

Acrobat

outsourcing
Your Hospitality Staffing Professionals

12/2020

7/2022

Name: Todd Knight Phone #: (862) 218-3419
Email: Todd Knight 1206@gmail.com Taborca ID#: 433603
Address: 30 Franklin Terrace, Irvington NJ 07111
Date of Birth: 12/06/1992 SSN: 151-02-0226 Date of Hire: 12/15/17

Section One

Employee File Checklist (note "n/a" if not applicable)

- Resume
- Application for Employment
- Offer Letter
- Food Handlers Card/Certification
Expiration 1/1/
- Alcohol/Liquor Serving Certification
- I-9 Form and copies of required form(s)
of ID (Filed in secured I-9 binder)
- Sexual Harassment/Harassment Policy
Acknowledgement
- Authorization and Release to Obtain
Information
- Designation of Personal Physician
- Absenteeism & Tardiness Policy
- Confidentiality & Non-Disclosure
Agreement
- Skills Test / Interview notes
- New Hire Acknowledgement Form
- Additional Information/Emergency
Contact
- W-4: Single / Married (Circle one)
Exemptions _____
- Direct Deposit / Global Cash Card /
Live Check (Circle one)

Section Two

Employee Setup

- E-Verify Documentation
CVN#: 2017339103955SB
- Background Check (Sterling)
File Ref #: 1229937-118A
- Direct Deposit / Global Cash Card
form sent to Payroll

- Attended New Hire Orientation
Date: 1/1/
- New Hire List
- Taborca
- Upload Photo
- Upload Resume & Food Handlers Card

Section Three

Emergency Contact

Name: Sandra Knight Phone: (201) 744-0208 Relationship: Mother



New Hire Acknowledgement Form

For Employer

- Additional Information Sheet
- Application
- I-9
- W-4
- Offer Letter
- Background Authorization Release
- Sexual Harassment Prevention Policy
- Global Gold Card / Direct Deposit Form
- Designation of Personal Physician/Emergency Contact Form
- Confidentiality & Non-Disclosure Agreement

For Employee

- New Hire Orientation Manual
- Workers' Compensation Pamphlet
- Sexual Harassment Pamphlet
- Unemployment (For Your Benefit) Pamphlet
- Safety & Sanitation Guidelines

Inform

- State & Federal Poster
- Minimum Wage Poster
- Wage Order Poster

All of these items have been explained to me:

Print Name

Taylor Knight

Rev 7/

Signature

Taylor Knight

Date

11/21/2017

Employment Application (NEW JERSEY)

Acrobat Outsourcing is an equal opportunity employer dedicated to non-discrimination in all employment practices. Acrobat Outsourcing selects the best qualified individual for the job based on job-related qualifications regardless of race, age (40+), religion, gender, national origin, ancestry, marital status, sexual orientation, disability or any other status protected by applicable law.

PLEASE PRINT

Name Todd Knight Date: 11/21/2017
Telephone (973) 218-3419 Other Telephone (362) 444-0526
Present Address 30 Franklin Terrace, Irvington, NJ 07111
Present Address, if different from present address: N/A
Address Todd.Knight1206@gmail.com

EMPLOYMENT DESIRED

I am applying for: Cashier Salary desired: \$10.00/hr

I currently registered with any staffing and/or employment agencies? If so, please list

No

I am applying for: Full-time work? Yes No Part-time work? Yes No

Any work, e.g., summer or holiday work? Yes No From: _____ To: _____

I found out about our open position? (Please check fill in proper name of source):

Name of Referral Charee Johnson Newspaper Job Fair Agency Company Website
 Job Posting Other Source

Do you work overtime, if necessary? Yes No If hired, on what date could you start working? 11/22/2017

Keep in mind that schedules and shifts may vary depending on position and season. Additionally, the hours may vary from week, depending on the company needs. Please list only the times/days you're available to work below.

HOURS AVAILABLE	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM	9:00 AM	9:00 AM	9:00 AM	9:00 AM	9:00 AM	9:00 AM	9:00 AM
PM	8:00 PM	5:00 PM	6:00 PM	5:00 PM	5:00 PM	8:00 PM	8:00 PM

Do you have any vacations or extended leaves planned in the next 12 months? If so, please list dates:
12/06/17 My Birthday

*morning shift
mid shift
night shift
if scheduled
in advance*

PERSONAL INFORMATION

Have you ever applied to or worked for Acrobat Outsourcing before? Yes No If yes, when? _____

Do you have any friends or relatives working for Acrobat Outsourcing? Yes No If yes, please state name and relationship

Charee Johnson / Best friend

Do you have a reliable means of transportation to and from work? Yes No

Do you present evidence of your legal right to live and work in this country? Yes No

Are you under 18 _____. If you are under 18, hire is subject to verification that you are of minimum legal age to work.

