you can download them from our website at www.uscis.gov/forms or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at www.uscis.gov or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at www.uscis.gov/e-verify or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at www.uscis.gov.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A	LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	Documents that Establish Identity	Documents that Establish Employment Authorization
	OR	AND
1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	
	4. Voter's registration card	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	5. U.S. Military card or draft record	
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	5. Native American tribal document
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
	9. Driver's license issued by a Canadian government authority	
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	For persons under age 18 who are unable to present a document listed above:	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

Direct Deposit Authorization Form

Direct Deposit automatically deposits your paycheck for you every payday into your bank account (checking, savings, Christmas club, etc.) at your own financial institution. All you have to do is sign up.

Here's how Direct Deposit works: Every payday you will receive an earnings statement showing gross salary, taxes, other deductions, and the amount to be direct deposited. Your money will already have been deposited in your account. The amount of the deposit will appear as a credit on the account statement you receive from your financial institution. To take advantage of Direct Deposit, fill in the attached form and forward it to Allstaff/Allsource.

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Name: _____ S.S. Number _____

Address: _____

I hereby authorize my employer, hereinafter called **Company** to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries to my account indicated below and the depository named below, hereinafter called **Financial Institution** to credit and/or debit the same to such account.

A VOIDED CHECK MUST BE INCLUDED FOR EACH ACCOUNT CHOSEN:

I would like to have Direct Deposit into the following account(s):

Account 1: Checking <input type="checkbox"/> Savings <input type="checkbox"/>	Account 2: Checking <input type="checkbox"/> Savings <input type="checkbox"/>	Account 3: Checking <input type="checkbox"/> Savings <input type="checkbox"/>
Name of Financial Institution: _____	Name of Financial Institution: _____	Name of Financial Institution: _____
Branch: _____	Branch: _____	Branch: _____
City: _____	City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____	State: _____ Zip: _____
Transit/ABA No. _____	Transit/ABA No. _____	Transit/ABA No. _____
Account No. _____	Account No. _____	Account No. _____
Choose One of the following:	Choose One of the following:	Choose One of the following:
<input type="checkbox"/> Deposit ALL my check in Account 1	<input type="checkbox"/> Deposit ALL my check in Account 2	<input type="checkbox"/> Deposit ALL my check in Account 3
<input type="checkbox"/> Deposit the following amount in Account 1 \$ _____	<input type="checkbox"/> Deposit the following amount in Account 2 \$ _____	<input type="checkbox"/> Deposit the following amount in Account 3 \$ _____

This authority is to remain in full force and effect until **Company** has received written notification from me of its termination in such manner as to afford **Company** and **Financial Institution** a reasonable opportunity to act on it.

Date _____ ➔ Signature _____

POST OFFER MEDICAL INFORMATION

This information is required for Worker's Compensation purposes and is maintained in a separate file of confidential medical records.

Employee Name _____

Date of Birth _____ Social Security _____

Height _____ Weight _____

By completing this form, I am verifying that the above named company has already presented a conditional job offer to me.

The Georgia Subsequent Injury Trust Fund protects employees from excess liability for worker's compensation when an injury to a worker merges with a preexisting impalement to cause a greater liability than would have resulted from the subsequent injury alone. In order to qualify for this protection, we must have prior knowledge of any preexisting illness or other ailment/injury you may have sustained in the past that may contribute to a percentage of permanent impalement. The presence of one or more impalements does not automatically render you unfit as an employee. All decisions will be made on job-related criteria. Reasonable accommodation will be made if appropriate, provided it does not pose an undue hardship upon the company making the conditional job offer.

(Check the appropriate box and complete the appropriate blanks)

Have You Ever Had?

Yes

No

☐

☐

Asthma

☐

☐

Migraine Headaches

☐

☐

A Head Injury

☐

☐

A fear of heights

☐

☐

Heart Trouble

☐

☐

Fainting spells or dizziness

☐

☐

Swelling of the legs or ankles

☐

☐

Skin rashes or Eczema

☐

☐

Joint pains or Arthritis

☐

☐

Epilepsy

☐

☐

Cancer

☐

☐

Varicose Veins

☐

☐

Sickle cell anemia

☐

☐

Tendonitis

☐

☐

Repetitive Motion Disorder

☐

☐

Stiffness of major weight-bearing joints

☐

☐

Kidney problems

☐

☐

Knee problems

☐

☐

Pulmonary Disease (lung)

☐

☐

Compressed air sequelae (damage to lungs, ruptured ear drum, etc due to explosion, air compression, etc)

☐

☐

Ankylosis (immobility) of major weight bearing joints (ankles, knee, hip)

☐

☐

Do you have partial loss of hearing?

☐

☐

Have you ever had an audiogram (hearing test)? If yes, results _____

☐

☐

Do you need glasses to read or for distance?

