



## BTS Employee New Hire Check List

Employee Name: \_\_\_\_\_

Date of Activation: \_\_\_\_\_

Social Security: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

**Please verify that bolded forms are completed and turned in to your staffing coordinator prior to job start.  
Note: Forms in CAPS must be signed off by a manager.**

- \_\_\_\_\_ **NEW HIRE EXPLANATION FORM**
- \_\_\_\_\_ Pre-Application
- \_\_\_\_\_ **RESUME**
- \_\_\_\_\_ **CONDITIONAL OFFER**
- \_\_\_\_\_ **Reference Check** (must be entered in Tempworks)
- \_\_\_\_\_ Personal Profile
- \_\_\_\_\_ **EMPLOYMENT APPLICATION**
- \_\_\_\_\_ Abridged Employee and Safety Manual (3 Pages)
- \_\_\_\_\_ **I-9**
- \_\_\_\_\_ **W-4**
- \_\_\_\_\_ **COPY OF 2 FORMS OF ID** (i.e. Driver's License and SS Card)
- \_\_\_\_\_ **Background Authorization Form**
- \_\_\_\_\_ Confidentiality Agreement
- \_\_\_\_\_ Nondisclosure Agreement
- \_\_\_\_\_ Worker's Comp Fraud Notice
- \_\_\_\_\_ Acknowledgement of At-Will
- \_\_\_\_\_ Direct Deposit or Global Cash Card Enrollment Form
- \_\_\_\_\_ **DRUG SCREEN FORM**
- \_\_\_\_\_ Timecard and Payroll Procedures



### Pre-Application

- I understand that prior to filling out an employment application; I will have to consent to a background test and drug screening.
- I will not consent to a background check and/or drug screening.
- Applicant not hired
- Phone applicant

Can you perform the essential functions of the position for which you are applying with or without reasonable accommodation(s)?     Yes     No

\_\_\_\_\_  
Applicant name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

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To be completed by an OST/BTS employee:

Applicant not hired:

Reason (Optional): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
OST/ BTS Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
OST/ BTS Employee Signature



### Personal Profile

<b>Last Name:</b>	<b>M.I.</b>	<b>First Name:</b>	
<b>Street Address</b>		<b>City, State, Zip:</b>	
<b>Home Phone:</b>		<b>Work Phone:</b>	
<b>Pager:</b>		<b>Cell Phone:</b>	
<b>Social Security Number</b>		<b>Date of Hire (mm/dd/yy):</b>	
<b>Place of Birth: (optional)</b>		<b>Birth Date (mm/dd/yy)</b>	
<b>Citizenship Country: (optional)</b>		<b>Ethnic Origin:</b> <small>(optional, for EEO only)</small>	<b>Gender:</b> <small>(optional, for EEO only)</small>
<b>Name of Designated Physician:</b>		<b>Marital Status:</b>	<b>Disabled Veteran?:</b> <small>(optional, for EEO only)</small>
<b>Address of Physician:</b>		<b>Physician's Phone Number:</b>	
<b>#1 Emergency Contact:</b>		<b>Relationship:</b>	
<b>Phone Number:</b>	<b>Home/Office:</b>	<b>Phone Number:</b>	<b>Home/Office:</b>
<b>#2 Emergency Contact:</b>		<b>Relationship:</b>	
<b>Phone Number:</b>	<b>Home/Office:</b>	<b>Phone Number:</b>	<b>Home/Office:</b>

All information will be kept confidential (unless otherwise indicated by the employee), and will only be used by Outsource Telecom / Building Technology Staffing as required by business need or regulatory guidelines.

<b>Employee Signature</b>	
<b>Employee Name (Please type or print)</b>	<b>Date:</b>



## Application

Outsource Telecom / Building Technology Staffing is committed to providing equal employment opportunities, without regard to race, color, sex, age, disability, religion, national origin, marital status, sexual orientation, ancestry, political belief or activity, or status as a veteran.

Please answer all questions and complete all sections of the Employment Application fully. The application is a legal document, and as such must be completed by all applicants whether or not you have submitted a resume or attached same. Your assistance is greatly appreciated.

