

Acrobat

outsourcing
Your Hospitality Staffing Professionals

Debbie Dale

Are you able to perform the essential functions of the job for which you are applying? Yes No

If no, describe the functions that cannot be performed. (Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Have you ever been convicted of a felony within the past ten years other than a conviction for marijuana possession or that resulted in a referral to, and participation in, any pretrial or post trial diversion program? (Please note that conviction of a crime is not an automatic bar to employment—all circumstances, including the nature, date and relevance of the offense to the position applied for will be considered.)

Yes No

Have any of these convictions as described above involved fraud, embezzlement, passing checks, forgery, and theft, including identity theft? If yes, please state the nature of the crime(s), when and where convicted and the disposition of the case. If yes, state nature of the crime(s), when and where convicted, and disposition of the case(s).

EDUCATION & SKILLS

NAME OF SCHOOL	CITY & STATE	GRADE OR DEGREE COMPLETED	DID YOU GRADUATE?
Shabbona High School	Shabbona, Illinois	Diploma	Yes
Illinois Wesleyan University	Bloomington, Illinois	BSN	Yes
Do you have any special licenses, certificates or special training? If so please list under "Special".		YES	NO
Are you computer literate? If so, list software knowledge under "Special."		YES	NO
Are you proficient with Point of Sales Systems? If so please list which ones under "Special."		YES	NO
Do you have any other experience, training, qualifications or special skills, which you feel make you especially suited for work at Acrobat Outsourcing? If so, please list under "Special."		YES	NO

Special:
Food Handler Card / CPR / Microsoft Word/Office / Certification in Home Party Service, County Club
Banquet Formal Service / Buffet and Reception Services

EMPLOYMENT HISTORY

List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for unemployment periods of three months or more.

Are you currently employed? Yes No If so, may we contact your current employer? Yes No

Name and Address of Employer

YWCA (Domestic Violence)

Type of Business Shelter Telephone No. (619) 239-0355 Supervisor's Name Mandy Vera

Your Position and Duties Domestic Violence Counselor X213

I work in 4 different departments with a contract for Sat/Sun 11-7p @ Womens Shelter

Dates of Employment: From 5/2013 To current Weekly Pay: Starting 10 50 Ending 10 50

Reason for Leaving:

All Team Staffing

Name and Address of Employer

All Team Staffing

Type of Business Staffing Agency Telephone No. (619) 550-4001 Supervisor's Name Scott

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Your Position and Duties

catering, Buffets - The Spirit Fleet - Buffets, Weddings, Picnic Tray Passes, Bussing, prep Kitchen Duties

Dates of Employment: From 5/2013 To current Weekly Pay: Starting 9.00 to Ending 11.00

Reason for Leaving: current

Name and Address of Employer Party Staff

Type of Business catering Telephone No. (619) 563-0515 Supervisor's Name Rachel Corey

Your Position and Duties catering, Buffets @ UCSD, USD, SDSU, Camp Pendleton

Weddings (off site) Hilton, Hyatt, Marriott, Town & Country, Golf Tournaments

Dates of Employment: From 11/2011 To 6/2012 Hourly Weekly Pay: Starting 10.00 to Ending 10.00

Reason for Leaving: Transportation

Name and Address of Employer UCSD Medical Center

Type of Business Hospital Telephone No. (619) 643-2154 Supervisor's Name Juliet Sapida

Your Position and Duties ER nurse, Trauma Nurse, Nurse - Student Educator

all duties involved with the Emergency Room

Dates of Employment: From 10/2006 To 4/2011 Hourly Weekly Pay: Starting 38.00 to Ending 48.00

Reason for Leaving: closed off

Have you ever been fired from any previous place of employment? If so, please explain: _____

MILITARY SERVICE

Have you obtained any special skills or abilities as the result of service in the military? Yes No X
If so, describe: _____

JOB RELATED REFERENCES

List below three persons not related to you who have knowledge of your work performance within the last three years.
Name: John T. Wlock Telephone No. (760) 505-3812

Address: 230 Date Street, Escondido, California Relationship: friend Number of Years Acquainted: 8

Occupation: Public Service Telephone No. (619) 820-3205

Name: Joseph Suter Address: 8010 Hillandale Way, San Diego, Ca 92120 Relationship: friend Number of Years Acquainted: 27

Occupation: Teacher Telephone No. (619) 721-9528

Name: Petrea Saunders Address: 125 F Street, San Diego, Ca 92101 Relationship: friend Number of Years Acquainted: 3

Occupation: Social Service Co-Director Address: Salvation Army (where I volunteered) Relationship: friend Number of Years Acquainted: 3

Please Read Carefully, Initial Each Paragraph and Sign Below

(initials) 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 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 facts on this application or on any document 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.

