



SUNWEST EMPLOYER SERVICES, INC. NEW HIRE PACKET

EMPLOYEE NAME:

_____, _____,
Last Name

First Name

Initial

Included in this packet are ten (10) forms you must sign and return to the Sunwest Employer Services, Inc. Payroll Department. The Earned Income Advance Payment (W-5), if applicable, may be requested or printed from our website (www.sunwestes.com).

- New Employee Information Form**
- Hiring Incentives to Restore Employment Act Employee Affidavit**
- IRS Form W-4** **Arizona Form A-4** **OR**
- State Income Tax Form (if applicable) You will find this on the Sunwest Website**
- Employment Eligibility Verification (I-9)**
- Employee Authorization Agreement for Direct Deposit**
- Post-Injury Drug and Alcohol Testing Acknowledgement**
- Consent for Release of Medical Information Form**
- Group Life Insurance Enrollment/Beneficiary Form**
- Employer Request for Disclosure of Wage Assignment Order to Provide Child Support**

Welcome to Sunwest Employer Services, Inc. (Sunwest). Your employer has contracted with us to provide assistance in the management of the human resources, employee benefits, payroll and workers' compensation functions of our business. The assistance of Sunwest frees your employer from some human resource administrative details so they can focus on the operations of their business. Some of these details may include, but are not limited to processing paychecks, unemployment taxes, workers' compensation and benefits administration. Sunwest also provides Human Resource assistance in compliance to federal, state and local employment legislation. Please read the information in this packet carefully and complete each form in its entirety. Should you have any questions, do not hesitate to ask your supervisor.



NEW EMPLOYEE INFORMATION FORM

PERSONAL DATA (as shown on last issued Social Security Card)

First Name (name must match the name on latest Social Security Card) Middle (name must match the name on latest Social Security Card) Last (name must match the name on latest Social Security Card)	
Social Security Number	Date of Birth
Address	
City/State/Zip	Home Phone ()
Emergency Contact Name	Relationship
Address	Emergency Contact Phone ()
Employee's Signature	Date

THIS SECTION MUST BE COMPLETED BY THE WORK-SITE EMPLOYER

Employee Job Title	Job Function (e.g. Clerical)
Division/Department	Workers' Compensation Code
Client Date of Hire	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary/On-Call/Seasonal
State(s) in which Employee Works	State of Employee's Primary Residence

PAY CODE

<input type="checkbox"/>	Hourly employee non-exempt from overtime per the Fair Labor Standards Act (FLSA)
<input type="checkbox"/>	Salaried employee not-exempt from overtime per the Fair Labor Standards Act (FLSA)
<input type="checkbox"/>	Salaried employee exempt from overtime per the Fair Labor Standards Act (FLSA)

EMPLOYEE'S PAY FREQUENCY

<input type="checkbox"/> Monthly	Rate: \$	Per	<input type="checkbox"/> Year
<input type="checkbox"/> Semi-Monthly			<input type="checkbox"/> Month
<input type="checkbox"/> Bi-Weekly			<input type="checkbox"/> Pay Period
<input type="checkbox"/> Weekly			<input type="checkbox"/> Hour

I have been unemployed for the last 60-days prior to being hired for this position. Yes No

During the past 60-day period I have not been employed for more than 40 hours. Yes No

If you answered YES to BOTH of these questions please complete and sign the W-11 form below.

Form **W-11**
(April 2010)
Department of the Treasury
Internal Revenue Service

Hiring Incentives to Restore Employment (HIRE) Act Employee Affidavit

► Do not send this form to the IRS. Keep this form for your records.

To be completed by new employee. Affidavit is not valid unless employee signs it.

I certify that I have been unemployed or have not worked for anyone for more than 40 hours during the 60-day period ending on the date I began employment with this employer.

Your name _____ Social security number ► _____

First date of employment _____ / _____ / _____ Name of employer _____

Under penalties of perjury, I declare that I have examined this affidavit and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature ► _____ Date ► _____ / _____ / _____

Instructions to the Employer

Section references are to the Internal Revenue Code.