<b>Personal Information (please print):</b>	
<b>Date of Birth (mm/dd/yy):</b>	<b>Social Security Number:</b>
<b>Name:</b> Last, First, Middle Initial	<b>Daytime Phone:</b>
<b>Address:</b> Street	<b>Evening Phone:</b>
<b>Address:</b> City, State, Zip	<b>Cell Phone or Pager:</b>
<b>Email Address:</b>	

<b>Employment Desired</b>	
<b>Position(s) applied for:</b>	<b>Salary Desired:</b>
<b>What days are you available to work?:</b>	<b>What hours are you available to work?:</b>
<b>If hired, what date are you available to start work?:</b>	
<b>Are you available to:</b> Work Weekends: yes <input type="checkbox"/> no <input type="checkbox"/> Work Overtime: yes <input type="checkbox"/> no <input type="checkbox"/> Travel: yes <input type="checkbox"/> no <input type="checkbox"/>	
<b>How did you hear about this opening at Outsource Telecom / Building Technology Staffing? Who referred you to us?</b>	<b>Are you at least 18 years old?</b> yes <input type="checkbox"/> no <input type="checkbox"/>
<b>Have you been previously employed by Outsource or BTS?</b> *yes <input type="checkbox"/> no <input type="checkbox"/> *If yes, dates of employment:	<b>*If yes, title of last position held:</b>
<b>Do you have any relatives employed by Outsource Telecom / Building Technology Staffing?:</b> *yes <input type="checkbox"/> no <input type="checkbox"/> If yes, please provide the following information Name of relative: _____ Relationship: _____	
<b>Do you have the legal right to work in the United States?:</b> yes <input type="checkbox"/> no <input type="checkbox"/> If hired, you will be required to provide proof of identity and legal authority to work in the United States.	
<b>Have you ever served in the armed forces?:</b> *yes <input type="checkbox"/> no <input type="checkbox"/> If yes, which branch: This information is for census purposes only and is optional. You may elect not to complete it if you wish.	
<b>Are you currently employed?:</b> <b>If yes, may we contact your current employer?:</b>	

<b>Paycheck Delivery (please check one)</b>	<input type="checkbox"/> <b>Global Cash Card</b>	<input type="checkbox"/> <b>Mail</b>	<input type="checkbox"/> <b>Direct Deposit</b>
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<b>References:</b> Please list 2 individuals, not related to you, who have direct knowledge of your work performance within the last 3-5 years.	
<b>Name:</b>	<b>Phone Number:</b>
<b>Company during work relationship:</b>	<b>Current Company (if different):</b>
<b>Title during your relationship:</b>	<b>Number of years acquainted:</b>
<b>Nature of relationship (i.e. supervisor, colleague, subordinate etc.):</b>	

<b>Name:</b>	<b>Phone Number:</b>
<b>Company during work relationship:</b>	<b>Current Company (if different):</b>
<b>Title during your relationship:</b>	<b>Number of years acquainted:</b>
<b>Nature of relationship (i.e. supervisor, colleague, subordinate etc.):</b>	

It is the policy of Outsource Telecom/ Building Technology Staffing to comply with all relevant and applicable provisions of the Americans with Disabilities Act (ADA). Outsource Telecom/ Building Technology Staffing will not discriminate against any qualified applicant because of an individual's physical or mental disability. Outsource Telecom / Building Technology Staffing also will make reasonable accommodation wherever necessary for all applicants with disabilities, provided that the individual is otherwise qualified to safely perform the duties and assignments connected with the job and provided that any accommodations made do not require undue or significant difficulty or expense.

<b>Can you perform the essential functions of the position for which you are applying with or without reasonable accommodation(s)?</b> yes <input type="checkbox"/> *no <input type="checkbox"/>	<b>*If no, please describe the functions that cannot be performed:</b>
<b>Do you weigh no more than 250 pounds with your tools on your belt, so that you can climb a Class I ladder that is safety rated at 250 pounds?</b>	yes <input type="checkbox"/> no <input type="checkbox"/>

Outsource Telecom/ Building Technology Staffing will not deny employment solely on the grounds of conviction of a criminal offense. Each situation will be considered on a case by case basis; and as such the nature, date and surrounding circumstances and relevance of the offense(s) may be considered.

