

EMPLOYEE ENROLLMENT PACKAGE

Worksite, LLC. and subsidiaries ("Worksite") is a co-employer of the employees working for its Client Company. As a coemployer, Worksite is the employer of record for payroll, tax reporting, benefits, workers' compensation insurance, claims management and other administrative functions. The Client Company is responsible for the day-to-day work of the employees and otherwise running the Client Company.

Section 1 - Employee Pay Setup - To Be Completed by Employee's Supervisor/Manager

Client Company				DBA		
Employee Name						
Client Location (if multiple	Last locations)		Fin		e or Number (if a	ny)
Original Date of Hire	Job	Title	Employee ID (if any)			
Workers' Comp Code	Pay	Frequency	Weekly	Bi-Weekly	Semi-Monthly	Monthly
If you are unsure of the proper Comp Coa	le, please contact you	r Payroll Specialist	for assistance.			
Employee Classification:	Exempt	Non-Exer	npt	Employment Status:	Full-time	Part-time
Primary Pay Type:	Salary	Hourly	Rate of Pay \$	(Accurate time records mu	st be maintained.)	_
Tips:	No	Yes				
Commissions:	No	Yes				
Shift Pay:	No	Yes	Rate of Pay \$	Per		_
Piece Work:	No	Yes	Rate of Pay \$	Per		_
Other:			Rate of Pay \$	Per		_

IMPORTANT—CLIENT COMPANY PLEASE NOTE:

Federal law requires that employers must complete and maintain a fully completed Employment Eligibility Verification Form (Form I-9) for every employee. Worksite can provide this form as well as instructions and assistance in the proper completion and maintenance of I-9 forms; however, it is the Client Company's responsibility to ensure all employees have completed an I-9 form and the Client Company's responsibility to maintain the completed forms as required by law. Form I-9 is available at https://www.uscis.gov/i-9.

WORKSITE DOES NOT RETAIN COMPLETED I-9 FORMS

Supervisor, Manager or Authorized Representative:		
	Signature	Date
Print Name:	Title:	
Client	DBA	

Section 2 - Employee Information

Employee Legal Name				SS	SS No.		
	Last		First	MI			
Address							
				City	State	Zip	
Email		Telephone		Date of	Birth		
Emergency Contact		Phone		Relatio	nship		
Are you prevented from lawfully	being employed in thi	is country because of Vis	a or Immigra	tion Status? Ye	es No		

Section 3 - EEO Statement

Voluntary completion of this section will assist us in complying with the U.S. Equal Employment Opportunity Commission reporting requirements. We adhere to a policy of providing equal employment opportunities without regard to race, color, sex, religion, national origin, age, disability/ handicap, marital status and any other classification protected under applicable federal, state, or local law.

Gender:	Female	Male			
Ethnicity:	White Hispanic/Lating)	Black/African American Indian or Alaskan Native	Native Hawaiian/Pacific Islander Two or more races	Asian I prefer not to disclose
					- F

Section 4 - Workers' Compensation Questionnaire
<u>Yes No</u>
1. Have you ever received treatment for a head injury, back, neck or knee condition?
2. Has any injury ever prevented you from gainful employment?
3. Have you ever had an injury on the job?
4. Have you ever received a disability rating for any reason?
5. Have you ever received compensation or medical benefits under workers' compensation?

Please Read The Following Statements Before Signing Below

I, the undersigned employee (utilized individual), in consideration of my hiring by Worksite ("PEO") as an at-will employee, acknowledge and agree to the agreements made available for my review at https://www.worksiteemployee.com/resources/#Forms. Further, I agree that a handbook is made available to me electronically and acknowledge receipt of said handbook. Should I sign this form and/or complete PEO's utilized individual paperwork and never be accepted as a utilized individual of PEO, this form shall be null and void and PEO shall have no obligation to pay me or to in any manner treat me as a utilized individual. Additionally, should I never have payroll reported for me by Client to PEO, or should there be any period of time where payroll is not reported for me for two consecutive payroll periods without Client having informed PEO that I am on a leave of absence or on an approved PTO, vacation or sick leave, to the extent allowed by law, PEO shall have no obligation to pay me for such periods and therefore, said utilized individual is no longer covered by workers' compensation and is considered terminated without any further notice required.

Introductory Period Agreement: All new employees (whether full or part-time) are in an introductory status during their initial 90 days of employment. At any time during this period, either you or your co-employer may decide to terminate your employment for any reason allowed by law. Completion of the introductory period will not result in any employment contract for any specific term, nor will it confer any additional employment right upon any employee.

Date:	Employee Name:		Employee Signature	
Client		DBA		

Form W-4

OMB No. 1545-0074

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.

Department of the Treasury
Internal Revenue Service

Your withholding is subject to review by the IRS

	100							
Step 1:	(a)	irst name and middle initial	Last name	(b) Social security number				
Enter Personal Information	Address City or town, state, and ZIP code			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.				
	(c) Single or Married filing separately Image: Married filing jointly or Qualifying surviving spouse							
	Married filing jointly or Qualifying surviving spouse 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 individu							

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:	Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse				
Multiple Jobs	also works. The correct amount of withholding depends on income earned from all of these jobs.				
or Spouse	Do only one of the following.				
Works	(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:	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
Claim	Multiply the number of qualifying children under age 17 by \$2,000 \$		
Dependent and Other Credits	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):	(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)	\$
Other Adjustments	(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)		

For Privacy Act and Paperwork Reduction Act Notice, see page 3.



DIRECT DEPOSIT AUTHORIZATION

EMPLOYEE INFORMATION PLEASE CHECK ONE: Employee Name: O New / Replace existing account on file O Add to existing account on file Social Security Number: Employer: O Cancel / Stop COMPLETE FOR DIRECT DEPOSIT Account 1 Account 2 Bank Name:____ Bank Name: Routing Number: _____ Routing Number: _____ Account Number: Account Number: O Checking O Savings O Checking O Savings O Entire Net Pay O Entire Net Pay O Percentage of Net Pay____% O Percentage of Net Pay_____% • Specific Dollar Amount \$ O Specific Dollar Amount \$_____ Please attach a voided check or deposit slip for verification of bank data. COMPLETE FOR RAPID PAYCARD I authorize Worksite to deposit my wages on to my Rapid PayCard. I agree to the terms and Card ID: conditions of the Rapid PayCard Program including any transaction fees. *Located on the front of the PayCard envelope. O Percentage of Net Pay % O Specific Dollar Amount \$ Select One: O Entire Net Pay Please print the address where the Rapid PayCard should be mailed: _____ Apt#_____ Street Address: _____ City: _____ State: _____ Zip: _____ Home Phone: _____ Date of Birth: ____ **EMPLOYEE AUTHORIZATION** I hereby authorize Worksite to deposit my earnings directly into my checking and/or savings account(s) as indicated above and agree that such credit to these accounts constitutes payment and receipt by me. Worksite reserves the right to recall funds sent in error and to interrupt or discontinue direct deposits and issue live checks to any and all employees at any time for any reason. I am always responsible for verifying that funds have been credited into the proper account and are available prior to writing checks or otherwise withdrawing funds from this account. I am aware that this authority

Employee Signature:

Date:

By signing above, I am agreeing that I am either the account holder or have authority of the account holder to authorize Worksite to make direct deposits into the above account(s).

will remain in full effect until Worksite receives ten (10) days prior written notification from me of change or termination.

Worksite Use Only			
Received by:	Processed by:		
Date:	Date:		

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