Purpose of Form

Use Form W-11 to confirm that an employee is a qualified employee under the HIRE Act. You can use another similar statement if it contains the information above and the employee signs it under penalties of perjury.

Only employees who meet all the requirements of a qualified employee may complete this affidavit or similar statement. You cannot claim the HIRE Act benefits, including the payroll tax exemption or the new hire retention credit, unless the employee completes and signs this affidavit or similar statement under penalties of perjury and is otherwise a qualified employee.

A "qualified employee" is an employee who:

- begins employment with you after February 3, 2010, and before January 1, 2011;
- certifies by signed affidavit, or similar statement under penalties of perjury, that he or she has not been employed for more than 40 hours during the 60-day period ending on the date the employee begins employment with you;
- is not employed by you to replace another employee unless the other employee separated from employment voluntarily or for cause (including downsizing); and
- is not related to you. An employee is related to you if he or she is your child or a descendent of your child,

your sibling or stepsibling, your parent or an ancestor of your parent, your stepparent, your niece or nephew, your aunt or uncle, or your in-law. An employee also is related to you if he or she is related to anyone who owns more than 50% of your outstanding stock or capital and profits interest or is your dependent or a dependent of anyone who owns more than 50% of your outstanding stock or capital and profits interest.

If you are an estate or trust, see section 51(j)(1) and section 152(d)(2) for more details.



Do not send this form to the IRS. Keep it with your other payroll and income tax records.

Form W-4 (2010)

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 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on his or her tax return.

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 may 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. 919, How Do I Adjust My Tax Withholding, 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. 919 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. 919 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. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • 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. </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • 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 _____
{	<ul style="list-style-type: none"> • 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. 	}			
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 \$1,800 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 _____			
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 \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children.	G _____			
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 _____			
	For accuracy, complete all worksheets that apply. <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • 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 have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$18,000 (\$32,000 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. </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • 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 have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$18,000 (\$32,000 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. 	}	
{	<ul style="list-style-type: none"> • 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 have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$18,000 (\$32,000 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. 	}			

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ 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.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; margin: 0;">2010</div>
1 Type or print your first name and middle initial.	Last name	2 Your social security number
Home address (number and street or rural route)	3 <input 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	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)	6 \$	
7 I claim exemption from withholding for 2010, 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
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 (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 (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 2010 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions **1** \$ _____
- 2** Enter:

{	\$11,400 if married filing jointly or qualifying widow(er)	}	2	\$ _____
	\$8,400 if head of household				
	\$5,700 if single or married filing separately				
- 3** **Subtract** line 2 from line 1. If zero or less, enter “-0-” **3** \$ _____
- 4** Enter an estimate of your 2010 adjustments to income and any additional standard deduction. (Pub. 919) **4** \$ _____
- 5** **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 6* in Pub. 919.) **5** \$ _____
- 6** Enter an estimate of your 2010 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 \$3,650 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 4–9 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 2010. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2009. 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

Table 2

Married Filing Jointly		All Others		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	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 - \$7,000 -	0	\$0 - \$6,000 -	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
7,001 - 10,000 -	1	6,001 - 12,000 -	1	65,001 - 120,000	910	35,001 - 90,000	910
10,001 - 16,000 -	2	12,001 - 19,000 -	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
16,001 - 22,000 -	3	19,001 - 26,000 -	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 27,000 -	4	26,001 - 35,000 -	4	330,001 and over	1,280	370,001 and over	1,280
27,001 - 35,000 -	5	35,001 - 50,000 -	5				
35,001 - 44,000 -	6	50,001 - 65,000 -	6				
44,001 - 50,000 -	7	65,001 - 80,000 -	7				
50,001 - 55,000 -	8	80,001 - 90,000 -	8				
55,001 - 65,000 -	9	90,001 -120,000 -	9				
65,001 - 72,000 -	10	120,001 and over	10				
72,001 - 85,000 -	11						
85,001 -105,000 -	12						
105,001 -115,000 -	13						
115,001 -130,000 -	14						
130,001 - and over	15						

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 using it 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.