<b>Have you ever been convicted of a criminal offense(s) (felony)?</b> <b>Note: This Includes any offense(s) over 7 years.</b> *yes <input type="checkbox"/> no <input type="checkbox"/>	<b>*If yes, please describe the nature and date(s) of the offense(s):</b>
<b>Have you ever been convicted of a criminal offense(s) (Misdemeanor)?</b> <b>Note: This Includes any offense(s) over 7 years.</b> *yes <input type="checkbox"/> no <input type="checkbox"/>	<b>*If yes, please describe the nature and date(s) of the offense(s):</b>

Please read carefully, initial each paragraph and sign below:

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true, complete and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that employment at this company is "at will", which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. Further, I understand that nothing contained in this application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to alter the at will relationship between me and company. I also understand that this application shall be considered active for a period of time not to exceed 90 days.

<b>Signature:</b>	<b>Date:</b>
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Revised 1/11

Outsource Telecom or any of its subsidiaries at its option, may change, delete, suspend or discontinue parts or the policy in its entirety, at any time without prior notice. In the event of a policy change, employees will be notified. Any such action shall apply to existing as well as to future employees.



## Abridged Employee and Safety Handbook

This is an abridged copy of the Outsource Telecom/ Building Technology Staffing Employee Handbook and Safety Handbook. The complete versions are available on line at [www.outsourcetelecom.com](http://www.outsourcetelecom.com) and [www.buildingtechnologystaffing.com](http://www.buildingtechnologystaffing.com) or by asking your Recruiter for a hard copy. **It is your responsibility to review the handbooks within 5 days of completion of this packet.** The handbooks provide you with general policy information, our illness and injury program and instructions to follow if an accident occurs.

**Outsource Telecom/ Building Technology Staffing is committed to providing equal employment and career opportunities, without discrimination or harassment on the basis of race, color, sex, age, disability, religion, national origin, marital or veteran status, sexual orientation, ancestry, political belief or activity, cancer related medical condition, genetic characteristics or any other category protected by law. All Company decisions, including but not limited to compensation, benefits, transfers, promotions, dismissals, Company-sponsored training and educational programs and any other terms and conditions of employment will be made without regard to those factors. Further, Outsource Telecom/Building Technology Staffing will not tolerate discrimination or harassment based on these or any other legally protected categories**

### Harassment

Outsource Telecom / Building Technology Staffing is committed to providing a work environment that is free from all forms of discrimination and conduct that can be considered harassing, coercive or disruptive, including sexual harassment. Actions, words, jokes or comments based on an individual's sex, race, color, national origin, age, religion, disability, sexual orientation or any other legally protected characteristic will not be tolerated. Anyone engaging in harassing conduct will be subject to discipline, up to and including termination.

### Sexual Harassment

Outsource Telecom / Building Technology Staffing has a zero tolerance policy for sexual harassment or any other type of harassment. Sexual harassment is a form of misconduct that undermines the integrity of the employment relationship. Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature. All employees have the right to work in an environment free from all forms of discrimination and conduct which can be considered harassing, coercive, or disruptive, including sexual harassment.

Sexual Harassment conduct includes, but is not limited to:

- Sexual Flirtations, touching, gestures, advances or propositions
- Verbal Abuse of a sexual nature (Sex-based taunts or teasing, sexual comments, jokes, or innuendos)
- Graphic or suggestive comments about an individual
- Using sexually degrading words to describe an individual
- Staring or leering at anyone
- Offensive phone calls, letters, emails, etc.
- Unwelcome requests for sex
- Flashing
- Stalking
- Intimidation
- Racial, age, or gender orientation innuendos or harassment
- Use of foul or obscene language or gestures

### Drug Free Workplace

The use, manufacture, purchase, sale, offer for sale, distribution or possession of any illegal drugs or controlled substances on Outsource Telecom / Building Technology Staffing premises is prohibited, as is being under the influence of illegal drugs or controlled substances upon reporting to work, while working or on duty or while on Outsource Telecom / Building Technology Staffing property or in a Outsource Telecom / Building Technology Staffing vehicle. Reporting to work or working while under the influence of alcohol is also prohibited. Violation of this policy is considered gross misconduct and may result in immediate dismissal.