(initials) I hereby authorize Acrobat Outsourcing to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. 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.

(initials) I hereby authorize Acrobat Outsourcing and its authorized representatives to solicit information regarding my background, which may include but not be limited to, information about my employment, education, and/or criminal history, which may be in the files of any federal, state, or local criminal justice and law enforcement agency and general public records history.

(initials) I understand that if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 form in this regard within three days of my hire date.

(initials) Acrobat Outsourcing is an at-will employer. I understand that nothing contained in the application, or conveyed during any interview, which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, with or without cause, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

I hereby acknowledge that I have read and understand the above statements.

Applicant's Signature



Debbie Dale

Date

10/17/2013



Date _____

Name Debra Dale

Address 837642 Wm Ave
Laveen, AZ
85044

Offer Letter & Acknowledgment

Acrobat Outsourcing is pleased to offer you a position as: Server

- Position at the rate(s) of \$ 11 per hour starting on 10/10/13.

This offer is contingent upon satisfactory completion of the background check process. By accepting this offer, you also agree to comply with the policies set forth by the company and acknowledge the guidelines that are shared with you at the time of hire.

ACCEPT Job Offer

By signing and dating this letter below, I, _____, accept this job offer of _____ by Acrobat Outsourcing.

Signature Debra Dale

Date 10/17/2013

OR

DECLINE Job Offer

By signing and dating this letter below, I, _____, accept this job offer of _____ by Acrobat Outsourcing.

Signature _____

Date _____

By accepting a job with Acrobat Outsourcing, you agree that you have done so voluntarily and acknowledge that there is no specified length of employment. Your employment is at will and either Acrobat Outsourcing or you may terminate the relationship with or without cause and with or without notice at any time. Prompt reporting of all work-related injuries and/or illnesses is a requirement of employment and you agree to report such injuries and/or illnesses as required. Acrobat Outsourcing reserves the right to change the hours, wages, and working conditions at any time based on business necessity. Policies are subject to change and revised information may supersede, modify, or eliminate existing policies. Any questions, please feel free to consult with the Human Resources Manager contact Acrobat Outsourcing.

FOODHANDLER EDUCATION CERTIFICATE

award to

Debra A. Ogle F6211

COUNTY OF

11/30/2014

Expires On

Jack Miller

Issuing Agent

DIRECTOR OF ENVIRONMENTAL HEALTH

Debra Ogle
Signature of Cardholder

COUNTY OF SAN DIEGO DEPARTMENT OF ENVIRONMENTAL HEALTH

Unlawful Harassment and Sexual Harassment Policy

Acrobat Outsourcing is committed to providing a work environment free of unlawful harassment. Company policy prohibits sexual harassment and harassment based on pregnancy, childbirth or related medical conditions, race, religious creed, color, gender, national origin or ancestry, physical or mental disability, medical condition, marital status, registered domestic partner, age, sexual orientation, gender identity or any other basis protected by federal, state, or local law or ordinance or regulation. All such harassment is unlawful.

Acrobat Outsourcing anti-harassment policy applies to all persons involved in the orientation of Acrobat Outsourcing, and its subsidiaries, and prohibits unlawful harassment by any employee, including supervisors, coworkers and any other persons. It also prohibits unlawful harassment based on the perception that anyone has any of those characteristics, or is associated with a person who has or is perceived as having any of those characteristics.

Prohibited unlawful harassment includes, but is not limited to, the following behavior:

- Verbal conduct such as epithets, derogatory jokes or comments, swearing or cursing, slurs or unwanted sexual advances, invitations, or comments about an individual's body; sexually degrading words used to describe an individual; or suggestive or obscene letters, notes, e-mails or invitations;
- Visual displays such as derogatory and/or sexually oriented posters, photography, cartoons, drawings, or gestures;
- Prolonged staring or leering which might be construed as sexual or threatening in nature;
- Physical conduct including assault, unwanted touching, intentionally blocking normal movement or interfering with work because of sex, race, or any other protected basis;
- Threats and demands to submit to sexual requests as a condition of continued employment, or to avoid some other loss, and offers of employment benefits in return of sexual favors;
- Intimidation, and objectionable conduct directed at another person;
- Stalking, electronic communications harassment, impeding a person's movement, sexual battery or other improper activities as provided for under state criminal law;
- On-line harassment such as e-mail or attachments, materials posted about a person, chat room discussions, and viewing/downloading of on-line pornography, sexual offensive material, or discriminating materials;
- Suggestive or obscene clothing, to include designs and printed matter;
- Suggestive or obscene tattoos and body art, suggestive or obscene piercing; and
- Retaliation for reporting or threatening to report harassment.