☐

☐

Any serious wrist problems including Carpal Tunnel Syndrome?

☐

☐

Any broken bones? Which Bones? _____ When? _____

☐

☐

High blood pressure? If yes, do you take medication to control high blood pressure? Yes ☐ No ☐

☐

☐

Any serious injuries? Month _____ Year _____ Nature of the injury _____

☐

☐

A hernia or rupture? Month _____ Year _____

☐

☐

Any neck pain or problems? Month _____ Year _____

☐

☐

Injured back? Month _____ Year _____

☐

☐

Surgery? Month _____ Year _____ Type? _____

☐

☐

Ever refused surgery? If yes, why? _____

Have You Ever Had?

Yes

No

☐

☐

Hay Fever

☐

☐

Diabetes

☐

☐

Color blindness

☐

☐

An amputated foot, leg, arm, or hand

☐

☐

Loss of sight of one or both eyes

☐

☐

Cerebral Palsy

☐

☐

Multiple Sclerosis

☐

☐

Parkinson's Disease

☐

☐

Cardiovascular disorder

☐

☐

Tuberculosis

☐

☐

Mental retardation

☐

☐

Hemophilia

☐

☐

Chronic infection of bone

☐

☐

Muscular Dystrophy

☐

☐

Ruptured disc

☐

☐

Nervous trouble or treatment

☐

☐

Depression

☐

☐

Hyperinsulinism (Hypoglycemia)

Have You Ever Had?

Yes No

- ☐ ☐ An allergic reaction to any drugs? Which drugs? _____
- ☐ ☐ Partial loss of uncorrected vision of more than 75 percent bilaterally? _____
- ☐ ☐ Psychoneurotic disability following confinement for treatment in a recognized medical or mental institution for a period in excess of six months? _____
- ☐ ☐ Any permanent condition that constitutes 20 percent impairment of a foot, leg, hand, or arm, or of the body as a whole? _____
- ☐ ☐ Do you or have you within the past year participated in recreational drug use? _____
- ☐ ☐ Have you ever participated in a drug abuse treatment program? Where? _____
- ☐ ☐ Do you currently take any prescription medications? If so, what? _____
- ☐ ☐ Do you have any condition or have you sustained any injury that would have an effect on your capacity to perform the duties of this position without reasonable accommodations? _____

Estimate the number of workdays you have lost in each of the past two years. _____

Please list the name of any doctors you have seen during the past two years. List your family doctor first.

Yes ☐ No ☐ Have you ever been hurt on the job or filed a worker's compensation claim in the past?
If yes, how many times? _____ What Years? _____

Please provide pertinent facts to every previous ailment or injury contributing to impairment, as well as all previous worker's compensation claims in the space provided:

Have You Ever Been Treated For?

Yes No

- ☐ ☐ Back Pain
- ☐ ☐ Hand Pain

Yes No

- ☐ ☐ Neck Pain
- ☐ ☐ Mental Condition(s)

Have You Ever Been Refused Employment or Unable to Hold a Job Because of?

Yes No

- ☐ ☐ Sensitivity to dust
- ☐ ☐ Inability to assume certain positions

Yes No

- ☐ ☐ Inability to perform certain motions
- ☐ ☐ Other medical reasons? Please specify below.

*** OUR WORKERS COMPENSATION INSURANCE CARRIER MAY CHECK FOR PREVIOUS CLAIMS BY NAME AND SOCIAL SECURITY NUMBER. IF YOU HAD A PREVIOUS CLAIM OR INJURY, AND FAIL TO MAKE US AWARE OF IT, YOU MAY BE LEGALLY DENIED BENEFITS IN THE EVENT OF A NEW INJURY BY OPERATION OF THE LANDMARK RYCROFT RULING. FOR YOUR OWN PROTECTION AND APPROPRIATE MEDICAL CARE, PLEASE MAKE US AWARE OF ANY PREVIOUS INJURIES. ***



Signature

Date

Company Representative

Date

Release of Criminal Records

I, the undersigned, do hereby authorize Allsource and Allstaff Management to examine any and all criminal records and arrests on file in counties in the State of Georgia or any other state. In doing so, I also hereby release any parties concerned from any actions whatsoever, arising out of or relating to the release of the requested information.

At this time, would your Criminal/Background History Report show any derogatory information at all? ☐ Yes ☐ No

If yes, please explain in detail:



Signature

Date

First Name (print)

Middle Name

Last Name

Acknowledgement of Professional Employer Organization Relationship

Please read the Acknowledgement of Professional Employer Organization Relationship carefully before signing the receipt.

This will confirm my understanding that Allsource Consulting Services, Inc. (Allsource) has entered into a contract with Allstaff HR Group, a professional employer organization (sometimes referred to as employee leasing). I hereby acknowledge that I have been advised that Allstaff HR Group is a professional employer organization. I further acknowledge that Allstaff HR Group has entered into a professional employer arrangement with Allsource.