NOTE: This form is effective for wages paid after December 31, 2009 through June 30, 2010. A new form will be available on the Department's website (www.azdor.gov) in late spring 2010. All employees must make a new election for wages paid after June 30, 2010.

Type or print your full name	Your social security number
Home address (number and street or rural route)	
City or town, state, and ZIP code	

Arizona Withholding Percentage Election Options

Choose only one:

- 1 My annual compensation is \$15,000 or more. I choose to have Arizona withholding at the rate of
(check only one box): 20.3% 24.5% 26.7% 33.1% 39.5% of the federal tax withheld.
- 2 My annual compensation is less than \$15,000. I choose to have Arizona withholding at the rate of
(check only one box): 10.7% 20.3% 24.5% 26.7% 33.1% 39.5% of the federal tax withheld.
- 3 I hereby elect an Arizona withholding percentage of zero, and I certify that I meet BOTH of the following qualifying conditions for this election:
 - I had NO Arizona tax liability for the prior taxable year, AND
 - I expect to have NO Arizona tax liability for the current taxable year.

I certify that I have made the percentage election marked above.	
_____	_____
SIGNATURE	DATE

EMPLOYEE'S INSTRUCTIONS

Arizona Revised Statutes (ARS) §43-401 requires your employer to withhold Arizona income tax from your compensation paid for services performed in Arizona for application toward your Arizona income tax liability. Arizona withholding is a percentage of the amount of federal income tax withheld. Complete this form to elect an Arizona withholding percentage.

New Employees

Complete this form within the first five days of employment to elect an Arizona withholding percentage. If you do not complete this form, your employer must withhold the minimum withholding percentage based on your annual compensation. If your annual compensation is less than \$15,000, the minimum withholding percentage is 10.7 percent. If your annual compensation is \$15,000 or more, the minimum withholding percentage is 20.3 percent.

Current Employees

Complete this form to elect a different Arizona withholding percentage. If you want to increase or decrease the amount of Arizona withholding, you must complete this form to change the Arizona withholding percentage.

Electing a Withholding Percentage of Zero

You may elect an Arizona withholding percentage of zero if you meet BOTH of the qualifying conditions for the election. You qualify for the election if: (1) you had no Arizona income tax liability for the prior taxable year, AND (2) you expect to have no Arizona income tax liability for the current taxable year. Note that Arizona tax liability is gross tax liability less any tax credits,

such as the family tax credit, school tax credits, welfare tax credits, or credits for taxes paid to other states. If you make this election, your employer will not withhold Arizona income tax from your wages for payroll periods beginning after the date of your election. You should be aware that zero withholding does not relieve you from paying Arizona income taxes that might be due at the time you file your Arizona income tax return. Keep in mind that in order to elect zero withholding, you must meet BOTH conditions listed above. Therefore, if you have an Arizona tax liability when you file your return or if at any time during the current year conditions change so that you expect to have a tax liability, you should immediately complete a new Form A-4 and choose a withholding percentage that is applicable to your situation.

Voluntary Withholding Election by Certain Nonresident Employees

Compensation earned by nonresidents while physically performing work or services in Arizona for temporary periods is subject to Arizona income tax. However, under the provisions of ARS §43-403(A)(5), compensation paid to certain nonresident employees is not subject to Arizona income tax withholding. These nonresident employees need to review their situations and determine whether they should elect to have Arizona income taxes withheld from their wages or compensation. Nonresident employees may request that their employer withhold Arizona income taxes from their compensation by completing this form to elect an Arizona withholding percentage.

Instructions**Read all instructions carefully before completing this form.**

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

When Should Form I-9 Be Used?

