


of this Section 4.3 shall not apply in such jurisdiction and that Temporary Worker shall continue to be deemed an independent contractor of Customer. 5. Term. This Agreement shall be effective as of the Effective Date, and shall remain in effect notwithstanding Temporary Worker's termination of employment with Temporary Staffing Company or termination of Temporary Worker's assignment to Client. The following sections of this Agreement shall survive its termination: 1-5, 7-9, and 11-12. 6. Severability. In the event that any provision of this Agreement is held to be invalid or unenforceable, then such invalid or enforceable provisions shall be severed, and the remaining provisions shall remain in full force and effect to the fullest extent permitted by law. 7. Waiver. This Agreement may be amended, or its requirements waived, only by a writing signed by the party against whom enforcement of the waiver or amendment is sought. 8. Governing Law; Jurisdiction. This Agreement shall be governed by the laws of the state of California. All disputes arising under or in connection with this Agreement shall be submitted to Judicial Arbitration and Mediation Services, Inc. ("JAMS") or comparable organization for binding arbitration in Los Angeles County, California by a single arbitrator who shall be a former California Superior Court judge. The arbitrator shall be selected by JAMS in an impartial manner determined by it. Except as may be otherwise provided herein, the arbitration shall be conducted under the California Arbitration Act, Code of Civil Procedure § 1280 et seq. The arbitrator shall have complete authority to render any and all relief, legal and equitable, appropriate under California law. The arbitrator shall award costs of the proceeding, including reasonable attorney's fees, to the party determined to have substantially prevailed. 9. Assignment. Neither party's rights or obligations under this Agreement can be assigned without the express prior written consent of (i) the other party hereto, and (ii) Kelly. Any attempted or purported assignment of this Agreement without such consent shall be void. 10. No Inducements. Temporary Worker warrants and represents that he or she has neither provided nor offered to provide any gifts, payments, or other inducements to any officer, employee or agent of Kelly or Client for any purpose. Temporary Worker shall not provide or offer any gifts, payments, or other inducements to any officer, employee or agent of Kelly or Client for any purpose. 11. Entire Agreement. This Agreement constitutes the entire Agreement and understanding between the parties with respect to the subject matter hereof, and this Agreement supersedes all prior and contemporaneous negotiations, discussions and understanding of the parties with respect to the subject matter hereof. 12. Third Party Beneficiary Status. While Kelly and Client are each third party beneficiaries of this Agreement, neither Kelly nor Client shall have any obligations, liability or responsibility pursuant to this Agreement (to Temporary Worker or otherwise). IN WITNESS WHEREOF, the parties hereto have executed this Temporary Worker Agreement as of the Effective Date.

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

 Date: 08/05/17

## Confidentiality & 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 understand that I am immune from civil or criminal liability for disclosing trade secrets for the purpose of reporting or investigating a suspected violation of law, or for disclosing trade secrets in a legal proceeding if the information is filed under seal.

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.

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

 Date: 08/05/17

# Image Release & Picture

I hereby grant Acrobat Outsourcing, its representatives, agents and or employees the right to take photographs of me in connection with my employment with Acrobat Outsourcing for internal use and identification purposes.

I am 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

If you are utilizing a personal computer, please be sure to allow webcam access when prompted below in order to take your picture for your file.

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

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

## IRS W4 form

Form <b>W-4</b>	<b>Employee's Withholding Allowance Certificate</b> <small>*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.</small>		OMB No. 1545-0074 <b>2017</b>
1 Your first name and middle initial _____		Last Name: _____	
2 Social Security Number: _____			
Home address (number and street or rural route) _____			
3 <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.			
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5	4
6 Additional amount, if any, you want withheld from each paycheck:		6	0
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption:			
<ul style="list-style-type: none"> <li>o Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and</li> <li>o This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here: _____			
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 _____			

# 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](http://www.irs.gov/w4).

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

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>1</u>
<b>B</b>	Enter "1" if: <ul style="list-style-type: none"><li>• You are single and have only one job; or</li><li>• You are married, have only one job, and your spouse does not work; or</li><li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li></ul> . . . . .	<b>B</b>	<u>0</u>
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	<u>0</u>
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	<u>0</u>
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	<u>1</u>
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit (Note: Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) . . . . .	<b>F</b>	<u>0</u>
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"><li>• If your total income will be less than \$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.</li><li>• 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 . . . . .</li></ul>	<b>G</b>	<u>0</u>
<b>H</b>	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.) ▶	<b>H</b>	<u>2</u>

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.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		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.				<b>2016</b>	
1 Your first name and middle initial <u>JEANETTE R</u>		Last name <u>HAYES</u>		2 Your social security number <u>489-64-8068</u>	
Home address (number and street or rural route) <u>301 W. 31st Apt. 102A</u>		3 <input checked="" 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 <u>Albany, NY 12208</u>		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 <u>2</u>		6 <u>2</u>	
6 Additional amount, if any, you want withheld from each paycheck		6 <u>2</u>			
7 I claim exemption from withholding for 2016, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"><li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li><li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li></ul> If you meet both conditions, write "Exempt" here . . . . . ▶		7 <u>0</u>			
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) ▶ <u>Jeanette Hayes</u>				Date ▶ <u>08/05/17</u>	
8 Employer's name and address (Employer: Complete lines 8 and 9 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)	

Signature:



Date:

08/05/17

## Signature

**Electronic Signature Agreement.** By selecting the "I Accept" button, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement. By selecting "I Accept" you consent to be legally bound by this terms and conditions of employment with Acrobat Outsourcing. You further agree that your use of a key pad, mouse or other device to select an item, button, icon or similar act/action, or to otherwise provide Acrobat Outsourcing instructions via Taborca Online, or in accessing or making any agreement, acknowledgement, consent terms, disclosures or conditions constitutes your signature (hereafter referred to as "E-Signature"), acceptance and agreement as if actually signed by you in writing. You also agree that no certification authority or other third party verification is necessary to validate your E-Signature and that the lack of such certification or third party verification will not in any way affect the enforceability of your E-Signature or any resulting employment contract between you and Acrobat Outsourcing. You further agree that each use of your E-Signature constitutes your agreement and acknowledgement of the policies and procedures held within this onboarding paperwork. Lastly, you agree that all of the information provided to Acrobat Outsourcing is true and uncompromising and fully representative of you, the electronic signer, and no other individual.

Signature:



Date:

08/05/17

[Download Form](#)



SENSITIVE BUT UNCLASSIFIED

**Case Verification Number: 2017217153314DU**

Report Prepared: 08/05/2017

**Company Information**

Company ID: 139349

Company Name: Acrobat Outsourcing

**Employee Information**

Last Name: Haynes

First Name: Jeanette

Date of Birth: 02/23/1959

Social Security Number: \*\*\* \*\* 8068

Hire Date: 05/15/2014

Citizenship Status: A citizen of the United States

**Document Information**

List B Document: Driver's license or ID card issued by a U.S. state or outlying possession

List C Document: Social Security Card

Document Name: Driver's license

Document State: Missouri

Driver's License or ID Card Number:

Document Expiration Date: 02/23/2023

**Case Status Information**

Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 08/05/2017

Case Submitted By: SSHA2488

Closed On: 08/05/2017

Closed By: SSHA2488

Closure Statement: The employee continues to work for the employer after receiving an Employment Authorized result.

SENSITIVE BUT UNCLASSIFIED