As a result of this contractual relationship you are a co-employee of both Allsource and Allstaff HR Group. In contracting with Allstaff HR Group, Allsource has elected to share several important employer responsibilities with Allstaff HR Group. As long as Allstaff HR Group and Allsource have a contractual relationship, Allstaff HR Group will administer all payroll, unemployment compensation and certain employee benefits as agreed to by Allsource. The name "Neighborly Services" appears on your tax records and paycheck stubs. Neighborly Services is a subsidiary of Allstaff HR Group. Allsource will continue to have sole responsibility for directing and controlling your day-to-day work and the business affairs of the Company. For administrative purposes, Allstaff HR Group is your employer of record. For the everyday realities of your job, your relationship with Allsource remains essentially unchanged.

The Employee Handbook can be read at www.allsourceservices.com website. I agree to read it and abide by its contents. I also understand that this Handbook is not a complete statement of the Company's policies and procedures, but is a summary guide only. I understand that my worksite employer may have additional policies and procedures and I agree to abide by those also.

I understand and agree that my co-employment relationship with Allstaff HR Group and Allsource is at-will in that, just as I may terminate my employment at any time with or without cause, Allstaff HR Group and Allsource may also terminate my employment at any time with or without cause, and there is no guarantee of employment for any specific period of time. This policy can only be changed in writing directed to me personally and signed by an officer of Allstaff HR Group and/or Allsource.

I also agree that if at any time during my employment I am subjected to any type of discrimination or retaliation, including discrimination based on my race, sex, age, religion, color, national origin, disability, veteran status, marital status or other classification protected by applicable federal, state, or local law, or if I am subjected to any type of harassment, including sexual harassment or witness a safety violation, I will immediately contact Allsource and/or Allstaff HR Group Human Resource Department in order to obtain assistance in such matters. If I fail to do so I agree to hold Allstaff HR Group and/or Allsource harmless from any claim.

My payroll check will be processed by Allstaff HR Group based upon hours and wages turned in for payment by Allsource. If at any time my paycheck does not reflect 100% of the hours worked or wages earned, I agree to report such discrepancy to Allsource and/or Allstaff HR Group. If I fail to do so I agree to hold Allsource and Allstaff HR Group harmless from any claim. If at any time my paycheck reflects more than 100% of the hours worked and wages earned, I agree to report such discrepancy to Allsource and/or Allstaff HR Group and authorize Allsource and Allstaff HR Group to recover the overpayment from me.

If I am injured on the job, I agree to notify Allsource and Allstaff HR Group immediately at the phone numbers listed below and/or my direct supervisor. I understand that workers' compensation claims may be under managed care, which means I must seek treatment only as directed by Allsource or the insurance company case manager. I further understand that any unauthorized treatment for an alleged injury will not be reimbursed under any conditions except in the threat of possible death from the alleged injuries. I also agree to submit to a drug and alcohol test in conjunction with any treatment for an on-the-job injury and understand that failure to submit to a drug and alcohol test will automatically result in the denial of benefits or payment for said injury. I further understand and agree that I will be subject to a drug and alcohol test if I cause or contribute to an on-the-job accident which results in injury to others or myself. I also understand that my refusal to submit to a drug and alcohol test under these stated conditions, or a positive drug test, will result in termination.

I understand that my failure to report my absence and report for work for two (2) consecutive workdays (no call; no show) will be considered a voluntary resignation of my employment with Allsource and Allstaff HR Group. I further understand that such voluntary termination shall disqualify me from collecting unemployment benefits.

If the relationship between Allsource and Allstaff HR Group is terminated for any reason, I agree that Allsource will become solely responsible for all payroll, workers' compensation and benefits and I agree to seek same only from them. If at any time Allsource files for bankruptcy and I have been paid wages by Allstaff HR Group which Allstaff HR Group has a right to recover from Allsource, I agree to assign my rights for such recovery of wages to Allstaff HR Group.

I also acknowledge that a telephonic facsimile (FAX) or photographic copy of my signature shall be as valid as the original.

Allsource Consulting Services may be contacted at
770-579-8705 or lshern@allsourceservices.com.

Allstaff HR Group is a Professional Employer Organization and be contacted at
770-339-000 or 888-339-8211.

**RECEIPT FOR ACKNOWLEDGMENT OF PROFESSIONAL EMPLOYER ORGANIZATION
RELATIONSHIP AND EMPLOYEE HANDBOOK**

I have read the Acknowledgment of Professional Employer Organization Relationship and understand it.

I understand that a copy of the Allsource/Allstaff HR Group Employee Handbook is available to me at www.allsourceservices.com and agree to read it and abide by it. I understand if I have questions regarding its contents I should call Allsource at 770-579-8705.

Allsource Consulting Services, Inc.

Employee Name (Printed)



Employee Signature

Date