

## WORKERS' COMPENSATION

Insurance Carrier's Name: Integro USA Inc. dba Integro Insurance Brokers

Address: 1 State Street Plaza, 9<sup>th</sup> floor, New York, NY. 10004

Telephone Number: 212-295-5440

Policy No.: LDC4042609 AOS

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

## PAID SICK LEAVE

Unless exempt, the employee identified on this notice is entitled to minimum requirements for paid sick leave under state law which provides that an employee:

- May accrue paid sick leave and may request and use up to 3 days or 24 hours of accrued paid sick leave per year;
- May not be terminated or retaliated against for using or requesting the use of accrued paid sick leave; and
- Has the right to file a complaint against an employer who retaliates or discriminates against an employee for
  - requesting or using accrued sick days;
  - attempting to exercise the right to use accrued paid sick days;
  - filing a complaint or alleging a violation of Article 1.5 section 245 et seq. of the California Labor Code;
  - cooperating in an investigation or prosecution of an alleged violation of this Article or opposing any policy or practice or act that is prohibited by Article 1.5 section 245 et seq. of the California Labor Code.

The following applies to the employee identified on this notice: *(Check one box)*

- ☒ 1. Accrues paid sick leave only pursuant to the minimum requirements stated in Labor Code §245 et seq. with no other employer policy providing additional or different terms for accrual and use of paid sick leave.
- ☐ 2. Accrues paid sick leave pursuant to the employer's policy which satisfies or exceeds the accrual, carryover, and use requirements of Labor Code §246.
- ☐ 3. Employer provides no less than 24 hours (or 3 days) of paid sick leave at the beginning of each 12-month period.
- ☐ 4. The employee is exempt from paid sick leave protection by Labor Code §245.5. (State exemption and specific subsection for exemption): \_\_\_\_\_

## ACKNOWLEDGEMENT OF RECEIPT

*(Optional)*

Michael Hernandez  
(PRINT NAME of Employer representative)

[Signature]  
(SIGNATURE of Employer Representative)

1/18/18  
(Date)

ROLAND DAQUIOAC  
(PRINT NAME of Employee)

[Signature]  
(SIGNATURE of Employee)

01-18-2018  
(Date)

The employee's signature on this notice merely constitutes acknowledgement of receipt.

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.

**NOTICE TO EMPLOYEE***Labor Code section 2810.5***EMPLOYEE**

Employee Name: Roland Dagviong  
Start Date: 1/18/18

**EMPLOYER**

Legal Name of Hiring Employer: S.E Scher

Is hiring employer a staffing agency/business (e.g., Temporary Services Agency; Employee Leasing Company; or Professional Employer Organization [PEO])? ☐ Yes ☐ No

Other Names Hiring Employer is "doing business as" (if applicable):

Acrobat Outsourcing

Physical Address of Hiring Employer's Main Office:

665 Third St. Suite 415, San Francisco, CA. 94107

Hiring Employer's Mailing Address (if different than above):

Hiring Employer's Telephone Number: 415-431-8826

If the hiring employer is a staffing agency/business (above box checked "Yes"), the following is the other entity for whom this employee will perform work:

Name: \_\_\_\_\_

Physical Address of Main Office: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**WAGE INFORMATION**

Rate(s) of Pay: \$15.00 Dish Overtime Rate(s) of Pay: 1.5x

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

☐ Other (provide specifics): \_\_\_\_\_

Does a written agreement exist providing the rate(s) of pay? (check box) ☒ Yes ☐ No

If yes, are all rate(s) of pay and bases thereof contained in that written agreement? ☒ Yes ☐ No

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

(If the employee has signed the acknowledgment of receipt below, it 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.)

Regular Payday: **FRIDAY**

Applicant Information	
Name: <u>Roland Jaquidag</u>	Interviewer: <u>Clare</u>
Date: <u>9/4/12</u>	Rate of Pay: <u>10.50</u>
Position(s) Applied for: <u>dishwasher, prep cook</u>	Referred by: <u>Salvation Army</u>

Test Scores					
Server	/10	%	Bartender	/20	%
<u>Prep Cook</u>	<u>4</u> /15	<u>27</u> %	Barista	/10	%
Grill Cook	/40	%	Cashier	/10	%
<u>Dishwasher</u>	<u>5</u> /10	<u>50</u> %	Housekeeping	/16	%

#### Relative Experience & Summary of Strengths

worked @ Ramada Hotel for 15 years as a Houseman, window-washer, shampoo/buffer + Dishwasher.

