



## Manpower Checklist for Work Experience Program

- ( ) Placement Request
- ( ) Complete Employment Packet:
  - ( ) Application
  - ( ) Employment Agreement
  - ( ) Federal W-4 (Manpower only needs page 1 back)
  - ( ) Maine W-4 (Manpower only needs page 1 back)
  - ( ) I-9 (Worker/Translator completes Section 1. Employee Information and Attestation. Counselor or DVR representative acts as Authorized Representative, reviews IDs and completes Section 2. Employer or Authorized Representative Review and Verification including certification and signatures)
    - ( ) Send Manpower copy of ID only if a document from List A. of the I9 is used
  - ( ) Read & review Training and Policy Handbook, sign and return Acknowledgement Receipt of Associate Training and Policy
  - ( ) Complete WOTC screening online
  - ( ) Payment Election Enrollment Form

### Safety Orientation checklist & review

- ( ) Register with Peoplenet/Bullhorn Time and Expense
- ( ) Obtain Manpower's clearance email giving worker the ok to start along with Injury reporting card. Worker cannot start until clearance is received from Manpower



Manpower®

# Employment Application

## Manpower is an Equal Opportunity Employer.

First Name:		Last Name:		Middle Initial:
Mobile Phone:	Other Phone:		Email:	
Primary Address:				Apt:
City:	State:	Zip:		
Pay Address (If Different from Above):				Apt:
City:	State:	Zip:		
Date of Birth (month and day only):		____ / ____	Last 4 of SSN:	
Are you at least 18? <input type="checkbox"/> yes <input type="checkbox"/> no		Are you legally authorized to work in the US? <input type="checkbox"/> yes <input type="checkbox"/> no		
If permitted by law are you willing to take a drug test? <input type="checkbox"/> yes <input type="checkbox"/> no				
Emergency contact name:			Phone:	
Have you ever worked for any Manpower office? <input type="checkbox"/> yes <input type="checkbox"/> no			If yes, where:	
How did you hear about Manpower:			Referred by:	

## Work History (list current or most recent first)

From: ____ ____ Mo Yr	To: ____ ____ Mo Yr	Employer:	City, State:
Phone:		May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no	Supervisor:
Job title:		Reason for leaving:	
From: ____ ____ Mo Yr	To: ____ ____ Mo Yr	Employer:	City, State:
Phone:		May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no	Supervisor:
Job title:		Reason for leaving:	
From: ____ ____ Mo Yr	To: ____ ____ Mo Yr	Employer:	City, State:
Phone:		May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no	Supervisor:
Job title:		Reason for leaving:	

## Education (provide information for secondary and higher if applicable)

School Name	City, State, Country	Degree
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I hereby certify that the information provided in this application is true and correct. I understand that my employment may be terminated immediately upon discovery that any information is false.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Employment Agreement

**Release of liability for background information and authorization to contact references.** I hereby release all persons or entities listed on my application from all liability for damages for giving any background information to Manpower or its authorized agents. This release also extends to persons or entities having information about me that is relevant to any position for which I am considered. I also release Manpower from any liability for sharing such information with relevant parties including but not limited to branch offices, subsidiaries or Manpower clients. Finally I authorize Manpower to ask the persons or companies listed as references on my application any questions concerning my work habits, skills, or my conduct on the job, unless I have indicated on my application that I do not want the reference to be contacted.

**Employment-at-will.** I agree that if I am employed by Manpower, now or at any time in the future, my employment may be terminated by Manpower at any time without liability to me for wages or salary except for such wages or salary which I earned prior to the date of my termination. I understand that my employment with Manpower is at-will and that my assignment and/or employment can be terminated for any reason with or without cause and with or without notice.

**Consent for physical examination if injured.** I agree that if, at any time, I make claims against Manpower for personal injuries, including but not limited to, workers compensation claims, I will upon request, submit to an examination by a physician of Manpower's choice, at Manpower's expense, as often as may be requested.

**Sharing information.** Manpower's clients, affiliates, suppliers, subcontractors, and/or other Manpower entities may, on occasion, require information contained in any document associated with my employment with Manpower, including my social security number. I grant Manpower permission to share this information. This permission shall not apply to medical records or other records to which the privacy provisions of the Health Insurance Portability and Accountability Act (HIPAA) apply. For more information regarding Manpower's privacy practices, please request a Manpower Privacy Notice for U.S. Residents or visit our web site at [us.manpower.com/privacy](http://us.manpower.com/privacy).

**Deduction for payments made in error.** In the event Manpower pays me any money in error, I hereby give Manpower permission to deduct payments from any compensation due and owing me in repayment, as permitted under state law. If a state law requires specific permission at the time the deduction is made, I agree to provide the necessary permission for payroll deductions.

**Temporary assignments dependent on client need.** The completion of Manpower's application process shall constitute a conditional offer of employment subject to an acceptable background check and/or a drug screen if required by a client, my availability, and the availability of client assignments calling for the skills and qualifications which I possess. I understand that completion of the application process does not guarantee that an assignment will be offered to me and that the availability of an assignment through Manpower is subject to client needs.

**Availability policy.** This policy only applies after you have been on at least one assignment with Manpower. To maintain employment status with Manpower, you must keep us informed as to your availability. When you complete an assignment, notify Manpower by phone within 48 hours (exceptions noted below), and then every week until you are placed on a new assignment, to inform us of your availability status. If you do not contact us, then we will consider you unavailable for work and to have voluntarily resigned from employment. (Exceptions: Associates who work in IOWA must contact Manpower within 3 working days after assignment completion. Associates who work in MICHIGAN must contact Manpower within 7 working days after assignment completion. Associates who work in MINNESOTA must contact Manpower within 5 working days after assignment completion.)

**Intellectual Property.** Any and all discoveries, inventions (including but not limited to improvements or modifications) or literary or other works relating to the work you perform while on assignment or suggested by matters disclosed in conjunction with your assignment, whether or not patentable, copyrightable or otherwise subject to registration or protection which are made or conceived by you, solely or jointly with others, are works made for hire and shall be the property of Manpower or its designee. You must agree to provide Manpower or its designee with a complete written disclosure of each invention, discovery, literary or other work and further agree to sign necessary documents and give Manpower or its designee all other reasonable assistance necessary to perfect and maintain whatever rights Manpower or its designee deem appropriate, without charge to Manpower or its designee but without expense to yourself.

