

LPC Personnel, Inc.

5151 Katy Frwy. Suite 160
Houston, TX 77007

**INFORMATION SHEET
LPC PERSONNEL, INC
Exempt**

Phone: (713) 680-9898
Fax: (281) 476-6183

As an Exempt employee of LPC PERSONNEL, INC, please read the following recommendations:

1. Please make sure that you know the location of the company, the name of the party you are to report to and the duties of the job as well as the time requirements and fulfill them.

2. You are a exempt employee of LPC PERSONNEL, INC and as such, you are expected to present a professional image and to exercise professional judgment at all times on the job and at all off-site company related events (i.e., picnics, games, and gatherings of a company nature).

3. Keep all company relationships on a professional level. Keep your personal life PERSONAL. Do not make personal phone calls on the job (or accept them). This includes the use of any personal cell phones. DO NOT PLAY or SURF on the WEB (INTERNET). The company may require you to perform tasks involving the Internet. All tasks or work should relate solely to the company's business.

4. Taking time off from the job for personal reasons, (i.e. personal errands, doctors appointments, interviews, etc.) is NOT encouraged. The company has contracted for you to work a full day and has the right to expect that from you. If for any reason, you must be off, it must be cleared through this office as well as the supervisor you are reporting to at the company.*Note: As an exempt employee, actual hours are not tracked, days of work are tracked. Missed days for personal reasons will be deducted from compensation for the probationary period of employment with LPC Personnel, Inc.

5. LPC PERSONNEL, INC represents mostly non-smoking companies. As our employee, smoking is not allowed on the job. Consumption of alcohol or using illegal drugs during working hours is grounds for immediate termination.

6. If, for any reason, you cannot make your assignment, or find that you are running late, please take these steps:

A. Call LPC PERSONNEL, INC and inform us of the problem (we have a 24-hour answering service) and when you can return to your assignment.

B. Call your supervisor at the company where you are contracted.

7. When you begin a new assignment, please call us at (713-680-9898) on the first day. We like to know how things are going.

8. Employee acknowledges that this position meets the F.L.S.A. test as a professional exempt position.

YOU ARE SOLELY RESPONSIBLE FOR MAKING SURE THAT LPC PERSONNEL, INC RECEIVES YOUR TIME SHEET AND THAT IT IS SIGNED BY THE APPROVED COMPANY REPRESENTATIVE. NO CHECK WILL BE ISSUED WITHOUT A SIGNED TIME SHEET.

I have read and agree to abide by these rules.

Signature

Please print name / Date

Exempt Employment Information

1. **New Start Information:** LPC Personnel, Inc. will be the employer of record for your work assignment. In order to comply with various state and federal regulations, please provide the following items so that we can set up for payroll processing as soon as possible:
 - a. The W-4 form including your signature
 - b. The top half of the I-9 form

2. **Exempt payment forms:** A copy of a exempt payment form is attached. Please read it carefully and note the areas, which are required for signature. The days worked and both you and your managers signatures must be completed. Please fax the time sheet to us Friday afternoon or by no later than 8AM Monday. Your check will be available by Thursday morning of the following week.

3. **Safety and Injuries on the Job:** Review all safety policies and procedures for any work assignment requested of you. Report unsafe working conditions to LPC Personnel, Inc. Any job related injury should be immediately reported to your job site supervisor and to LPC Personnel, Inc. Additionally, please make a note of the injury on your exempt payment form. A job related injury or illness, which is not reported immediately, could have medical claims reimbursement denied. As a benefit to all employees, LPC Personnel, Inc. purchases coverage from Texas Mutual. It is however your right to refuse coverage, in writing, within the first five days of employment.

4. **Unemployment Compensation:** In order to be eligible to file for unemployment benefits, it is imperative that you keep LPC Personnel, Inc. informed of your employment status and provide current contact information. Due to the myriad of communication methods available, and required variable for tracking, this can only be accomplished by signing the "Available for Work" list at LPC Personnel's office. Current contact information is required for possible future employment. Failure to provide the requested information upon completion of this assignment, within one business day, may result in the denial of unemployment (T.W.C.) benefits to you.

5. **Your W-2:** We will mail a Form W-2 to you at the end of the year for your income tax records. Please call our office if your address changes during the year.

6. **Prematurely Ending an Assignment:** In the event that you choose to end an assignment early there are costs associated with closing employee files and filing government forms. As a result, the amount of \$125.00 may be deducted from your final check.

I acknowledge that I have read and understand the above information.

Signature

Please print name/Date

LPC Personnel, Inc.

5151 Katy Frwy. Suite 160
Houston, TX 77007

Drug-Free Work Place

Phone: (713) 680-9898
Fax: (281) 476-6183

Purpose and Goal

LPC Personnel, Inc. is committed to protecting the safety, health and well being of all employees and other individuals in our workplace. We recognize that alcohol abuse and drug use pose a significant threat to our goals. We have established a drug-free workplace program that balances our respect for individuals with the need to maintain an alcohol and drug-free environment. This organization encourages employees to voluntarily seek help with drug and alcohol problems.