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

Filling Out Form I-9**Section 1, Employee**

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

Employers should note the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in Section 2 evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

Preparer/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers (Form M-274)*. You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

Section 3, Updating and Reverification

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B; and:
 - 1. Examine any document that reflects the employee is authorized to work in the United States (see List A **or** C);
 - 2. Record the document title, document number, and expiration date (if any) in Block C; and
 - 3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, you can download them from our website at www.uscis.gov/forms or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at www.uscis.gov or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at www.uscis.gov/e-verify or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at www.uscis.gov.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date (month/day/year)
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____ Document #: _____ Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

Documents that Establish Both
Identity and Employment
Authorization

LIST B

Documents that Establish
Identity

LIST C

Documents that Establish
Employment Authorization

	OR	AND
1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	5. U.S. Military card or draft record	
	6. Military dependent's ID card	5. Native American tribal document
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	
	9. Driver's license issued by a Canadian government authority	6. U.S. Citizen ID Card (Form I-197)
For persons under age 18 who are unable to present a document listed above:		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)



EMPLOYEE AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize and request Sunwest Employer Services, Inc., herein Sunwest, to make payment of any amounts owed to me by initiating credit entries to my account indicated below in the bank(s) named below, herein Bank, and I authorize and request Bank to accept any credit entries initiated by Sunwest to such account and credit the same to such account without responsibility for the correctness thereof.

I also authorize and request Sunwest to effect repayment to Sunwest for amounts owed it because of a prior erroneous credit initiated to my account, if prior to the initiation of the correction entry Sunwest has sent or delivered to me written notice of the correction, and the reason therefore, and the correcting entry is transmitted in such time as to be delivered, or make available to Bank before midnight of the tenth day following settlement for the erroneous entry.

It is understood that this agreement may be terminated by me at any time by written notification to Sunwest. Any notification to Sunwest shall be effective only with respect to entries initiated by Sunwest after receipt of such notification and a reasonable opportunity to act on it.

I recognize, acknowledge and accept that this service is being provided for my convenience. As such, I agree to hold Sunwest, each participating bank, and NACHA harmless from any claim incident to the operation of this plan arising from any act or omission by Sunwest including, without limitation, and claim based on alleged loss as a result of non-credit of any deposit, and any claim which may be made by me as a result of the rejection of any debits because of insufficient funds arising from the failure to credit deposits to my account. **I further understand that should I change, or close the account given to Sunwest and fail to notify Sunwest in writing prior to the initiation of the credit, I will be charged a bank fee of no less than \$15.00 to reprocess the payment owed to me.**

Your Workplace Employer Name _____

Social Security Number _____ - _____ - _____

Employee Name _____

Please Print Name

I do not elect direct deposit or I wish to cancel all my direct deposits (*Check Here and Sign Below*)

I authorize direct deposit into the following accounts ONLY (*any previous form(s) submitted will be void*)

Financial Institution/Account Number(s):

Account 1. _____ Checking Savings Amount or % Deposited: _____ Routing Number: _____

Account 2. _____ Checking Savings Amount or % Deposited: _____ Routing Number: _____

Account 3. _____ Checking Savings Amount or % Deposited: _____ Routing Number: _____

Account 4. _____ Checking Savings Amount or % Deposited: _____ Routing Number: _____

Employee Signature _____

Date _____/_____/_____
mm/dd/yy

ATTACH VOIDED CHECK(S) HERE:

VOIDED CHECK(S)



POST-INJURY DRUG AND ALCOHOL TESTING POLICY

Sunwest Employer Services, Inc. (hereafter known as “The Company”) believes that it is important to promote a drug-free community, to maintain safe, healthy, and efficient operations, and to protect the safety and security of our employees, facilities, and property. Drugs and alcohol may pose serious risks to the user and all those who work with the user. In addition, the use, possession, sale, transfer, manufacture, distribution, and dispensation of alcohol or illegal drugs in the workplace pose unacceptable risks to the maintenance of a safe and healthy workplace and to the security of The Company’s employees, facilities, and property. Substance abuse, while at work or otherwise, seriously endangers the safety of employees, as well as the general public, and creates a variety of workplace problems, including increased injuries on the job, increased absenteeism, increased health care and benefit costs, increased theft, decreased morale, decreased productivity, and a decline in the quality of products and services provided by The Company. For all of those reasons, The Company has established this Post-Injury Drug and Alcohol Testing Policy. This Policy was written to ensure compliance with Arizona Revised Statutes, 23-493.