**Waiver of Manpower client benefits.** In consideration of a temporary assignment with a Manpower client, I agree that I am solely an associate of Manpower for any benefits plan purposes and that I am eligible only for such benefits as Manpower may offer to its associates. I further acknowledge and agree that I am not entitled to benefits under any plans or programs offered by a Manpower client (or its parents, affiliates, subsidiaries, or successors), regardless of the length of my assignment with a Manpower client, and regardless of whether I am held to be a common-law employee of a client for any purpose. THEREFORE, WITH FULL KNOWLEDGE AND UNDERSTANDING, I HEREBY EXPRESSLY WAIVE ANY CLAIM OR RIGHT THAT I MAY HAVE NOW OR IN THE FUTURE, TO ANY SUCH BENEFIT, INCLUDING BUT NOT LIMITED TO, 401(K) AND OTHER SAVINGS PLANS, STOCK PURCHASE, PENSION, DEFERRED COMPENSATION, TRAVEL REIMBURSEMENT, SEVERANCE, FLEXIBLE BENEFITS, LIFE INSURANCE, SHORT-TERM AND LONG-TERM DISABILITY PLANS, AND I HEREBY WAIVE MY RIGHTS TO RECEIVE ANY SUCH BENEFITS. THIS WAIVER DOES NOT APPLY TO ANY BENEFITS PREVIOUSLY ACCRUED UNDER THE CLIENT'S BENEFITS PLANS.

**Authorization to transfer records.** I authorize Manpower to transfer my employment records between offices, whether branch or franchise owned, based on my request, my relocation, or another business factor.

**Information true and correct.** I hereby certify that the information provided in the application is true and correct. I understand that my employment may be terminated immediately upon discovery that any information is false.

I hereby certify that I have read the terms of this Employment Agreement, I understand them, and I hereby agree to these terms.

Signature:

Date:

# Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

**Step 2: Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Reserved for future use.

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

**TIP:** If you have self-employment income, see page 2.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 . . . . . \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$ _____
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$ _____

**Step 5: Sign Here**

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

\_\_\_\_\_  
**Employee's signature** (This form is not valid unless you sign it.)

\_\_\_\_\_  
**Date**

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

## General Instructions

Section references are to the Internal Revenue Code.

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 **and** you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2023 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2024.

**Your privacy.** If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

If you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$27,700 if you're married filing jointly or a qualifying surviving spouse; \$20,800 if you're head of household; \$13,850 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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 with no other entries on the form; 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 territories 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.

**Married Filing Jointly or Qualifying Surviving Spouse**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,600	3,760	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600

**Form  
W-4ME**

**MAINE  
Employee's Withholding Allowance Certificate**

1. Type or print your first name _____ M.I. _____ Last name _____ Home address (number and street) _____ City or town _____ State _____ ZIP code _____	2. Your social security number _____ 3. <input type="checkbox"/> Single or Head of Household <input type="checkbox"/> Married <input type="checkbox"/> Married, but withholding at higher single rate <b>Note:</b> If married but legally separated, or spouse is a nonresident alien, check the single box.
--	---

4. Total number of allowances you are claiming on the Personal Allowances Worksheet, line E below .....4.	
5. Additional amount, if any, you want withheld from your paycheck.....5.	\$

6. If you **do not want any** state income tax withheld, check the appropriate box that applies to you (you must qualify - see instructions below). By signing below, you certify that you qualify for the exemption that you select:
- a. You claimed "Exempt" on your federal Form W-4 ..... 6a.
  - b. You wrote "No Withholding" on your federal Form W-4P ..... 6b.
  - c. You are a resident employee with no Maine tax liability in prior and current years ..... 6c.
  - d. You are a recipient of periodic retirement payments with no tax liability in prior and current years ..... 6d.
  - e. Your spouse is a member of the military assigned to a location in Maine and you qualify for exemption under the Military Spouse's Residency Relief Act. You must attach supporting documents. See instructions. .... 6e.
7. Check this box if you are an enrolled tribal member residing on tribal land in Maine and you are claiming an exemption from Maine withholding on the wages, salaries, or other compensation derived from or connected with sources on tribal land in Maine (that is, wages, salaries, or other compensation **for work performed on tribal land in Maine**). See instructions for additional information. .... 7.

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances or the exemption claimed on this certificate.

**EMPLOYEE'S/PAYEE'S SIGNATURE**

(Form is not valid unless you sign it.) ▶

Date ▶

<b>TO BE COMPLETED BY EMPLOYER/PAYER</b> (see instructions). <b>Complete lines 8 through 11 only if sending to Maine Revenue Services.</b>	
8. Employer/Payer Name and Address	9. Identification Number
10. Employer/Payer Contact Person	11. Contact Person's Phone Number ( ) -

----- Cut here and give the certificate above to your employer. Keep the part below for your records. -----

<b>Personal Allowances Worksheet - for line 4 above</b>	
A. Enter "1" for yourself if no one else can claim you as a dependent. ....	A. _____
B. Enter "1" for your spouse if you will file as married filing jointly. 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 avoid having too little tax withheld).....	B. _____
C. Enter "1" if you will be filing as Head of Household.....	C. _____
D. Enter the number of children and dependents eligible for the federal child tax credit or the federal credit for other dependents .....	D. _____
E. Add lines A through D. (Maximum number of allowances you may claim).....	E. _____

## Employee/Payee Instructions

**Purpose:** Complete Form W-4ME so your employer/payer can withhold the correct Maine income tax from your pay. Because your tax situation may change, you may want to recalculate your withholding each year.

**Line 3.** Select the marital status that applies to you. You must select the same marital status you selected on your federal Form W-4, except that married individuals have the option of withholding at the higher single rate. If you selected married filing separately on your federal Form W-4, you should select single. Nonresident aliens are required to check the single box regardless of actual marital status.