Any associate who has information concerning possible violations of Outsource Telecom / Building Technology Staffing Drug Free Workplace policy should contact Human Resources. Similarly, if a supervisor suspects that an associate has a drug or alcohol abuse problem, the supervisor should contact Human Resources.

Outsource Telecom / Building Technology Staffing encourages employees with drug or alcohol problems to obtain treatment.

Notwithstanding such problems, employees are subject to dismissal if the problems persist and they are unable to perform their jobs satisfactorily.

Drug Tests will be required in the following situations:

- Pre – employment
- If there is a reasonable suspicion that an employee is under the influence of alcohol or drugs while on duty
- Post - injury

The following will result in disciplinary action up to and including termination of employment:

- Drug screen results that are positive (based on federally prescribed cut-off levels) for prohibited drugs
- Alcohol screen results that indicate an alcohol level of 0.04% or greater
- Refusal to participate in the screening process

### **Workplace Violence**

Outsource Telecom / Building Technology Staffing strongly believes that all employees should be treated with dignity and respect. Acts of violence will not be tolerated. Any instances of violence must be reported to the associate's supervisor and/or the Human Resources Department. All complaints will be fully investigated.

The Company will promptly respond to any incident or suggestion of violence. Violation of this policy will result in disciplinary action, up to and including immediate termination.

### **Safety**

Outsource Telecom / Building Technology Staffing works with the goal in mind of ensuring that you are provided a safe and healthy work environment. Although we will never knowingly allow your assignment to continue in unsafe working conditions, sometimes unsafe situations or accidents occur. If your job description and/or duties change or if you feel your work environment is unsafe, **please contact us immediately.**

Employees are responsible for attending scheduled safety meetings; complying with safe and healthy work practices described in Outsource Telecom / Building Technology Staffing Illness and Prevention Program; utilizing all office equipment safely in accordance with their design and immediately reporting any potentially unsafe conditions to the Program Administrator.

If an associate is injured on the job, Outsource Telecom / Building Technology Staffing provides coverage and protection in accordance with the Worker's Compensation Law. When an injury is sustained while at work, it must be reported immediately to the associate's supervisor, who in turn will notify Human Resources of the incident.

Failure to report accidents is a serious matter as it may preclude an associate's coverage under Worker's Compensation Insurance.

### **Top Reasons Why our Technicians Get Fired**

1. Poor Work Ethic
2. Standing around with your hands in your pocket
3. Too Slow
4. Too many Cigarette Breaks
5. Bad Attitude
6. Attendance
7. Tardiness
8. Leaving Early
9. Too Many Days Off
10. Tools
11. Too Much Fraternizing
14. Overstating Technical Ability