ALL URGED
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Your Hospitality Staffing Professionals

ou able to perform the essential functions of the job for which you are applying? Yes 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.) _____

Want to the Opportunity to Compete Act, we will consider for employment qualified applicants with arrest and conviction ds.

EDUCATION & SKILLS

OF SCHOOL	CITY & STATE	GRADE OR DEGREE COMPLETED	DID YOU GRADUATE?
I have any special licenses, certificates or special training? If		YES	NO
use list under "Special".			
ou computer literate? If so, list software knowledge under		YES	NO
al." <i>Microsoft Word</i>			
I proficient with Point of Sales Systems? If, so please list		YES	NO
ones under "Special."			
I have any other experience, training, qualifications or special		YES	NO
which you feel make you especially suited for work at Acrobat			
racing? If so, please list under "Special."			

EMPLOYMENT HISTORY

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

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

nd Address of Employer 189 Springfield Avenue

Business Dollar Tree Telephone No. (73) 622-5181 Supervisor's Name Deana

sition and Duties Cashier / Store Closer / Floor Runner
Counting Money, Ringing Customers, Cleaning and Closing Store

Employment: From 02/16 To 12/16 Weekly Pay: Starting 8.38 Ending 8.38

or Leaving: Decrease of pay / hours

nd Address of Employer 3 Brewster Road

usiness OTG MGMT Telephone No. () W/A Supervisor's Name Chet Nelson

tion and Duties Dish Washer / Restaurant Closer
Wash Dishes, Remove Trash, Clean & Close Restaurant

Employment: From 08/17 To 10/17 Weekly Pay: Starting 10.20 Ending 10.20

or Leaving: No Source of Order (Management Cut off Control)

OUT OUT
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and Address of Employer _____

of Business _____

Telephone No. (_____) _____ Supervisor's Name _____

Position and Duties _____

of Employment: From _____ To _____ Weekly Pay: Starting _____ Ending _____

Reason for Leaving: _____

and Address of Employer _____

of Business _____

Telephone No. (_____) _____ Supervisor's Name _____

Position and Duties _____

of Employment: From _____ To _____ Weekly Pay: Starting _____ Ending _____

Reason for Leaving: _____

Have you ever been fired from any previous place of employment? If so, please explain: NO

MILITARY SERVICE

Did you obtain any special skills or abilities as the result of service in the military?

Describe: _____

Yes No

JOB RELATED REFERENCES

Show three persons not related to you who have knowledge of your work performance within the last three years.

Brian Edwards

Telephone No. (201) 852-1338

Name: _____

Relationship: Friend Number of Years Acquainted: 5+

Sadiera Jackson

Telephone No. (973) 573-8705

Name: _____

Relationship: Friend Number of Years Acquainted: 7

Timothy Moran

Telephone No. (973) 745-3123

Name: _____

Relationship: Friend Number of Years Acquainted: 10+

Please Read Carefully, Initial Each Paragraph and Sign Below

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.

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.

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.

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.

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



Date

11/21/2017



SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2017339103955SB

Report Prepared: 12/05/2017

Company Information

Company ID: 139349

Company Name: Acrobat Outsourcing

Employee Information

Last Name: Knight

First Name: Todja

Date of Birth: 12/06/1992

Social Security Number: *** * 0226

Hire Date: 12/05/2017

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: ID card

Document State: New Jersey

Driver's License or ID Card Number:

Document Expiration Date: 01/31/2020

Case Status Information

Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 12/05/2017

Case Submitted By: DMCK1905

Closed On: 12/05/2017

Closed By: DMCK1905

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

SENSITIVE BUT UNCLASSIFIED

Form W-4 (2017)

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 2017 expires February 15, 2018. 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 can't claim exemption from withholding if your total 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 don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't 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 2017. 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 <u>2</u>
B	Enter "1" if: { • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.}	B <u>2</u>
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 <u>0</u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D <u>8</u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E <u>0</u>
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F <u>0</u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child. G <u>0</u>	
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ► H <u>0</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.

W-4

Form
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

OMB No. 1545-0074

2017

► 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

Home address (number and street or rural route)

30 Franklin Terrace

City or town, state, and ZIP code

Irvington, NJ 07111

2 Your social security number

54-02-0226

3 Single Married Married, but withhold at higher Single rate.

Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

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 8

6 Additional amount, if any, you want withheld from each paycheck

6 \$ 8

7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption.

- Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and
- This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

If you meet both conditions, write "Exempt" here ► **7** Exempt

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.) ► Tanya Knight

Date ► 11/21/17

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)

9 Office code (optional)

10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details 1 \$ _____
- 2 Enter:
$$\begin{cases} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{cases}$$
 2 \$ _____
- 3 Subtract line 2 from line 1. If zero or less, enter "-0-". 3 \$ _____
- 4 Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505) 4 \$ _____
- 5 Add lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2017 Form W-4* worksheet in Pub. 505) 5 \$ _____
- 6 Enter an estimate of your 2017 nonwage income (such as dividends or interest) 6 \$ _____
- 7 Subtract line 6 from line 5. If zero or less, enter "-0-". 7 \$ _____
- 8 Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction 8 \$ _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 \$ _____
- 10 Add lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1 10 \$ _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note: Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 \$ _____
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. However, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" 2 \$ _____
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not use the rest of this worksheet** 3 \$ _____

Note: If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet 4 \$ _____
- 5 Enter the number from line 1 of this worksheet 5 \$ _____
- 6 Subtract line 5 from line 4 6 \$ _____
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
- 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
- 9 Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1

Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$7,000	0	\$0 - \$8,000	0
7,001 - 14,000	1	8,001 - 16,000	1
14,001 - 22,000	2	16,001 - 26,000	2
22,001 - 27,000	3	26,001 - 34,000	3
27,001 - 35,000	4	34,001 - 44,000	4
35,001 - 44,000	5	44,001 - 70,000	5
44,001 - 55,000	6	70,001 - 85,000	6
55,001 - 65,000	7	85,001 - 110,000	7
65,001 - 75,000	8	110,001 - 125,000	8
75,001 - 80,000	9	125,001 - 140,000	9
80,001 - 95,000	10	140,001 and over	10
95,001 - 115,000	11		
115,001 - 130,000	12		
130,001 - 140,000	13		
140,001 - 150,000	14		
150,001 and over	15		

Table 2

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
75,001 - 135,000	1,010	38,001 - 85,000	1,010
135,001 - 205,000	1,130	85,001 - 185,000	1,130
205,001 - 360,000	1,340	185,001 - 400,000	1,340
360,001 - 405,000	1,420	400,001 and over	1,600
405,001 and over	1,600		

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

**TREATMENT
AUTHORIZATION**

AUT

**HealthWorks[®]**
MEDICAL GROUP

A Dignity Health Member

We are authorizing the below listed U.S. HealthWorks(s) to provide treatment to our employees. By doing so, we acknowledge that if the claim is denied by our insurance carrier, we will notify USHW of the denial and will be responsible for payment for all services rendered and any medically-necessary items dispensed.

U.S. HEALTHWORKS MEDICAL GROUP LOCATED AT:

ADDRESS:

606 David Avenue Elizabeth NJ 07201

PHONE:

908-527-6334

FAX: 908-527-0322

EMPLOYER

EMPLOYER NAME: Acrobat Outsourcing

EMPLOYER# (if applicable):

EMPLOYER ADDRESS: 165 Main St. Woodbridge 07095

PRIMARY CONTACT NAME: Debbie McKee

PHONE:

732-993-7235

AFTER HRS / CELL PHONE: 908-531-8986

FAX:

732-993-7338

EMAIL: debbie@acrobotoutsourcing.com

EMPLOYEE DETAILS

PATIENT NAME:

Todja Knight

DATE:

TIME:

AM / PM

DEPARTMENT:

New City

POSITION:

DOES EMPLOYEE WORK FOR A TEMP/LEASING COMPANY? YES NO

NAME OF TEMP AGENCY: Acrobat Outsourcing

AUTHORIZED BY: NAME (print): Debbie McKee

PHONE: 732-993-7235

TITLE: Sr Operations Manager

AFTER HRS / CELL PHONE: 732-993-7338

SIGNATURE:

() VERBAL AUTHORIZATION

INSURANCE

INSURANCE COMPANY NAME

~~INSURANCE~~

CLAIMS ADDRESS:

~~INSURANCE~~

PHONE:

EFFECTIVE DATE:

POLICY #:

EXPIRATION DATE:

SERVICES

 INJURY: DATE OF INJURY:

LAST WORKED:

INJURED BODY PART:

CLAIM #:

 RETURN-TO-WORK EVALUATION:

PROTOCOL #:

 PHYSICAL EXAM TYPE:

PROTOCOL #:

 DRUG/ALCOHOL TEST - specify type and reason/purpose below:

REASON/PURPOSE:

TYPE:

 PRE-EMPLOYMENT RANDOM DOT DRUG TEST REASONABLE SUSPICION POST-ACCIDENT

Agency (required): _____

 RETURN TO DUTY FOLLOW UP NON-DOT DRUG TEST POST-INJURY INSTANT DRUG TEST

Perform test before: Date: _____

Time: _____ AM / PM

* PICTURE ID REQUIRED FOR DRUG TEST