**Line 4.** If you qualify for one of the exemptions from Maine withholding listed on line 6, complete lines 1, 2, 3, and 6, and sign the form. Otherwise, complete the Personal Allowances Worksheet above. You may claim fewer allowances than you are entitled to, but you must file a Personal Withholding Allowance Variance Certificate to obtain permission from the State Tax Assessor if you want to claim more allowances than allowed on line E above.

### Exemptions from Maine withholding:

**Line 6a.** You may check this box if you claimed “Exempt” on your federal Form W-4. Do not check this box if you want Maine income taxes withheld even though you are exempt from federal withholding.

**Line 6b.** You may check this box if you completed federal Form W-4P and wrote “No Withholding” in the space below Step 4(c). Do not check this box if you want Maine income taxes withheld even though you are exempt from federal withholding.

**Line 6c.** You may elect this exemption if you are a resident employee receiving wages and you meet both of the following conditions:

1. You had **no** Maine income tax liability last year, **and**
2. You reasonably expect to have **no** Maine income tax liability this year.

This exemption will expire at the end of the year and you must complete a new Form W-4ME for next year or you will be subject to Maine withholding at the maximum rate.

**Line 6d.** You may elect this exemption if you receive periodic retirement payments pursuant to Internal Revenue Code, Section 3405, you had no Maine income tax liability in the prior year and you reasonably expect you will have no Maine income tax liability this year. This election will remain in effect until you complete a new Form W-4ME.

**Line 6e.** If you are the spouse of a member of the military, you may

claim exemption from Maine withholding if you meet the following requirements:

1. Your spouse is a member of the military located in Maine in compliance with military orders.
2. You are in Maine solely to be with your spouse.
3. You and your spouse have the same domicile in a state other than Maine.
4. You attach a copy of your spouse’s latest Leave and Earning Statement reflecting an assignment location in Maine.
5. You present your military ID to your employer. The ID must identify you as a military spouse.

Your exemption will expire at the end of the calendar year during which you submit Form W-4ME claiming the exemption, at which time you must complete and submit a new Maine Form W-4ME for the new year.

**Line 7.** You may check this box if you meet all of the following requirements:

1. You are an enrolled member of the Houlton Band of Maliseet Indians, the Passamaquoddy Tribe, or the Penobscot Nation (“tribal member”);
2. You reside on land within the Houlton Band Trust Land, the Passamaquoddy Indian territory, or the Penobscot Indian territory (“tribal land”). See 36 M.R.S. § 5102(5-A) for a definition of “tribal member residing on tribal”; and
3. You earn wages, salaries, or other compensation derived from or connected with sources on tribal land in Maine (that is, wages, salaries, or other compensation **for work performed on tribal land in Maine**).

By checking the box on line 7 and signing Form W-4ME, you certify that you qualify for the exemption.

This exemption will remain in effect until you complete a new Form W-4ME. If your situation changes, and the exemption is no longer valid, you must provide a new Form W-4ME to your employer.

**This exemption does not apply to wages, salaries, or other compensation earned for work performed in Maine outside of tribal land.** You must complete lines 1 through 4 for purposes of determining the withholding rate on any wages that are not exempt from Maine income tax withholding.

**Note:** You may be subject to penalty if you do not have sufficient withholding to meet your Maine income tax liability.

### Notice to Employers and Other Payers

Maine law requires employers and other persons to withhold money from certain payments, most commonly wages, retirement payments and gambling winnings, and remit to Maine Revenue Services for application against the Maine income tax liability of employees and other payees. The amount of withholding must be calculated according to the provisions of MRS Rule 803 (See [www.maine.gov/revenue/rules](http://www.maine.gov/revenue/rules)) and must constitute a reasonable estimate of Maine income tax due on the receipt of the payment. Amounts withheld must be paid over to Maine Revenue Services on a periodic basis as provided by 36 M.R.S. Chapter 827 (§§ 5250 - 5255-B) and MRS Rule 803 (18-125 C.M.R., ch. 803).

### Employer/Payer Information for Completing Form W-4ME

An employer/payer is required to submit a copy of Form W-4ME, along with a copy of any supporting information provided by the employee/payee, to Maine Revenue Services if:

- A. The employer/payer is required to submit a copy of federal Form W-4 to the Internal Revenue Service either by written

notice or by published guidance as required by federal regulation 26 CFR 31.3402(f)(2)-1(g); or

- B. An employee performing personal services in Maine furnishes a Form W-4ME to the employer containing a non-Maine address and, for any reason, claims no Maine income tax is

## Employer/Payer Information for Completing Form W-4ME - Continued

to be withheld. This submission is not required if the employer reasonably expects that the employee will earn annual Maine-source income of less than \$3,000 or if the employee is a nonresident working in Maine for no more than 12 days for the calendar year and is, therefore, exempt from Maine income tax withholding.

Submit copies of Form W-4ME directly to the MRS Withholding Unit separately from any other tax filing.

Employers/Payers must complete lines 8 through 11 only if required to submit a copy of Form W-4ME to Maine Revenue Services.

- ✓ Line 8 Enter employer/payer name and business address.
- ✓ Line 9 Enter employer/payer federal identification number (EIN and/or SSN).
- ✓ Line 10 Enter employer/payer contact person who can answer questions about withholding (i.e. human resources person, company officer, accountant, etc.).
- ✓ Line 11 Enter employer/payer contact person's phone number.

---

### Important Information for Employers/Payers

**Missing or invalid Forms W-4, W-4P or W-4ME.** If any of the circumstances below occur, the employer or payer must withhold as if the employee or payee were single and claiming no allowances. Maine income tax must be withheld at this rate until such time that the employee or payee provides a valid Form W-4ME.

- (1) The employee/payee has not provided a valid, signed Form W-4ME;
- (2) The employee's/payee's Form W-4 or W-4P is determined to be invalid for purposes of federal withholding;
- (3) The Assessor notifies the employer/payer that the employee's/payee's Form W-4ME is invalid; or
- (4) The employee's/payee's Personal Withholding Allowance Variance Certificate has expired, a new variance certificate has not been approved and submitted to the employer/payer and the payee has not provided the payer with a valid Form W-4ME.