I. SCOPE OF POLICY

This Policy applies to all employees of The Company.

II. DISSEMINATION OF POLICY

All employees will receive a copy of this Policy upon hire and will be required to sign the Post-Injury Drug and Alcohol Testing Acknowledgement.

III. DEFINITIONS

A. Illegal Drugs

“Illegal drugs” means any controlled substance, medication, or other chemical substance that (1) is not legally obtainable; or (2) is legally obtainable, but is not legally obtained, is not being used legally, or is not being used for the purpose(s) for which it was prescribed or intended by the manufacturer. Thus, “illegal drugs” may include even over-the-counter medications, if they are not being used for the purpose(s) for which they were intended by the manufacturer.

B. Legal Drugs/Medication

“Legal drugs” means prescribed or over-the-counter drugs that are legally obtained and used for the purpose(s) for which they were intended by the manufacturer.

IV. DRUG AND ALCOHOL TESTING: POST-INJURY

The Company requires that employees submit to post-injury drug and alcohol testing within 24 hours of notification of injury on all injuries treated at a medical facility. Furthermore, employers may send employees for drug and alcohol testing even if treatment is not sought.

V. SPECIMEN COLLECTION AND TESTING PROCEDURES

A. Specimen Collection Procedures

1. Test Subject Privacy

Appropriate professional personnel will supervise the collection of urine and blood specimens for testing.

2. Chain of Custody Procedures

The Company will take steps to preserve the chain of custody of specimens, in order to ensure testing accuracy.

B. Specimen Testing Procedures

1. Specimens will be tested only by laboratories that are properly approved to conduct drug testing by the National Institute on Drug Abuse, the Department of Health and Human Services, or the College of American Pathologists. Specimens will be tested only for the presence of illegal drugs, and their metabolites.

2. The Company will rely only on positive initial screening test results that also have been confirmed by gas chromatography/mass spectrometry (GC/MS) or other methods of confirmatory analysis provided for by the National Institute on Drug Abuse, the Department of Health and Human Services, or the College of American Pathologists (“confirmatory test”).

C. Cost of Testing

The Company will pay for any drug or alcohol test that it requests or requires.

D. Test Results

The Company will promptly communicate positive test results to test subjects.

E. Employees: Test Result Report

Employees may request, in writing, a copy of their test result report provided that The Company receives the request within five (5) calendar days after the employee has been informed of the positive test result.

VI. CONFIDENTIALITY OF TEST RESULTS

The Company will not disclose test results except as authorized by the test subject or as authorized, permitted, or required by applicable law.

VII. CONSEQUENCES OF REFUSAL

Employees may refuse to undergo drug and alcohol testing. However, employees who refuse to undergo testing or who fail to cooperate with the testing procedures (1) may be subject to discipline, up to and including immediate discharge; and/or (2) may result in the denial of Workers’ Compensation Benefits and the employee may be required to incur the medical and testing costs related to the accident, injury or illness.

VIII. CONSEQUENCES OF CONFIRMED POSITIVE TEST RESULTS

Any employee who tests positive on a confirmatory drug and alcohol test required by The Company (1) may be subject to discipline, up to and including immediate discharge; and/or (2) may result in the denial of Workers’ Compensation Benefits and the employee may be required to incur the medical and testing costs related to the accident, injury or illness.

IX. EMPLOYEES: RIGHT TO EXPLAIN TEST RESULTS

Any employee who tests positive on a confirmatory drug and alcohol test required by The Company, may request, in writing, the opportunity to explain the positive test result in a confidential setting, provided that The Company receives the request within five (5) calendar days after the employee has been informed of the positive test result. Furthermore, any employee who tests positive on a confirmatory drug and alcohol test required by The Company may request, in writing, the confirmatory retest of the original sample, at his or her own expense, provided that The Company receives the request within five (5) calendar days after the employees has been informed of the positive test result. Confirmatory retests requested and paid for by the employee may be conducted only by laboratories that are properly approved to conduct drug and alcohol testing by the National Institute on Drug Abuse, the Department of Health and Human Services, or the College of American Pathologists.