**Employee Information**

**I understand and agree to the following: (Initial by each item and sign at the bottom)**

1. \_\_\_\_\_ I will review the Employee Handbook (located on the Outsource Telecom and Building Technology Staffing perspective websites or by contacting an Outsource Telecom / Building Technology Staffing representative) within 5 days of signing this agreement and agree to abide by the policies outlined there in.
2. \_\_\_\_\_ I have read and understand the information in this packet:
3. \_\_\_\_\_ I understand that my employment with Outsource Telecom / Building Technology Staffing and assignments at our client companies are considered "at-will". I understand that either party can terminate assignments at any time with or without cause.
4. \_\_\_\_\_ I understand that, in the course of my temporary assignments with Outsource Telecom / Building Technology Staffing Clients, I will be expected to drive my own vehicle (whether privately owned, rented, or leased). I hereby warrant and represent that I have a valid driver's license with a clean driving record, and that I have and will maintain appropriate liability insurance as required by law.
5. \_\_\_\_\_ I agree to indemnify and hold harmless Outsource Telecom / Building Technology Staffing, their Clients, their agents and employees, from and against all loss and expense that may be incurred as a result of my operation of a vehicle, including claims for bodily injury or property damage.
6. \_\_\_\_\_ I authorize Outsource Telecom / Building Technology Staffing to request and obtain all records regarding any industrial accident/ injury or occupation disease involving myself and Outsource Telecom / Building Technology Staffing. This is to include doctor's reports, follow-up reports, nurse's notes, medical bill, test results, etc. A facsimile or photo static copy of this authorization shall be considered as effective and valid as the original. This release shall remain in effect until specifically rescinded by me.
7. \_\_\_\_\_ I understand that I am being hired by Outsource Telecom / Building Technology Staffing to work at various job sites. I understand that my compensation at these sites will depend upon my performance and that I will be compensated accordingly.
8. \_\_\_\_\_ I understand I need to call my recruiter: Within 48 hours of the end of my assignment, if I'm going to be late or can not go to an assignment, if I've been injured, if I have a safety concern, if I need time off, If I change my address or phone number, if I have been offered regular full time employment from our client and if I have any issues or concerns with your assignment, supervisor or co-workers.
9. \_\_\_\_\_ I understand that my timecards are due no later than 5 pm every Monday.
10. \_\_\_\_\_ If an adjustment is necessary on my check or timecard or if I have been denied any type of earnings I will contact Outsource Telecom / Building Technology Staffing immediately. Timecards or payments may be disputed within thirty days after receipt. After that time, I release Outsource Telecom/ Building Technology Staffing and the client company from any liability for those hours, wages or any other compensation.
11. \_\_\_\_\_ I understand that a stop payment will not be issued on any mailed paychecks prior to 10 business days from the date of the check.

**ACKNOWLEDGMENT**

**Please read and sign below:**

I acknowledge that I will review the Outsource Telecom//Building Technology Staffing Temporary Employee Handbook (located online at [www.outsourcetelecom.com](http://www.outsourcetelecom.com) and [www.buildingtechnologystaffing.com](http://www.buildingtechnologystaffing.com) or by contacting an Outsource Telecom/ Building Technology Staffing representative) within 5 days of signing this agreement and agree to abide by the policies outlined there in. I agree to read it thoroughly, including the statements in the introduction describing the purpose and effect of the Handbook. I agree that if there is any policy or provision in the Handbook that I do not understand, I will seek clarification from the Human Resources Department. I understand that Outsource Telecom/ Building Technology Staffing is an "at will" employer and, as such, employment with Outsource Telecom/ Building Technology Staffing is not for a fixed term or definite period and may be terminated at any time at the will of either party, with or without cause, and with or without prior notice. No supervisor or other representative of the company has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to at will employment except for the CEO or President of the Company and then only expressly in writing signed by one of them. In addition, I understand that this Handbook states Outsource Telecom/ Building Technology Staffing policies and practices in effect on the date of publication. I understand that nothing contained in the Handbook may be construed as creating a promise of future benefits or a binding contract with Outsource Telecom/ Building Technology Staffing for benefits or for any other purpose. I also understand that these policies and procedures are continually evaluated and may be amended, modified or terminated by the Company at any time, without prior notification. I understand that I can request an amended Handbook at any time.

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

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

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

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-9, Employment  
Eligibility Verification**

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-authorized 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 of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) \_\_\_\_\_
- An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date (month/day/year)
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**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: _____	OR	_____	AND	_____
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 authorized 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 and 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)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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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	Date (month/day/year)
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## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. 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)				
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		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
		4. Voter's registration card		
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		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
		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		
		<b>For persons under age 18 who are unable to present a document listed above:</b>		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
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		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)**

# Form W-4 (2011)

**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 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

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

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

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and 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 amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

<b>A</b>	Enter "1" for yourself if no one else can claim you as a dependent . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if: <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b> _____
<b>C</b>	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.) . . . . .	<b>C</b> _____
<b>D</b>	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____
<b>E</b>	Enter "1" if you will file as head of household on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____
<b>F</b>	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit . . . . .	<b>F</b> _____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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 six or more eligible children . . . . .</li> </ul>	<b>G</b> _____
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶ For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> <li>• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• 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 \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</li> </ul>	<b>H</b> _____