**Exemptions from withholding Form W-4ME, lines 6 and 7.** Generally, employers/payers must withhold from payments subject to Maine income tax unless an exemption is claimed on line 6 or 7.

**Federal exemption from withholding** (lines 6a and 6b). An employee/payee who is exempt from federal income tax withholding is also exempt from Maine income tax withholding. The employee/payee must check the applicable box on line 6. An employee/payee exempt from federal withholding that wants Maine withholding must leave line 6 blank. See the instructions for line 6d for recipients of periodic retirement payments who are exempt from federal income tax withholding.

**Resident employee exemption from Maine withholding** (line 6c). A resident employee who is subject to federal income tax withholding is exempt from Maine income tax withholding if the employee had no Maine tax liability for the prior year and expects to have no Maine tax liability for the current year. The exemption on line 6c expires at the end of each year. If the employee fails to submit a new Form W-4ME for the next calendar year, the employer must begin withholding at the single rate with no allowances.

**Withholding from payments to nonresident employees.** An employee who is exempt from Maine income tax because of the nontaxable thresholds applicable to nonresidents is not required to complete and submit Form W-4ME; however, an employee becomes subject to Maine income tax withholding immediately upon exceeding a threshold at any time during the year. Because all income earned in Maine is taxable by Maine once a threshold is exceeded, employers should work with affected employees to ensure that Maine withholding is adequate to cover Maine income tax liability for the year. This may require the employee submitting a new Form W-4ME with the employer.

**Withholding exemption for periodic retirement payments** (line 6d). Recipients of periodic retirement payments as defined by IRC § 3405 that are subject to federal income tax withholding are exempt from Maine income tax withholding if the recipient certifies (by checking the box on line 6d) that he or she had no Maine income tax liability for the prior year and expects to have no Maine income tax liability for the current year. The exemption remains in effect until the recipient submits an updated Form W-4ME.

**Exemptions under the Military Spouse's Residency Relief Act (MSRRA).** If the box on line 6e is checked, the employer must:

- (1) Ensure that a copy of the military member's Leave and Earnings Statement (LES) is attached, and verify that the assignment location entered on the LES is a location in Maine; and
- (2) Review the employee's military ID to ensure that the date on the ID is not more than four years prior to the date on the employee's Form W-4ME, and that the ID denotes the employee as a current military spouse.

An exemption claimed on line 6e expires at the end of the calendar year. If the employee does not submit a new Maine Form W-4ME, the employer must begin withholding for the first pay period in the following year at the maximum rate (single with one allowance).

See the employee instructions for line 6e above for more information about this exemption.

**Withholding from payments to tribal members who reside and work on tribal lands (line 7).** An employee is exempt from Maine income tax withholding on wages, salaries, or other compensation derived from or connected with sources on tribal land in Maine (that is, wages, salaries, or other compensation **for work performed on tribal land in Maine**) if the employee checks the box on line 7 and signs Form W-4ME certifying that they are an enrolled tribal member residing on tribal land in Maine. This exemption remains in effect until the recipient submits an updated Form W-4ME.

Employers must withhold from payments that do not meet the requirements of this exemption, such as wages, salaries, or other compensation earned by a tribal member residing on tribal land when the work is performed outside of tribal land.

See the employee instructions for line 7 above and 36 M.R.S. §§ 111(9), 111(10), 5102(5-A), and 5122(2)(ZZ) for more information about this exemption.



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

**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 boxes):**

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
-----------------------	----------------------------------

**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

Employer Completes Next Page



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

**Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.**

**The employee's first day of employment (mm/dd/yyyy):** \_\_\_\_\_ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name Manpower	
Employer's Business or Organization Address (Street Number and Name) 70 Center St		City or Town Portland	State ME	ZIP Code 04101

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.**

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

**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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	<b>OR</b>	<b>LIST B</b> <b>Documents that Establish Identity</b>	<b>AND</b>	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**

# Welcome to the Manpower team!

Every day, all around the world, millions of jobs are filled by Manpower associates, just like you – you play an important role. This Training and Policy Handbook (Handbook) is designed to assist you with questions about your employment. After you review it, **keep this Handbook as a resource**. And remember, your Manpower Representative is always available to answer your questions.



**Our Commitment.** When you become an associate of Manpower, you not only join a team that is committed to quality, but you also become a member of a company that rewards excellence, recognizes individual contributions, provides competitive pay and benefits, encourages professional growth and development, and supports open communication.

## Assignments

When you accept an assignment with Manpower, we'll provide you with an assignment details sheet to prepare you for your new job. This preparation will include:

- The company name, worksite location, and contact information
- Pay rate, start date, and projected length of assignment
- Check-in procedures, work hours, and supervisor's name
- Description of what you'll do on the job
- Timekeeping procedures
- Dress code, including any required Personal Protective Equipment
- Hazard and injury reporting procedures
- Information about free training available to you as a Manpower associate
- Referral bonus details

This is your main source of information in preparing you for your assignment, so feel free to ask as many questions as you wish. We won't pressure you to accept an assignment – the decision is always up to you. When you accept an assignment, remember that we're counting on you to do your best. We will prepare you for your first day, and once you start working, we're available to answer your questions.

**Manpower is Your Employer.** Whether you're on a short- or long-term assignment with our client, you are still a Manpower employee. Call your Manpower Representative to tell us if:

- **You are going to be late or are unable to report to work for any reason. Not showing up for work without first calling us could be cause for termination and make you ineligible for other assignments.**
- You need to give notice and leave your job (at least one-week notice is required so that we may replace you on assignment).
- The work you are asked to do is substantially different from the work described to you by your Manpower Representative.
- The work environment appears unsafe or you feel uncomfortable in any way.
- You are unavailable for a period of time.
- You have changed your address, phone number, email address, or direct deposit account.
- You have learned new skills that may qualify you for more assignments or higher pay.
- **Your assignment ends. You must call us immediately to let us know of your availability for your next assignment and continue to check in weekly to communicate your availability.**
- You feel Manpower's Anti-Harassment/Anti-Discrimination Policy, or other policies, are being violated.