POST-INJURY DRUG AND ALCOHOL TESTING ACKNOWLEDGEMENT

I have received and read a copy of the Sunwest Employer Services, Inc. (hereafter known as “The Company”) Post-Injury Drug and Alcohol Testing Policy (hereafter known as the “Policy”). I understand that the Policy applies to me, and that I must abide by the Policy as a condition of employment. I understand that if I fail to comply with any aspect of the Policy or test positive on a drug and alcohol test: (1) I may be subject to discipline, up to and including immediate termination of my employment; and/or (2) my Workers’ Compensation Benefits may be denied and I may be required to incur the medical and testing costs related to the accident, injury or illness.

I understand that the Policy supersedes and revokes all previous practices, procedures, policies, and other statements of The Company, whether written or oral, that modify, supplement, or conflict with this Policy. I also understand that The Policy may be amended at any time. The Policy was written to ensure compliance with Arizona Revised Statutes, 23-493.

THE UNDERSIGNED FURTHER STATES THAT HE OR SHE HAS READ THE FOREGOING ACKNOWLEDGMENT AND UNDERSTANDS THE CONTENT THEREOF.

SIGNATURE

DATE

PRINTED NAME



INJURY INCIDENT PROCEDURES

Please read carefully and keep this form for your personal records. This form defines your responsibilities in the event you are injured on-the-job.

- ❖ If an injury occurs on-the-job during designated working hours, assess the injury and provide **first aid** whenever possible. Employees are responsible for notifying their supervisor immediately.
- ❖ Sunwest Employer Services, Inc. (Sunwest) requires **ALL** injuries that occur on-the-job be reported before leaving work for the day. **Failure to report on the day of injury may result in a denial of benefits.**
- ❖ If the injury is **life threatening**, proceed to the nearest emergency room. Provide facility staff with the name of **your** employer including the name of Sunwest (i.e. ACE Construction/Sunwest Employer Services). In addition, please provide the following workers compensation contact information:

Sunwest Payroll Contact:	<u>Katie Klassy</u>	<u>Yvonne Wagner</u>	<u>Brenda Graziano</u>
Phone No:	602-386-3556	602.386.3555	602.386.3557
Toll Free:	888-284-3736 x234	888-284-3736 x233	888-284-3736 x232
Fax:	602-386-3587	602.386.3586	602.386.3588

- ❖ If medical attention is required beyond first aid and it is not an emergency, employees must seek initial treatment at the nearest **approved medical provider**. Please provide clinic or physician with the workers' compensation contact information listed above.
- ❖ Approved medical providers lists are available at each employer location or you may contact the Sunwest Payroll Department.
- ❖ Employees are required to submit to a **post-injury drug and alcohol test within 24-hours of notification of injury on all injuries treated at a medical facility.**
- ❖ If an employee fails to pass, refuses to cooperate with, or refuses to take the post-injury drug and alcohol impairment test, workers' compensation benefits may be denied.
- ❖ The supervisor must immediately notify Sunwest at the time of injury or within 24-hours. If the supervisor is unavailable, the employee may report the injury directly to Sunwest immediately or within 24-hours.
- ❖ The supervisor and employee must complete the **Client Report of Injury/Illness** and fax to the Sunwest Payroll Department @ 602-778-9857, on the day of injury or within 24-hours.
- ❖ Failure to follow the above instructions may result in the denial of workers' compensation benefits. If benefits are denied, employees will be responsible for all costs incurred related to the injury.
- ❖ For all questions regarding work related injuries, contact the Sunwest Payroll Department @ 602-778-9856.