If you believe that you have been unlawfully harassed, submit a written complaint or speak to any Company supervisor or the Human Resources Department as soon as possible after the incident. Your



complaint should include details of the incident or incidents, names of the individuals involved, and names of any witnesses. Supervisors will refer all harassment complaints to the Human Resources Department.

Acrobat Outsourcing will immediately undertake an effective, thorough, and objective investigation of the harassment allegations.

If Acrobat Outsourcing determines the unlawful harassment has occurred, effective remedial action will be taken in accordance with the circumstances involved. Any employee determined by Acrobat Outsourcing to be responsible for unlawful harassment will be subject to appropriate disciplinary action, up to, and including termination. A company representative will advise all parties concerned of the results of the investigation. Acrobat Outsourcing will not be retaliation by you or any witness for filing a complaint and will not tolerate or permit retaliation by management, employees or coworkers.

Acrobat Outsourcing encourages all employees to report any incidents of harassment forbidden by this policy *immediately* so that complaints can be quickly and fairly resolved. You also should be aware that the Federal Equal Employment Opportunity Commission and the California Department of Fair Employment and Housing investigates and prosecute complaints of prohibited harassment employment. If you think you have been harassed or that you have been retaliated against for resisting or complaining, you may file a complaint with the appropriate State or federal agency.

It is imperative, once the investigation is stated that all involved employees including witnesses and the alleged perpetrator completely and honestly assist the investigation. This would include, but not limited to, providing honest and accurate statements, being available for interviews, and assisting in the successful completion of the investigation. Failure to do so on any involved employee's party may be cause for disciplinary action, up to and including termination.

I have read the above policy and understand that Acrobat Outsourcing is committed to providing a work environment free of unlawful harassment. Company policy prohibits sexual harassment and harassment based on pregnancy, childbirth or related medical conditions, race, religious creed, color, national origin or ancestry, physical or mental disability, medical condition, marital status, age, sexual orientation, or any other basis protected by federal, state, or local law or ordinance or regulation. *All such harassment is unlawful.* Presidio Financial Partners anti-harassment policy applies to all persons involved in the operations of Acrobat Outsourcing, and its subsidiaries, and prohibits unlawful harassment by any other employee, including supervisors and coworkers.

I have read the above policy and understand that Acrobat Outsourcing is committed to providing a work environment that is free of unlawful harassment. Presidio Financial Partners anti-harassment policy applies to all persons involved in the operation of Acrobat Outsourcing and prohibits unlawful harassment by any employees.

Employee Signature

Print Name

Date

Debra Dale

10/17/2013



NOTICE TO EMPLOYEE

Labor Code section 2810.5

Effective January 1, 2012, California Labor Code section 2810.5(a) requires that the following information be provided to each employee at the time of hire in the language the employer normally uses to communicate employment-related information. Exceptions to this requirement are indicated on the next page. This notice is available in other languages at www.dir.ca.gov/DLSE.

EMPLOYEE

Employee Name: Debra Dale Hire Date: _____

EMPLOYER

Name of Employer: ACROBAT OUTSOURCING

(Check all that apply): Sole Proprietor Corporation Limited Liability Company General Partnership

Other type of entity: _____

Staffing agency (e.g., temp agency or PEO)

Other Name Employer is doing business as (if applicable): _____ Physical

Address of Main Office: 665 THIRD STREET, SUITE 415 SAN FRANCISCO, CA 94107

Employer's Mailing Address: 665 THIRD STREET, SUITE 415 SAN FRANCISCO, CA 94107

Employer's Telephone Number: (415) 431-8826

If the worksite employer uses any other business or entity to hire employees or administer wages or benefits, complete the information above for the worksite employer, complete the information below for the other business, and complete the remaining sections. If there is no other business or co-employer, or if the only other business is a recruiting service or a payroll processing service, skip the rest of this section, and complete the remaining sections.