**Workplace Injuries or Incidents.** Of course, we expect that you'll never be injured on the job, however if you are injured, we want you to receive the best, most appropriate care without delay. If you receive a life-threatening injury on the job, 911 should be called. **For all other injuries, follow the process below:**

- Notify your supervisor immediately. Tell them what happened and how you are feeling.
- Notify your Manpower Representative as soon as possible. It is your responsibility to report an injury/incident directly to Manpower.
- The Manpower Representative will ask you for details about the injury/incident and your medical symptoms.
- The Manpower Representative will provide information on Manpower's occupational health provider, should medical treatment be necessary.
- The Manpower Representative will advise you of a date and time to complete Manpower's incident/injury paperwork.

We take your safety and well-being very seriously. Please inform your Manpower Representative any time you are injured, you experience a near-miss, you see unsafe work practices on the job, or you have any safety concerns whatsoever.

## Time Reporting

**It is your responsibility to report your hours worked to ensure that you're paid correctly and on time. Failure to do so may delay your pay.** Making sure you are paid correctly and on time is one of our most important commitments to you, but we need your help. It's your responsibility to report your time by:

- Accurately tracking the time you begin and end work, and how long you take for lunch.
- Accurately reporting all hours worked each week (Manpower's work week is Monday through Sunday).
- Submitting your time for approval by one of the methods included in this Handbook.
- Completing your time report accurately in a timely manner. **Reports submitted late or inaccurately may cause a delay in your pay. In the event you are overpaid, the overpayment will be deducted from future pay.**

Depending upon the company to which you are assigned, you'll be asked to report your time using one of the methods detailed here. **To receive your pay, you are required to enter all of your time using the time capture method communicated to you for each assignment.**

**Electronic Time Reporting.** Manpower provides a convenient and efficient electronic time reporting system, as our standard timekeeping solution. With this tool, you will be required to log your hours and submit your time online, by smartphone, or by telephone. Instructions will be provided at the time of your work assignment. To receive your pay quickly and accurately, enter and submit your time before Sunday at midnight each week.

**On-Site Time Clock.** You may be asked to use a swipe badge, or a paper punch card, to record your "in" and "out" times while on assignment.

**Paper Timeslips.** Instructions for the completion of paper timeslips are included on the timeslip itself. Be sure to legibly complete all information. When complete and signed by your supervisor, **fax the timeslip to Manpower Business Office at 207-774-3714 or 1-800-539-3714, or scan and email it to portland.me-supportcenter@manpower.com.**

**Vendor Managed Systems (VMS).** If you are assigned to a client that uses a VMS, you may be asked to track your time using an online system. Instructions will be provided at the time of assignment.

## Getting Paid

Your pay rate may vary from job to job. Your Manpower Representative will tell you how much the job will pay before you accept the assignment. Your weekly pay is based on your completed, submitted, and approved time. As your employer, Manpower will deduct the necessary FICA and Federal, State, and local (if applicable) taxes, as required by law.

**Direct Deposit Convenience.** Direct Deposit offers you convenient, reliable, safe, and easy access to your paycheck. Manpower provides you with Direct Deposit at no charge. To enroll, complete the Direct Deposit Authorization Form, which is available from your Manpower Representative. Completing and signing this form gives Manpower the authority to deposit your pay to your account.

**PayCard.** This debit card allows you convenient access to your funds at ATMs and retail locations. Note: Your PayCard relationship is with the card provider, not Manpower.

**Paper Check.** Manpower's paper check option is available in special circumstances, but is discouraged, as U.S. Postal Service delays may impact the delivery date of your paycheck.

To ensure prompt deposits and statements, you must contact Manpower immediately if you change your address or financial institution. **Remember: Manpower is your employer. Any questions about your pay must be directed to the Manpower Business Office at: 1-800-539-9900.**

**Our Client Company's Costs.** Our clients are charged an hourly rate that's different from your hourly pay rate. Our client bill rates include the additional costs of selection, administration, employer contributions for Social Security, Unemployment Taxes, Workers' Compensation, insurance, corporate income tax and profit. Only FICA (Social Security & Medicare), and Federal, State, & local taxes (as required by law), as well as mandated deductions, are withheld from your pay.

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## Satisfaction & Recognition

**Job Satisfaction.** Your feedback after an assignment is important to us. From time to time, you may be emailed a Manpower Associate Satisfaction Survey that asks you to rate your current and/or past assignments, job duties, and Manpower's service. **We consider anything below a "9" or "10" rating to be an unsatisfactory rating.** Remember that if, at any time, you have comments or concerns you would like addressed, please contact your local Manpower office.

**Recognition.** It's important to experience a sense of satisfaction and pride, as well as to receive recognition for a job well done. At Manpower, we recognize our associates through programs such as Circle of Excellence, Safe Worker Recognition, and other client-specific programs.

## Benefits

As a Manpower associate, you will find that we offer one of the most comprehensive benefits packages in the industry.

**Paid Holidays.** Manpower associates are eligible to be paid for any of these holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day. To qualify for each paid holiday, you must have worked 1800 hours during the 52 weeks prior to the holiday. You must also be currently working on an assignment at the time of the holiday. Currently working is defined as working during the week ending prior to the holiday and the week ending of the holiday. NOTE: Paid Holidays are not applicable to Wagemaster (client-recruited) associates.

**Maine Earned Paid Leave (EPL).** Manpower associates accrue 1 hour of Earned Paid Leave for every 40 hours worked, up to 40 hours in a calendar year.