Employees and Candidates for Hire

Any individual who conducts business for LPC Personnel, Inc, is applying for a position, or is on LPC Personnel, Inc. property, or the property of LPC Personnel, Inc. clients is covered by our drug-free workplace policy.

Applicability

Our drug-free workplace policy is intended to apply whenever anyone is representing or conducting business for LPC Personnel, Inc. Therefore, this policy applies whenever conducting business or representing LPC Personnel, Inc.

Prohibited Behavior

It is a violation of our drug-free workplace policy to use, possess, sell, trade, and/or offer for sale alcohol, illegal drugs or intoxicants. This includes the illegal use or misuse of prescription drugs.

Notification of Convictions

Any employee who is convicted of a criminal drug violation in the workplace must notify the organization in writing within five calendar days of the conviction. LPC Personnel, Inc. will take appropriate action within 30 days of notification.

Searches

Entering LPC Personnel, Inc property or that of LPC Personnel, Inc clients constitutes consent to searches and inspections. If an individual is suspected of violating the drug-free workplace policy, he or she may be asked to submit to a search or inspection at any time. Searches can be conducted of pockets and clothing, wallets, purses, briefcases and lunch boxes, desks and workstations and vehicles and equipment.

Drug Testing

To ensure the accuracy and fairness of our testing program, all testing will be conducted according to Substance Abuse and Mental Health Services Administration (SAMHSA) guidelines where applicable and will include a screening test; a confirmation test; the opportunity for a split sample; review by a Medical Review Officer, including the opportunity for employees who test positive to provide a legitimate medical explanation, such as a physician's prescription, for the positive result; and a documented chain of custody. All drug-testing information will be maintained in separate confidential records.

Each employee, as a condition of employment, will be required to participate in random and post-accident testing upon selection or request of management. Additionally as a condition of employment, drug screening may be required. The substances that will be tested for are: Marijuana, Cocaine, Amphetamines, Methamphetamines, Phencyclidine "PCP", Barbiturates, Benzodiazepines, and Methadone.

Testing for the presence of alcohol will be conducted by analysis of breath.

Testing for the presence of the metabolites of drugs will be conducted by the analysis of urine. Any employee who tests positive will be terminated immediately.

An employee will be subject to the same consequences of a positive test if he/she refuses to cooperate in the testing process in such a way that prevents completion of the test.

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Consequences

One of the goals of our drug-free workplace program is to encourage employees to voluntarily seek help with alcohol and/or drug problems. If, however, an individual violates the policy, the consequences are serious. In the case of applicants, if he or she violates the drug-free workplace policy, the offer of employment can be withdrawn. The applicant may not reapply. If an employee violates the policy, he or she will be terminated from employment.

Assistance

LPC Personnel, Inc. recognizes that alcohol and drug abuse and addiction are treatable illnesses. We also realize that early intervention and support improve the success of rehabilitation. To support our employees, our drug-free workplace policy:

- Encourages employees to seek help if they are concerned that they or their family members may have a drug and/or alcohol problem.

Confidentiality

All information received by LPC Personnel, Inc. through the drug-free workplace program is confidential communication. Access to this information is limited to those who have a legitimate need to know in compliance with relevant laws and management policies.

Shared Responsibility

A safe and productive drug-free workplace is achieved through cooperation and shared responsibility. Both employees and management have important roles to play. All employees are required to not report to work or be subject to duty while their ability to perform job duties is impaired due to on- or off-duty use of alcohol or other drugs.

In addition, employees are encouraged to:

- Be concerned about working in a safe environment.

It is the supervisor's responsibility to:

- Inform employees of the drug-free workplace policy.

Communication

Communicating our drug-free workplace policy to both supervisors and employees is critical to our success. To ensure all employees are aware of their role in supporting our drug-free workplace program.

- All employees will review the policy.

I have read, understand and agree to the Drug-Free Workplace Policy

Signature

Please print name / Date

Form W-4 (2016)

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 2016 expires February 15, 2017. 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 \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

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 can 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. 505 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. 505 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. 505 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. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: { • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B _____
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 \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	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. { • 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. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
		▶ 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.		2016
1	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 2016, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶			7
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶			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 2016 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over \$311,300 and you are married filing jointly or are a qualifying widow(er); \$285,350 if you are head of household; \$259,400 if you are single and not head of household or a qualifying widow(er); or \$155,650 if you are married filing separately. See Pub. 505 for details	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,300 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2016 adjustments to income and any additional standard deduction (see Pub. 505)	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 2016 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2016 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 \$4,050 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 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2016. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2016. 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 LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	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 - \$6,000	0	\$0 - \$9,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
6,001 - 14,000	1	9,001 - 17,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 25,000	2	17,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
25,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,600		
44,001 - 55,000	6	75,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 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.