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

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2>Employee's Withholding Allowance Certificate</h2> <p>▶ 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.</p>	OMB No. 1545-2159  <h1 style="font-size: 2em;">2011</h1>
<b>1</b> Type or print your first name and middle initial. Last name		<b>2</b> Your social security number
Home address (number and street or rural route)		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		<b>4</b> If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
<b>5</b> Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		<b>5</b> _____
<b>6</b> Additional amount, if any, you want withheld from each paycheck		<b>6</b> \$ _____
<b>7</b> I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶		<b>7</b> _____
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶		<b>Date</b> ▶
<b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		<b>9</b> Office code (optional)
		<b>10</b> Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q

Form **W-4** (2011)

**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 2011 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: $\left\{ \begin{array}{l} \$11,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,500 \text{ if head of household} \\ \$5,800 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	2	\$	_____
3	Subtract line 2 from line 1. If zero or less, enter "-0-" . . . . .	3	\$	_____
4	Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919)	4	\$	_____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2011 Form W-4 Worksheet</i> in Pub. 919.) . . . . .	5	\$	_____
6	Enter an estimate of your 2011 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 \$3,700 and enter the result here. Drop any fraction . . . . .	8		_____
9	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	9		_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> 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 <b>Deductions and Adjustments Worksheet</b> ) . . . . .	1	_____
2	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , 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 <b>more than or equal to</b> 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. <b>Do not</b> use the rest of this worksheet . . . . .	3	_____

**Note.** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4	Enter the number from line 2 of this worksheet . . . . .	4	_____	
5	Enter the number from line 1 of this worksheet . . . . .	5	_____	
6	Subtract line 5 from line 4 . . . . .	6	_____	
7	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> 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 2011. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2010. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	9	\$	_____

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$5,000 -	0	\$0 - \$8,000 -	0	\$0 - \$65,000	\$560	\$0 - \$35,000	\$560
5,001 - 12,000 -	1	8,001 - 15,000 -	1	65,001 - 125,000	930	35,001 - 90,000	930
12,001 - 22,000 -	2	15,001 - 25,000 -	2	125,001 - 185,000	1,040	90,001 - 165,000	1,040
22,001 - 25,000 -	3	25,001 - 30,000 -	3	185,001 - 335,000	1,220	165,001 - 370,000	1,220
25,001 - 30,000 -	4	30,001 - 40,000 -	4	335,001 and over	1,300	370,001 and over	1,300
30,001 - 40,000 -	5	40,001 - 50,000 -	5				
40,001 - 48,000 -	6	50,001 - 65,000 -	6				
48,001 - 55,000 -	7	65,001 - 80,000 -	7				
55,001 - 65,000 -	8	80,001 - 95,000 -	8				
65,001 - 72,000 -	9	95,001 - 120,000 -	9				
72,001 - 85,000 -	10	120,001 and over	10				
85,001 - 97,000 -	11						
97,001 - 110,000 -	12						
110,001 - 120,000 -	13						
120,001 - 135,000 -	14						
135,001 and over	15						

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

You 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.



Instant Access to a World of Information!



### Authorization for Background Investigation

To Whom It May Concern:

I, \_\_\_\_\_, hereby authorize A-Check America, Inc. and/or its agents to make an independent investigation of my background, which may include my character, general reputation, personal characteristics, and mode of living in connection with an application of employment with Outsource Telecom/Building Technology Staffing.

The Scope of the report may include information concerning my driving record, civil and criminal court records, credit, workers' compensation record, education, credentials, identity, past addresses, social security number, previous employment and personal references.

I authorize and request any present or former employer, state/federal government office, state department of motor vehicles, credit bureaus, school, police department, court records, including those maintained by both public and private organizations, financial institution or other persons having personal knowledge about me to furnish A-Check America, Inc. with any and all information in their possession regarding me for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorization request.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

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

Print Maiden Name or Other Names Used: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Date of Birth (for I.D. purposes only): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

*A-Check America will need to contact you if additional information is needed to process your Background Investigation. Please provide a telephone/cell phone number and email address where we may contact you.*

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

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

**California, Minnesota and Oklahoma Residents Only:**

If a consumer background report is ordered, would you like a free copy of the report mailed to your home?