- You can use EPL in 1-hour increments after a waiting period of 120 days from your start date.
- Your EPL will be paid at your base rate of pay.
- You may use up to 40 hours of EPL in a calendar year.
- You must be working on an active assignment to use EPL.
- EPL can only be used for time off on days that you are scheduled to work.
- EPL can be used for planned time away, for illness, or for sudden necessity.
  - If EPL is used for illness or sudden necessity, you must notify Manpower **AND** your supervisor at your worksite as soon as possible.
  - If EPL is for planned time away, you must request the time off by completing the EPL form at ManpowerMaine.com at least 2 weeks prior to the planned time away.
- You may carry over up to 40 hours of EPL from one calendar year to the next calendar year.
- If you have unused Earned Paid Leave available at the end of your assignment, the balance will be available to you if you return to work for Manpower within one year. You will lose your unused Earned Paid Leave if you do not return to work for Manpower within one year.

**Health, Dental, and Vision Benefits.** As a Manpower Associate you are eligible to sign-up for health, dental and vision benefits. If you choose to enroll, your benefit(s) are effective the 1<sup>st</sup> of the month following 30 days from your assignment start date. Plan details, costs, contact information and enrollment can be found on our website <https://www.manpowermaine.com/associates> (**password: mpbenefits**) and can be requested at any time by contacting your Manpower Representative.

**Referral Bonuses.** You can earn extra money by helping us find people who are ready to work. Ask your Manpower Representative about the referral program available in your area.

**Career Development.** PowerYOU, Manpower's on-line training and development tool, offers free access to an extensive range of courses and serves as a powerful on-the-job reference tool. Curriculum includes computer, business, and professional development courses. Visit [manpowermaine.com](http://manpowermaine.com) to learn more.

**Employment and Income Verifications.** Manpower provides a program called The Work Number® to provide automated employment and income verifications. If you're buying a home, renting an apartment, applying for a loan or a job, The WorkNumber® will enable you or the verifier to obtain the information you need.

### **How to Use the Work Number®:**

If you need verification of employment only, give the verifier the following information:

- Employer Code: 16500 (Manpower Maine)
- Your Social Security Number

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• The Work Number® Access Options for Verifiers:

- [www.theworknumber.com](http://www.theworknumber.com)
- (800)367-5690

## Safety

Your safety is important to us. Manpower will not knowingly assign or allow any associate to work in an unsafe work environment. Manpower abides by all safety regulations and guidelines set forth in federal, state, and local statutes. Manpower will not tolerate retaliation toward anyone who in good faith reports safety concerns. To make the workplace safe for you and your fellow associates, it's your responsibility to:

- Understand the safe practices for your general work area and your job and follow them.
- Comply with all safe work practices and wear required personal protective equipment for your job assignment.
- Attend and participate in worksite specific training
- Wear clothes appropriate to the job you'll perform. If you have questions about what to wear – or what not to wear – ask your Manpower Representative.
- Immediately report all unsafe working conditions to your supervisor, as well as to your Manpower Representative.
- Operate only those machines, tools, or vehicles that your Manpower Representative has indicated are part of your assignment and for which you've received instruction or training.
- Notify your Manpower Representative of any requested changes in your job duties or if you're asked to operate equipment or perform a task for which you have not been trained.
- If you are asked to perform a task which you feel is unsafe, contact Manpower immediately. If you're working during a time when you're unable to reach your Manpower Representative, inform the client that you cannot perform those tasks without approval from Manpower. Then, contact your Manpower Representative as soon as possible.
- If you receive a life-threatening injury, 911 should be called.
- If you receive a non-life-threatening injury, notify your supervisor, and contact your Manpower Representative as soon as possible.

## Safety Training

**Hazard Communication - Global Harmonization System (GHS).** This Occupational Safety and Health standard is intended to address the classifying of potential hazards of chemicals and the proper communication of information concerning the hazards and protective measures to employees. Manpower provides you with an overview of the Hazard Communication requirements. You will receive specific chemical information and training at the job site. There are five major components to this OSHA standard:

1. **Hazard Communication Written Program.** Manpower's client is responsible for developing, maintaining, and implementing, a written hazard communication program for the workplace, this includes a list of hazardous chemicals present in the workplace, labeling of containers, safety data sheets and how the worksite will train all employees.
2. **Chemical Inventory.** Manpower's client is required to identify and maintain a list of hazardous chemicals in the workplace. This inventory is generally an electronic list of chemicals in the work environment. You, as an associate, have a right to review this inventory list. Ask your supervisor.
3. **Labeling.** Chemical manufacturers and importers are required to provide a label for each chemical that includes a harmonized signal word, pictogram and hazard statement for each hazard class and category. Never handle a container if you do not know what it contains.
4. **Safety Data Sheet.** Each worksite is required to maintain a safety data sheet for each hazardous chemical and make each one accessible to all associates. The safety data sheets have a specified 16-section format that must be completed by the manufacturer and accompany the shipment of the chemical to the client worksite.
5. **Associate training.** OSHA requires training be provided to all associates who will be working around or have the potential to be exposed to hazardous chemicals. Manpower's orientation includes training on the overview of the hazard communication standard, labeling requirements, and safety data sheets. You will receive client specific hazard communication training upon your arrival at the work location.

**Lifting.** It is important for each of our associates to be aware of the basics of safe lifting to avoid injury. Follow the steps below:

1. Size up the load. Test the weight by moving one of the corners to determine if it is too awkward or heavy to lift alone. Get assistance from a co-worker or break down the load into smaller parts.
2. Make sure you can carry the load where you need to go before attempting to move it. Make sure your pathway is clear from obstruction.

3. Bend your knees. This is the single most important rule when lifting. Position your feet close to the load, center yourself over the load, bend your knees and get a good handle on the load, straighten your legs, and lift straight up. Allow your legs, not your back, to do the work. Do not twist; turn your whole body. When setting the load down, follow the same steps in reverse.
4. When moving product always push and do not pull where you are able, pushing places less stress on your back

**Lockout/Tagout.** Lockout/Tagout is a procedure used by personnel conducting work on equipment or machinery. The procedure and placement of a lock and tag is designed to disable the machine or equipment and to eliminate all energy sources from machinery or equipment. Lockout/Tagout utilizes the use of a lock and a tag that identifies the individual who is conducting the necessary repairs and/or maintenance. Manpower associates are to never remove a lock or tag from a piece of equipment or machinery, unless specifically authorized to do so.