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ START HERE. 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 documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation <i>(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)</i>					
Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)
Address (Street Number and Name)			Apt. Number	City or Town	State Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address		Telephone Number

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

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

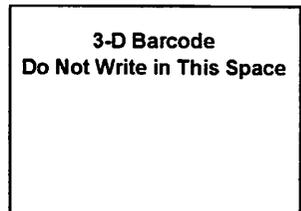
- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. *(See instructions)*

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*

Signature of Employee:	Date (mm/dd/yyyy):
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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.

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



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR List B Identity	AND List C Employment Authorization
Document Title:	Document Title:	Document Title:
Issuing Authority:	Issuing Authority:	Issuing Authority:
Document Number:	Document Number:	Document Number:
Expiration Date (if any)(mm/dd/yyyy):	Expiration Date (if any)(mm/dd/yyyy):	Expiration Date (if any)(mm/dd/yyyy):
Document Title:	<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> 3-D Barcode Do Not Write in This Space </div>	
Issuing Authority:		
Document Number:		
Expiration Date (if any)(mm/dd/yyyy):		
Document Title:		
Issuing Authority:		
Document Number:		
Expiration Date (if any)(mm/dd/yyyy):		

Certification

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

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

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

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

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name)		Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
-----------------	------------------	---------------------------------------

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 (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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Authorization for Direct Deposit

This authorizes **LPC Personnel, Inc** to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

Please Provide the Following:

Account Type (e.g. Checking, Savings, Loan...)	<input type="text"/>		
Employee Bank Name	<input type="text"/>	Branch	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>
Bank Routing # (ABA#)	<input type="text"/>	Account #	<input type="text"/>

Additionally provide a copy of a voided check.

This authorization will be in effect until the Company receives a written termination notice from me. (The notice must be received before the end of the current pay period.)

Signature _____

Printed Name _____

State/DL# _____

SSN _____ **Date** _____

Please provide an e-mail address for a notification of withheld amounts, taxes, and the amount deposited.

**** Your Password for your e-mail notifications will be the first four letters of your last name and the last four numbers of your social security number.**

Professional Exempt Payment Form

Pay Period: _____

Employee Name: _____

Cell Phone: _____

Name of Company: _____

Work Phone: _____

Day	Date	Comments or Absences:
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

<p>Fax time sheets by Noon on Saturday Paychecks that are not marked to be mailed may be picked up on Thursday at 5151 Katy Freeway Suite 160.</p> <p><input type="checkbox"/> Mail Check</p> <p><input type="checkbox"/> Pick-up Check</p> <p>Changes in Direct Deposit require a separate written Authorization.</p> <p><input type="checkbox"/> Direct Deposit</p>	<p>Employee Signature _____</p> <p>Supervisor Signature _____</p> <p>Print Name and Title of Supervisor _____</p>
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1. Exempt payment form must be signed by employee and authorized Company representative.
2. Employee acknowledges that the information on this exempt payment form is correct.
3. Supervisor acknowledges that this exempt payment form is accurate and applicable fees for such work has been earned and shall be due and payable to LPC Personnel, Inc. upon receipt of invoice.
4. Employee acknowledges that this position meets the F.L.S.A. test as a professional exempt position.

Please make copies of blank time sheet for future weeks!

LPC Personnel, Inc.

Safety in the Office



LPC Personnel, Inc.

5151 Katy Freeway
Suite #160
Houston, TX 77007
Phone: 713.680.9898
Fax: 713.880.9939
www.lpcpersonnel.com

Tips from LPC Personnel, Inc.



“Your Workstation”

1. Recognize and avoid awkward postures to prevent muscle strains.
2. Move the work to you, instead of moving your body to the work.
3. Keep your work close to your body around waist level area.
4. Commonly used items should be kept within easy reach.

“Hazardous Materials”

Read the label before you use any chemical or hazardous material. It explains how to protect yourself and how to store and dispose of the material properly.

“Slips, Trips and Falls”

Every year, nearly half a million people are injured due to slips, trips and falls.

Slips:

1. Clean up spills immediately.
2. Barricade wet areas until they dry.

Trips:

1. Keep pathways clear of clutter.
2. Watch for loose rugs and uneven flooring
3. Eliminate loose extension cords and cables.

Falls:

1. Avoid using makeshift climbing devices like boxes, shelves or chairs.
2. Use a step stool or ladder to reach anything above shoulder level.
3. Inspect the ladder or step stool before using.

“Lifting”

To lift properly, make slow, even moves:

1. Stand close to the load, one foot ahead of the other.
2. Keep both feet flat, bend knees slightly.
3. Keep the load close to your body.
4. Use your feet and legs to turn.
5. Don't twist you back.
6. Get help for heavy loads.

“Summary”

1. Arrange your workstation to prevent injuries.
2. Read labels to distinguish how to properly use, store and dispose of hazardous materials.
3. Be alert of your surroundings in order to prevent slipping, tripping and falling.
4. Lift carefully and properly to avoid injuring yourself.