Name of Other Business: _____ This

other business is a:

Professional Employer Organization (PEO) or Employee Leasing Company or a Temporary Services Agency

Other: _____

Physical Address of Main Office: _____ Mailing

Address: _____

Telephone Number: _____



Confidentiality and Non-Disclosure Agreement

I, the undersigned employee, understand that in the course of my employment with Acrobat Outsourcing, I may have access to and become acquainted with information of a confidential, proprietary or secret nature which is or may be either applicable or related to the present or future business of Acrobat Outsourcing, its research and development, or the business of its customers. Such trade secret information includes, but is not limited to, software, inventions, processes, compilations of information, records, specifications and information concerning customers and/or vendors.

I agree that I will not disclose any of the above mentioned trade secrets, directly or indirectly, or use them in any way, either during the term of my employment or at any time thereafter, except as required in the course of my employment with Acrobat Outsourcing.

I also understand that client lists of Acrobat Outsourcing, for which I have, or may have, access to during my employment, are trade secrets and shall be solely the property of Acrobat Outsourcing. I agree that I shall neither directly nor indirectly solicit business as to products or services competitive with those of [Acrobat Outsourcing] based on information from the client lists.

Finally, I understand that I am an at-will employee of Acrobat Outsourcing and that this agreement is not to be construed as constituting a promise of continued employment.

Debra Hale

Name of Employee (Please Print)

Debra Hale

Signature of Employee

10/17/2013

Date

Brigitte Tribble

Name of Witness (Please Print)

BT

Signature of Witness

10/10/13

Date

San Francisco Corporate Office
665 3rd St. Suite 415 | San Francisco, CA | 94107
Phone: (415) 431-8826 | Fax: (415) 431-1580
www.AcrobatOutsourcing.com



AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

As part of our hiring background and investigation, we may obtain consumer reports to prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights under the Fair Credit Reporting Act.

California, Oklahoma, and Minnesota residents only: If you are a current resident of CA, OK, and MN, you have the right to receive a copy of any consumer report pertaining to you that is obtained by us from a consumer reporting agency. If you would like a free copy of any report that is obtained or prepared, please check the box.

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state, and local laws, I hereby authorize and permit Acrobat Outsourcing to obtain a consumer report and/or an investigative consumer report which may include the following:

1. My employment records;
2. Records concerning any driving, criminal history, credit history, civil record, workers' compensation (post-offer only) and drug testing;
3. (For truck drivers only) In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382.413, information concerning alcohol and controlled substances for the past 2 years;
4. Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of this authorization has the same effect as an original.

I further direct and authorize such third parties who may be the custodians of or who may be in possession of requested records or information to disclose such information or records to Acrobat Outsourcing or their representatives and agents, in connection with this authorization and release.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as Acrobat Outsourcing from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize Acrobat Outsourcing to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application. I voluntarily provide my date of birth in order to obtain, and verify records obtained in, the background check. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment.

Full Name Debra Dake
(Please print name clearly.)

Date 10/17/2013

Full Name Debra Dake
Signature



*****THE INFORMATION SUPPLIED BELOW WILL ONLY BE USED TO REQUEST AND VERIFY RECORDS****

Current Address:

8376 1/2 Lemon Avenue
La Mesa, California 91941

Maiden Names/Prior Names:

Anderson

Social Security Number:

348-50-2048

DOB: 3-3-56

DL: 01067054

DL State: Ca

Exp Date: 3/3/2015



Designation of Personal Physician

I, Debra Dale, hereby inform my employer, Acrobat Outsourcing, and its Workers' Compensation carrier, U.S. HeathWorks, of my intent to seek treatment from my designated person physician for all Workers' Compensation-related injuries or illnesses.

My designated personal physician for treatment of Workers' Compensation-related claims is:

Name: Dr Noah Johnson

Practice Group, if any: Sharp Community Medical Group

Address: Buena Vista

City/State/Zip: Santee, California 92071

Telephone: 619- 562-1140

This designation remains in effect until I execute and deliver a new designation or revocation in accordance with the policies of my employer and its Workers' Compensation carrier.

Debra Dale

Name

10/17/2013

Date

Acrobat

outsourcing
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ABSENTEEISM AND TARDINESS POLICY

All Acrobat Outsourcing employees are expected to be at their client site prepared to work at the scheduled time. Regardless of the reason, absenteeism and tardiness are subject to disciplinary action.