**Distracted Driving.** Manpower associates may not use a hand-held cell phone or other hand-held electronic device while operating a vehicle – whether the vehicle is in motion or stopped at a traffic light. This includes, but is not limited to, engaging in phone calls, emails, instant messaging, text messaging and web surfing. If associates need to use their phones or other devices, they must pull over safely to the side of the road or another safe location.

**Video Display Terminal (VDT).** Associates with the primary task of operating a terminal for more than four (4) consecutive hours, daily, exclusive of breaks, are required per Maine law; MRSA Title 26, Chapter 5, Subparagraph 2A to receive training. The Law and standard require the Video Display Terminal, Maine Department of Labor poster be prominently displayed in each affected work location.

Ergonomics is defined as the practice of designing jobs and workplaces to match the capabilities and limitations of the human body. A VDT workstation should be designed to provide the user with a comfortable sitting/standing position while allowing the user to reach the keyboard and documents and easily observe the screen. Primary work should be within reach when your arms are in the neutral position at your workstation, this is directly in front of you and both to the immediate left and right. Secondary work should be placed no further than an arm's length away.

1. **Your Chair:** Height should be adjusted so feet rest flat on the floor or footrest. Arms should rest at a 90-degree angle to the keyboard. Bases of knees should not rest directly on the chair cushion. The lower back should be well supported.
2. **The Screen:** The top of the screen should be just below eye level, so the head remains neutral. The VDT screen should be at arm's length from the sitting position. Avoid glare by using a glare screen or by shielding windows.
3. **Keyboard:** Forearms should be parallel to the floor in an "L" shape. Wrists should be straight on the home row keys and in a relaxed and neutral position.
4. **Work Surface:** Wrists should not rest on the edge surface. Use a document holder to position the document at the same height and distance as the VDT screen.

**Proper Posture at your VDT:** It is important to maintain proper posture at a VDT workstation to work most effectively while avoiding fatigue and strain. Holding the body in an upright position requires special attention to your head, shoulders and back. These body parts are flexible and very heavy, so it is often difficult to hold them steady with a minimum of stress to the surrounding joints and muscles. To keep these stresses to a minimum, it is important to do the following:

1. **Your Head:** Keep your head in an upright position. Leaning forward or back could cause strain to your neck and shoulders. Having your computer screen and document at eye level will aid in keeping your head in the correct position.
2. **Your Shoulders:** Shoulder muscles work harder and are at higher stress levels when rounded forward. To lessen fatigue, allow for shoulders to drop to a relaxed position. If your shoulders feel raised, you may find your chair or keyboard is too high.
3. **Your back:** Leaning forward may feel more relaxing than sitting in an upright position, however, a forward lean adds strain to back muscles. You should be able to sit in your chair with your back against the backrest and work comfortably in an upright position.

**Exercises and Stretches at Your VDT:** In addition to good posture, exercises and stretches are instrumental in keeping a VDT operator healthy by reducing stress, aiding circulation, alleviating cumulative muscle fatigue, and ultimately, preventing injuries. Simple exercises can be done at your workstation as needed. The important thing to remember is that you do not need to wait until your scheduled break or lunch hour to take a stretch break of a minute or two. We recommend you do the following at least once per hour:

1. **Neck Exercises:** Tip your chin in and slowly roll chin across chest from shoulder to shoulder. With body facing forward, turn and look over each shoulder.

2. **Back and Shoulders:** Stand and lean back with your hands holding your lower back or hips. Hold for a few seconds. Hold your arms straight out in front of you and rotate your arms so the backs of your hands face each other, slowly rotate so that palms face each other. Bend from side to side with your arm raised over your head. Circle shoulders forward and then backward.
3. **Hands and Wrists:** While sitting or standing, drop your arms to your sides and shake your arms and hands for a few seconds. Spread your fingers wide and circle your wrists inward and then outward. Press your palms together as in a prayer position. Gently apply pressure by raising your elbows, then release.

Manpower has a Video Display Terminal Workstation Evaluation Checklist available that can be used as a guide to ensure proper equipment, posture, and placement. Reach out to your supervisor and your Manpower representative should you have questions or experience discomfort with the workstation.

## Policies

It's essential that you thoroughly understand Manpower's policies. Please review the policies presented here and indicate your understanding and acceptance of these policies by signing the acknowledgement.

**Equal Employment Opportunity.** Manpower does not discriminate against any individual based on age, race, religious beliefs, national origin, gender, sexual orientation, genetic information, disability, veteran status, or any other status protected by law. Equal employment opportunity is the law; it is also an extension of our core values. We care about people and the role of work in their lives, and we recognize everyone's contribution to our success. Any employee who believes that he or she has been discriminated against in violation of this policy, either by Manpower or by a Manpower client should immediately report this to his or her Manpower representative as soon as possible.

**Family & Medical Leave Act.** Manpower's Family and Medical Leave Act (FMLA) Policy complies with the Federal FMLA and applicable state laws. Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care.
- To bond with a child (leave must be taken within one year of the child's birth or placement).
- To care for the employee's spouse, child, parent, grandchild, or a domestic partner's grandchild, who has a qualifying serious health condition.
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job.
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness. An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule. Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave. Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions. An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months,
- Have at least 1,250 hours of service in the 12 months before taking leave,\* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

\*Special "hours of service" requirements apply to airline flight crew employees.

Generally, employees must give 30-days' advance notice to the employer (Manpower) of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures. Employees do not have to share a medical diagnosis but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified. Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility. Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer. The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

**Drug and Alcohol Policy.** Manpower is committed to providing and maintaining a healthy and safe workplace free from the effects of drugs, alcohol and other substances that impair an employee's ability to work safely and productively. Employees are prohibited from using or possessing alcohol and illegal drugs either at work or while working, including all forms of marijuana. For the purposes of this policy, illegal drugs are drugs that are illegal under either state or federal law.