Consent for Release of Medical Information

I hereby authorize representatives of Patriot Risk Services to be permitted to obtain and review copies of all medical records related to my workers' compensation injury. This pertinent information will be discussed with other professionals involved in my medical treatment and any institution that, through the "Workers' Compensation Program" or otherwise, is paying all or part of the cost associated with my medical care.

Name of Employee

Social Security Number

Claim Number

Telephone Number of Employee/Email address

Name of Employer

Date of injury

Signature of Employee

Date

Submit to:

**Patriot Risk Services
PO Box 2159
Fort Lauderdale, FL 33303
Fax: (954) 252-3816**

A PHOTOCOPY OR FACSIMILE COPY OF THIS AUTHORIZATION IS AS VALID AS
THE ORIGINAL.



SUNWEST EMPLOYER SERVICES INC.
DESIGNATION OF BENEFICIARY AND CONTINGENT BENEFICIARY(IES)

Basic Term Life Insurance through Humana is a benefit provided by Sunwest (at no charge) to all full-time employees. This benefit becomes effective first of the month following 90 days of full-time employment with Sunwest. Sunwest considers full-time employment as working 30 hours per week.

Humana Group Policy: #547722 Insured employee's social security number: _____

Primary Beneficiary Designation

Table with 5 columns: FULL NAME (Last, First, Middle Initial), RELATIONSHIP, DATE OF BIRTH, ADDRESS (Street, City, State, Zip), SHARE%. Contains 4 empty rows for data entry.

Payment will be made in equal shares or all to the survivor unless otherwise indicated. Total share designation must equal 100%

In the event said primary beneficiary(ies) predecease(s) the insured, I designate as contingent beneficiary(ies) below:

Contingent Beneficiary Designation

Table with 5 columns: FULL NAME (Last, First, Middle Initial), RELATIONSHIP, DATE OF BIRTH, ADDRESS (Street, City, State, Zip), SHARE%. Contains 4 empty rows for data entry.

Payment will be made in equal shares or all to the survivor unless otherwise indicated. Total share designation must equal 100%

If no primary or contingent beneficiary designated shall be living following the insured's death, the amount payable by reason of the insured's death shall be payable as provided in the Group Policy.

I, the insured, reserve the right to change this designation at any time.

This designation becomes effective upon receipt by the Benefits Department at Sunwest Employer Services.

Name and address of Insured or Owner (if assigned). (Please print)

Signature of Insured or Owner (if assigned)

Date Signed

Please print your full name for clarification purposes

Please do not elect yourself as a beneficiary. Life benefits are paid out upon the death of the "covered employee". Without a beneficiary elected, the life benefit cannot be paid out.

Please note - Do not erase or attempt to make any corrections, please utilize a new form for changes and/or corrections. When the beneficiary is not related to you by blood or marriage, the "Relationship" designation should read "Nonrelative".



EMPLOYER REQUEST FOR DISCLOSURE OF WAGE ASSIGNMENT ORDER TO PROVIDE CHILD SUPPORT

Arizona Revised Statute 23-722.02, states that after an employee is hired, rehired or returns from an unpaid leave of absence, the employer shall request that the employee disclose whether the employee is subject to a wage assignment order to provide child support. If the employee is subject to a wage assignment order to provide child support, they shall provide a copy of the order of assignment to the employer.

In accordance with the foregoing statute, Sunwest Employer Services, Inc. (Sunwest) requests that every employee disclose whether they are subject to a wage assignment to provide child support. If an employee has multiple orders, the employee shall provide Sunwest with a copy of each order. On the disclosure of an obligation to pay child support along with a copy of the order, Sunwest shall begin withholding the support payments according to the terms of the order. An employee who is ordered to pay child support and who fails to comply with this request is guilty of a class 3 misdemeanor.

Are you subject to a wage assignment order to provide child support? **Yes** ____ If yes, please attach a copy of the order of assignment

No ____

By signing this request, I certify that the information presented in this request is true and accurate.

Employee Signature

Date

Employee Name (Printed)

Name of Work-Site Employer