YES

NO

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



## Confidentiality Agreement

I understand that in the course of my employment with Outsource Telecom (OST) / Building Technology Staffing (BTS); I will become acquainted with TRADE SECRET information of a confidential and proprietary nature. The TRADE SECRET information follows:

- Names of OST/BTS Clients
- Names of people within the Clients
- The phone number(s) of OST/BTS Clients and Contacts within Clients.
- The OST/BTS hiring process
- The OST/BTS Training process
- OST/BTS Policies and Procedures

**I understand that the items listed above are TRADE SECRETS of Outsource Telecom/Building Technology Staffing and that all of the above are vital to the financial success of Outsource Telecom/Building Technology Staffing.** Therefore, I agree that I will not disclose any of the above mentioned TRADE SECRETS, directly or indirectly to any of Outsource Telecom/Building Technology Staffing competitors, staffing companies or anyone outside of the Outsource Telecom/ Building Technology Staffing organization.

**If at any time I disclose any of Outsource Telecom’s TRADE SECRETS, I understand that I may be vulnerable to a lawsuit from Outsource Telecom/Building Technology Staffing.**

Signing below signifies that you agree to the terms and conditions of the agreement stated above.

\_\_\_\_\_  
Employee Name (Please Print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
OST/BTS Employee Signature

\_\_\_\_\_  
Date



### Non-disclosure Agreement

THIS NONDISCLOSURE AGREEMENT (this “Agreement”) is made and entered into this \_\_\_\_\_ day of \_\_\_\_\_ between Outsource Telecom/ Building Technology (“OST” and “BTS”) and \_\_\_\_\_ (“Employee”).

OST/BTS wishes to employ Employee for certain business opportunities and in connection with such opportunities, the Company may disclose to Employee the names and contacts of our clients which the Company desires Recipient to treat as confidential, the “Confidential Information”. Employee agrees not to discuss his employment, the name of the company(s) he is contracted to, the names of the managers within those companies or any aspects of projects he is working on, with any competing staffing agencies, recruiters, or any third parties.

Employee understands and acknowledges that any discussion of “Confidential Information” is a breach of this contract and is likely to cause severe financial harm to OST/ BTS. Employee understands that any financial harm resulting from a breach of contract may result in legal action against Employee.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
OST/BTS Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



## Workers Compensation Fraud Notice

We provide workers' compensation insurance for our employees as required by state law. The insurance provides important protection for employees who suffer a work-related injury. You are required to report all workplace injuries immediately and to take advantage of the benefits provided by our workers' compensation insurance if they are injured on the job.

Workers' compensation insurance provides important protection for employees who suffer an injury at work. Unfortunately, we understand that some employees are encouraged to file fraudulent workers' compensation claims. For your own protection, you should know that the California Insurance Frauds Protection Act provides that it is unlawful for any person to:

***"Make or cause to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining compensation . . . and shall be punished by imprisonment in county jail for one year, or in the state prison for two, three or five years, or by a fine not exceeding Fifty Thousand Dollars (\$50,000.00) . . . or by both imprisonment and fine."***

We investigate all questionable workers' compensation claims. If they appear to be fraudulent, they are referred to the Bureau of Fraudulent Claims and the District Attorney's office.

\_\_\_\_\_  
Date

\_\_\_\_\_  
[Type or Print Name]

\_\_\_\_\_  
Signature



## Acknowledgement of At Will

I acknowledge that my employment at Outsource Telecom / Building Technology Staffing (the “Company”) is “at-will,” meaning that the terms of employment may be changed with or without notice, with or without cause, including, but not limited to termination, demotion, promotion, transfer, compensation, benefits, duties, and location of work. There is no agreement express or implied between the Company and me for continuing or long-term employment. Accordingly, either I or the Company may terminate the employment relationship at any time, with or without notice, with or without cause. While supervisors and managers have certain hiring authority, no supervisor, manager, or representative of the Company has any authority to alter the at-will relationship.

