



5151 Katy Freeway Suite
160 Houston, Texas 77007
Phone: (713) 680-9898
Fax: (713) 880-9939

Non-Exempt New Hire Paperwork

As a Non-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 hours you are expected to work.
 2. Be on time! Accurately record your time in and out. There is no flexibility for changing the start time of the job. Coming in late and trying to make up the time on your lunch hour is not permitted.
 3. You are a temporary employee of LPC Personnel, Inc. and as such, you are expected to present a professional image and to exercise mature 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).
 4. 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 internet. The company may require you to perform tasks involving the Internet. All tasks or work should relate solely to the company's business.
 5. 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.
 6. LPC Personnel, Inc. represents mostly non-smoking companies. As per City of Houston regulations, smoking is not allowed in any office building. Consumption of alcohol or using illegal drugs during working hours is grounds for immediate termination.
 7. 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 working.
 8. 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.
 9. Driving Status: If your position requires a current driver's license and clear driving record a change in this status should be reported to LPC Personnel, Inc. within one business day; this may be grounds for immediate termination.
- 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 or Direct Deposit will be issued without a signed time sheet.

I have read and agree to abide by these rules.

Signature

Print Name / Date



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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:

- The W-4 form including your signature
- The top half of the I-9 form

2. Time Sheets: A copy of a time sheet is attached. Please read it carefully and note the areas, which are required for signature. Hours worked must be verified and signed by both the supervisor and employee. Please send 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. LPC Personnel, Inc. will pay time and a half to non-exempt employees who exceed 40 hours of work time in a workweek. Overtime payments do not commence until the employee exceeds 40 hours in a workweek. Employees who fail to obtain approval prior to working hours that extend beyond their normal 40-hour workweek may be subject to disciplinary action.

3. Payroll Deductions: Federal income taxes, FICA and Medicare are required deductions from your paycheck. Any additional wage garnishment (federal or state) or child support payments will be charged an administrative fee of \$1.00 per remittance.

4. Safety and Injuries on the Job: Review all safety policies and procedures for any work assignment requested. 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 time sheet. 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 In Network coverage from Texas Mutual, WorkWell, TX. Therefore, you may choose a treating doctor from the list of doctors in the network and they will provide health care for your injury or refer you to a specialist. If emergency care is needed, you can go anywhere. You may have to pay the bill if you get health care from someone other than an In Network doctor without prior network approval.

5. 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 Inc.'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.

6. 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.

7. 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.

8. Safety Pamphlet: I acknowledge that I have read and understand LPC Personnel, Inc.'s "Safety in the Office" Pamphlet.

9. Company Property: I acknowledge that while I am working for LPC Personnel, Inc., I will be responsible for all company equipment that is in my possession. I further understand that in the event that the assignment ends, I will return all property of LPC Personnel, Inc. and/or client company. I understand I may be held financially responsible for lost or damaged property.

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

Signature

Print Name / Date



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Drug-Free Work Place Policy

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 are 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 may 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

Print Name / Date

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2023

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Reserved for future use.

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

TIP: If you have self-employment income, see page 2.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 \$ _____		
Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here			3 \$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income		4(a) \$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here		4(b) \$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period		4(c) \$ _____

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)

Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$27,700 if you're married filing jointly or a qualifying surviving spouse; \$20,800 if you're head of household; \$13,850 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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 with no other entries on the form; 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 territories 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.



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Emergency Contact Information

In the event of an emergency, please list the names and contact information of two individuals you would like us to contact.

EMPLOYEE INFORMATION:

First	Last	Middle Initial	Social Security #
Mailing Address		City	State Zip
Home Phone #	Alternate Telephone #		

EMERGENCY CONTACT INFORMATION:

Primary Contact Name	Relationship
Physical Address	City State Zip
Telephone #	Alternate Telephone #

Secondary Contact Name	Relationship
Physical Address	City State Zip
Telephone #	Alternate Telephone #



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

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

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

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last 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 [][] - [][] - [][][]		Employee's E-mail Address		Employee's Telephone Number	

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

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

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

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):

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

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

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



Employer Completes Next Page





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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...)

Employee Bank Name

Branch

City State

Bank Routing Number (ABA#)

Account Number

Additionally, provide a copy of a voided check.

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

Email _____

State/DL# _____ SSN _____

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

Signature _____

Printed Name _____

Date _____

** 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.



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Non-Exempt Time Sheet

Pay Period: _____

Employee Name: _____

Cell Phone: _____

Name of Company: _____

Work Phone: _____

Day	Date	Start	Lunch		End	Daily Hours	Comments
			Out	In			
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 Ste 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>Express daily time worked in decimals. Round off daily hours to the nearest quarter hour.</p> <p>7hrs 15 min=7.25 7hrs 25 min= 7.5 7hrs 30 min= 7.5 7hrs 45 min= 7.75</p> <p>Weekly Total Hours <input style="width: 80px;" type="text"/></p> <p>Hours of Regular Pay <input style="width: 80px;" type="text"/></p> <p>Hours of Overtime Pay <input style="width: 80px;" type="text"/></p>	<p>_____ Employee Signature</p> <p>_____ Supervisor Signature</p> <p>_____ Print Name and Title of Supervisor</p>
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1. Time Sheets must be signed by employee and authorized Company representative.
2. Employee acknowledges that the information on this time sheet is correct. I certify that I sustained no injuries and was not involved in any accidents while working on the assignment.
3. Supervisor acknowledges that work performed, and hours worked, per this time sheet, are correct and accurate.
 Applicable fees apply and are due payable to LPC Personnel, Inc. upon receipt of invoice.
4. All hours worked in excess of 40 hours per week will be billed at time and a half.
5. Time sheets received two weeks after the last day worked will not be processed.

Please make copies of blank time sheet for future weeks



Safety in the Office



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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.