Absenteeism: is defined as failure to report for work without prior approval of the Acrobat Outsourcing Staffing Supervisor

Tardiness: is defined as arriving late for work or returning late from breaks/meals, or early departure from work.

POLICY

Calling off/Absent

If you are not able to make it to your scheduled shift, ***you are required to give us 24-hour notice for a cancellation.***

Illness

If you are sick, ***you are required to contact your Staffing Manager at Acrobat Outsourcing no less than 3 hours before your scheduled shift.***

NO CALL/NO SHOW

Grounds for automatic termination

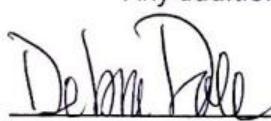
DISCIPLINARY ACTION

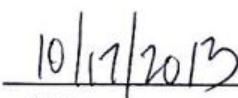
▪ First Occurrence:

- Employee receives verbal counseling from Staffing Manager.

▪ Second Occurrence

- Employee will receive a written counseling form and placed on suspension.
Any additional occurrences may result in further disciplinary action.


Employee Signature


Date

Form W-4 (2013)

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 2013 expires February 17, 2014. 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 \$1,000 and includes more than \$350 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 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 2013. 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 \$1,900 of child or dependent care expenses for which you plan to claim a credit <i>(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)</i>	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 \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child	G	/
H	Add lines A through G and enter total here. <i>(Note. This may be different from the number of exemptions you claim on your tax return.)</i> ► H	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 \$40,000 (\$10,000 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.

W-4

Form
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

OMB No. 1545-0074

2013

► 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.

1 Your first name and middle initial	Last name	2 Your social security number
Debra A	Dale	348-50-2048
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Married, but withhold at higher Single rate.
8376 Y2 Lemon Avenue		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"/>
La Mesa, California 91941		5
6 Additional amount, if any, you want withheld from each paycheck		6
7 I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption.		
<ul style="list-style-type: none"> 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.) ►

Debra Dale

Date ► 10/17/2013

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)

WAGE INFORMATION

Rate(s) of Pay: _____ Overtime Rate(s) of Pay: _____

Rate by (check box): Hour Shift Day Week Salary Piece rate Commission

Other (provide specifics): _____

Employment agreement is (check box): Oral Written

Allowances, if any, claimed as part of minimum wage (including meal or lodging allowances): _____

Regular Pay Day: _____ WEEKLY/EVERY FRIDAY

WORKERS' COMPENSATION

Insurance Carrier's Name: US HEALTHWORKS

Address: 25124 Springfield Court Suite 200 Valencia, CA 91355

Telephone Number: 800.720.2432

Policy No.: _____

Self-Insured (Labor Code 3700) and Certificate Number for Consent to Self-Insure: _____

ACKNOWLEDGMENT OF RECEIPT

Brigitte Tribble

(PRINT NAME of Employer representative)

SD

(SIGNATURE of Employer representative)

10/16/2013

(Date provided to employee & signed by representative)

Debra Date

(PRINT NAME of Employee)

Debra Date

(SIGNATURE of Employee)

10/17/13

(Date received by employee & signed by employee)

Labor Code section 2810.5(b) requires that the employer notify you in writing of any changes to the information set forth in this Notice within seven calendar days after the time of the changes, unless one of the following applies: (a) All changes are reflected on a timely wage statement furnished in accordance with Labor Code section 226; (b) Notice of all changes is provided in another writing required by law within seven days of the changes.

This Notice is NOT required if (a) you are directly employed by the state or any political subdivision thereof, (b) you are an employee who is exempt from the payment of overtime wages by statute or wage order, or (c) you are covered by a collective bargaining agreement that expressly provides for wages, hours of work and working conditions, and provides for premium wage rates for all overtime worked.

The full text of Labor Code section 2810.5 may be found at www.leginfo.ca.gov/calaw.html. Check "Labor Code" and search for "2810.5" in quotes.

The employee's signature on this notice merely constitutes acknowledgement of receipt. In accordance with an employer's general recordkeeping requirements under the law, it is the employer's obligation to ensure that the employment and wage-related information provided on this notice is accurate and complete. Furthermore, the employee's signature acknowledging receipt of this notice does not constitute a voluntary written agreement as required under the law between the employer and employee in order to credit any meals or lodging against the minimum wage. Any such voluntary written agreement must be evidenced by a separate document.