- Dishwasher from '79 - '00

- in 2000 worked in construction (Mabuhay Construction)  
Commercial D/U exp. (2-3 people in dish pit)  
worked AM, Lunch, PM

P.O.S. Experience: Y / N details: \_\_\_\_\_

#### Transportation

Car Public Transit Carpool (Rider / Driver)

#### Regions Available to work:

SF City East Bay Outer East Bay SF or SJ Peninsula SF North  
San Jose South San Jose

#### Certifications (if any)

TIPS Serv-Safe LEAD Other \_\_\_\_\_

#### Availability

Open AM only PM only Weekends only Weekdays only

details: Mon - Fri 6AM - 3PM (working as a Janitor @ SA)

#### Uniforms Owned:

Bistro Black Bistro Tuxedo 1/2 Tuxedo Black Vest Long Black Tie Chef Coat  
Chef Pants Knives Other: \_\_\_\_\_

Would you recommend this applicant for Acrobat Academy?

Convention Candidate?

Other Languages Spoken: Tagalog





Date 9-6-12

Name ROLAND DAQUIOAG

Address 1500-VALENCIA ST.  
SAN FRANCISCO,  
CA. 94110

### Offer Letter & Acknowledgment

Acrobat Outsourcing is pleased to offer you a position as: DISHWASHER; BUSSEY  
• Position at the rate(s) of \$ 10.50 per hour starting on SEPT/10/12.

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, ROLAND DAQUIOAG, accept this job offer of DISHWASHER BUSBOY by Acrobat Outsourcing.

Signature R. Daing Date 9-6-12

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.





## 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](http://www.dir.ca.gov/DLSE).

#### EMPLOYEE

Employee Name: ROLAND H. DAQUIOAG Hire Date: 9/10/12

#### 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: \_\_\_\_\_

**WAGE INFORMATION**Rate(s) of Pay: BUSSEK > 9 10.50 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**COLLEEN FLEMING  
(PRINT NAME of Employer representative)[Signature]  
(SIGNATURE of Employer representative)9/6/12  
(Date provided to employee & signed by representative)ROLAND DAQUIOAG  
(PRINT NAME of Employee)[Signature]  
(SIGNATURE of Employee)9-6-12  
(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](http://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.





## 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 ROLAND H. DAQUIOAG  
(Please print name clearly.)

Date 9-6-12

Full Name R. Daquioag  
Signature



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

Current Address: 1500 - VALENCIA, ST.  
SAN FRANCISCO, CA. 94110

Maiden Names/Prior Names: \_\_\_\_\_

Social Security Number: 586-68-5886 DOB: 01-03-61

DL: \_\_\_\_\_ DL State: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Ronald Dayviday



## New Hire Orientation Checklist

### For Employer

R.D. Additional Information Sheet  
R.D. Notice to Employees-Wage Order Form  
R.D. I-9  
R.D. W-4  
R.D. Offer Letter  
R.D. Confidentiality and Non-Disclosure Agreement  
R.D. Absenteeism and Tardy Policy  
R.D. Background Authorization Release  
R.D. Sexual Harassment Prevention Policy  
R.D. Global Gold Card / Direct Deposit Form  
R.D. Designation of Personal Physician

### For Employee

R.D. New Hire Orientation Manual  
R.D. Workers' Compensation Pamphlet  
R.D. Sexual Harassment Pamphlet  
R.D. California Disability Insurance Pamphlet  
R.D. California Paid Family Leave Pamphlet  
R.D. Unemployment (For Your Benefit) Pamphlet  
R.D. California Food Handler Card Law  
R.D. Safety and Sanitation Guidelines

### Inform

R.D. State & Federal Poster  
R.D. SF Sick Law Poster  
R.D. Minimum Wage Poster  
R.D. Wage Order Poster

All of these items have been explained to me:

ROLAND DAQUIBAG R. Daing 9-6-12  
Print Name Signature Date





## **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.

ROLAND H. DAQUIOAG

Name of Employee (Please Print)

R. Daqui

Signature of Employee

9-6-12

Date

CONNIE FLEMING

Name of Witness (Please Print)

[Signature]

Signature of Witness

9/6/12

Date

San Francisco Corporate Office  
665 3<sup>rd</sup> St. Suite 415 | San Francisco, CA | 94107  
Phone: (415) 431-8826 | Fax: (415) 431-1580  
[www.AcrobatOutsourcing.com](http://www.AcrobatOutsourcing.com)



### **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.

*R. Davis*  
Employee Signature

9-6-12  
Date







## **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 constructed 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 provide 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 filling 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 allege 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.

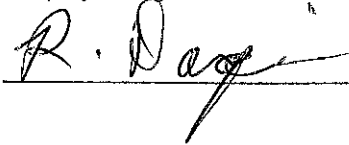
I have read the above policy and understand that Acrobat Outsourcing is committed to providing a work environment free of unlawful harassment. Company policy prohibits sexual harassment and harassment based on pregnancy, childbirth or related medical conditions, race, religious creed, color, national 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



ROLAND H. DAQUIOAG - 9-6-12



## Designation Of Personal Physician

I, ROLAND H. DAQUIOAG, 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: ROLAND H. DAQUIOAG

Practice Group, if any: \_\_\_\_\_

Address: 1500-VALENCIA, ST.

City/State/Zip: SAN FRANCISCO, CA. 94110

Telephone: \_\_\_\_\_

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.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