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

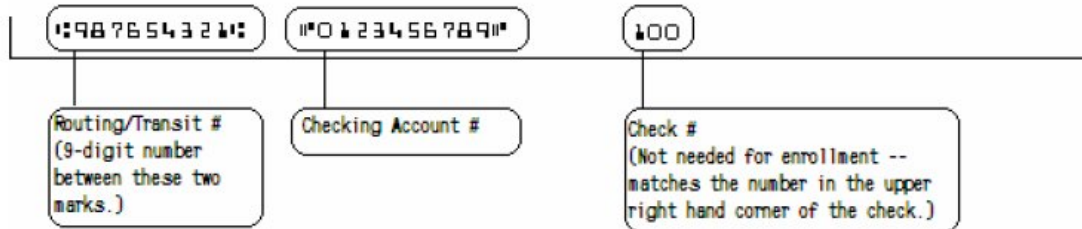
Signature: \_\_\_\_\_

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

## Outsource Telecom/Building Technology Staffing Direct Deposit Enrollment Form

To enroll in Direct Deposit, complete this form and submit it to your branch office. Attach a voided check for each checking account – **not a deposit slip**. If depositing to a savings account, or if you do not have checks, ask your bank for an official direct deposit form or print out that includes your routing/transit number and your account number.

Below is a sample check MICR line, detailing where the information needed to complete this form can be found.



**Please read and sign before completing:**

I hereby authorize my employer (hereinafter "Company") to deposit any amounts owed me by initiating credit entries to my accounts at the financial institutions (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Company to my accounts. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Company and Bank have received written notice from me of its termination in such time and in such manner as to afford Company and Bank reasonable opportunity to act on it.

Employee Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

**Account Information**

Be sure to indicate what type of account, along with amount to be deposited if less than your total net paycheck.

Bank Name \_\_\_\_\_ City & State \_\_\_\_\_  
 Routing/Transit # \_\_\_\_\_ Account # \_\_\_\_\_

Checking     Savings     Other (loan)    \$ Amt to Deposit: \_\_\_\_\_ or  Entire Net

Bank Name \_\_\_\_\_ City & State \_\_\_\_\_  
 Routing/Transit # \_\_\_\_\_ Account # \_\_\_\_\_

Checking     Savings     Other (loan)    \$ Amt to Deposit: \_\_\_\_\_ or  Entire Net

Bank Name \_\_\_\_\_ City & State \_\_\_\_\_  
 Routing/Transit # \_\_\_\_\_ Account # \_\_\_\_\_

Checking     Savings     Other (loan)    \$ Amt to Deposit: \_\_\_\_\_ or  Entire Net



## Timecard and Payroll Procedures

**Please Note: Employee wages will be paid weekly.**

**In the event that you turn your timecards in WITH A VALID MANAGER SIGNATURE by 5:00PM each Monday you will be paid the following Friday (weekly).**

Any timecard received after the 5:00PM deadline will result in your paycheck being paid with the following weeks pay period.

All of the following need to be filled out in order for your timecard to be processed:

- Full Name
- Week Ending
- Social Security #
- Client Name
- Job Name/Number
- Daily/Weekly hours
- Your Signature
- **Client Approved Signature**

**It is also your responsibility to call and confirm that we did receive your fax.** You may contact your payroll representative for confirmation.

El Segundo, CA/ Inland Empire	888-671-5678
Orange County, CA	888-671-5678
Austin, TX	888-493-3119
Cypress, CA	888-527-6061
Sacramento, CA	888-284-1693
San Diego, CA	888-527-6061
San Francisco, CA	888-284-1693
Phoenix, AZ	888-493-3119
Dallas, TX	888-493-3119
Houston, TX	888-493-3119
Denver, CO	888-284-1693
Chicago, IL	888-493-3119
Portland, OR	888-284-1693
East Coast	888-493-3119

Paychecks are available on Fridays.

It may either be picked up your check at your local branch on Friday or it will be mailed out each Thursday.

**Stop payments will not be issued on any mailed paychecks prior to 10 business days from the date of the check.**

By signing below I am acknowledging that I have read the above stipulations and agree to abide by OUTSOURCE TELECOM/ BUILDING TECHNOLOGY STAFFING "TIMECARD PROCEDURES".

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Revised 1/11

Outsource Telecom or any of its subsidiaries at its option, may change, delete, suspend or discontinue parts or the policy in its entirety, at any time without prior notice. In the event of a policy change, employees will be notified. Any such action shall apply to existing as well as to future employees.