Employees must report to work in a fit and safe condition and any employee who is impaired by alcohol or illegal drugs while working or at work may be disciplined, including the possibility of termination. A supervisor may determine that an employee is impaired by observing the employee's behavior. Examples of the symptoms of impairment include lack of coordination or balance, impact on the employee's eyes (e.g., red, bloodshot, dilated pupils, glassy, etc.), slurred speech, the odor of marijuana or alcohol, lack of focus and/or other unusual behavior. If impairment is demonstrated, appropriate action will be taken.

The legal use of prescription medications by an employee is permitted while working provided that it is done under the supervision and approval of a medical provider, and such use does not impair an employee's ability to perform the essential functions of the job in a safe manner. The use and possession of medical marijuana is not permitted while working.

Certain Manpower customers, but not all, may require a Manpower applicant to undergo alcohol and/or other drug screening as a pre-assignment condition. Testing methods may include urine and/or saliva testing. Any associate whose supervisor has a reasonable suspicion that the associate is in violation of this policy may be required to undergo a drug/alcohol test as permissible under state law. A complete copy of Manpower's Substance Abuse Testing Policy may be obtained from your Manpower Representative. If you have questions about this policy or issues related to drug or alcohol use at work, please ask your Manpower representative.

- By signing the "Acknowledgement Receipt of Associate Handbook & Training Manual and Safety Policies", I hereby voluntarily authorize and consent to being subjected to drug and/or alcohol testing as provided by Manpower's approved substance abuse testing policy or any of their client's approved policies. I understand that I may be required to be drug tested for each assignment. I also authorize and consent to the release of the results of such drug and/or alcohol tests to employees, agents and representatives of Manpower, the client and drug testing laboratories.
- If I have been on an assignment for Manpower previously, I waive the applicable requirements for "employees" under the Maine Substance Abuse testing statute and rules and agree to be subject to the approved drug testing policy of the company I am assigned to, so long as I have not been assigned to work at that company in the 30 days prior to the date I sign this document. No adverse action will be taken against any individual for refusing to sign the waiver, except that the individual will not be permitted to work for that client company.
- I hereby release and hold Manpower's medical facilities, testing laboratories and medical review officers harmless for their parts in the administration of this program and for their release of any related information to Manpower and its clients, consistent with this program. I also release and hold harmless Manpower, their officers and employees, and their clients, for their parts in the administration of this program and for their use of the information described above for the purposes described above. In the event that an assignment with Manpower

for which I am applying entails the provision of services to Manpower clients or other entities, I agree that Manpower may disclose alcohol and other drug screen results (or any summaries thereof) to any such clients or other entities.

**Violence-Free and Harassment-Free Workplace.** Manpower is strongly committed to providing a violence-free workplace and has adopted a zero-tolerance policy. Violence, threats of violence, or intimidation of Manpower staff or associates, vendors, or client employees will not be tolerated. Examples include, but are not limited to:

- hitting, shoving, or threatening harm to an individual or his/her family, friends, or associates.
- the intentional damage or destruction of, or threat of damage or destruction to, property.
- harassing or threatening using phone calls, surveillance, stalking, or social media.
- the suggestion or intimation that violence is appropriate.
- possession or use of firearms or weapons. Possession or use of firearms or weapons under any circumstances on Manpower or client company property or elsewhere in connection with your employment will not be tolerated, consistent with applicable state laws. Manpower prohibits weapons in the workplace. Violations of this policy may result in termination of employment.

If you experience an actual or perceived threat of physical violence including intimidation, harassment, or coercion, immediately report the incident to your manager/supervisor and your Manpower Representative. In life-threatening or emergency situations, call 911.

**Solicitation/Distribution/Loitering.** This policy applies to solicitation, distribution, and loitering in and on Manpower and our client company premises. Solicitation and distribution of literature and other materials by Manpower associates on Manpower's or our clients' premises for any purpose is prohibited during work time. Distribution is also prohibited at all times in Manpower's or our clients' working areas. "Work time" is the time when the person doing the soliciting or distributing, or the person being solicited or receiving the distribution, is or should be working. "Work areas" are those areas where associates and employees are regularly assigned to work duties, confer about work-related issues, or conduct business. This policy must be followed concurrently with any solicitation or distribution policies maintained by Manpower's clients, which may be more specific than this policy. Additionally, you are expected to be at client worksites only during your working hours. Any violation of this or a Manpower clients' policy may result in discipline, up to and including termination of an assignment or employment with Manpower. Any violation of this or a Manpower clients' policy may result in discipline, up to and including termination of an assignment or employment with Manpower.

**Wiretapping, Eavesdropping and Recording.** Permitting Manpower Associates to record or otherwise eavesdrop on each other in the workplace risks damaging employee morale and other legitimate business interests of Manpower and its clients. Surreptitious audio and video surveillance also may violate reasonable expectations of privacy of associates and others in the workplace at Manpower or at a client location. Furthermore, recording may put the Manpower's and clients' confidential business information at risk. For example, an associate could capture client trade secrets on a smart phone that might later be lost or stolen, thereby potentially compromising those trade secrets.

Therefore, associates are prohibited from recording audio or video on Manpower or client premises without permission from Manpower's Legal Counsel. Additionally, associates may not record or eavesdrop on work-related conversations without the consent of all participants in the conversation. This applies to conversations in any form, including electronic communications. For example, without consent, associates may not listen in on work-related telephone calls, intercept instant messages, or auto-forward emails of other employees to themselves.

Associates do not have to participate in a conversation that is being recorded without their consent and can refuse to have a discussion with anyone who insists on such recording. Associates should report recording that takes place without their consent to their Manpower Representative. Please note that in some circumstances, for example when call center associates answer calls on recorded lines, recording may be a condition of employment. Any violation of this policy may result in disciplinary action, up to and including immediate termination of employment.

**Use of Information Technology Resources.** Because you may perform job tasks on laptops, desktops, network stations, mainframe, and/or other Information Technology (IT) resources that belong to Manpower or our clients, you must comply with these rules. Do not:

- use Manpower's or our client's IT equipment without authorization or for non-job-related activities
- use, or attempt to use, another person's user I.D. for unauthorized purposes, or give your user I.D. or password to an unauthorized person
- add, change, delete, download, upload, or copy software to or from any client equipment
- copy, distribute, or use software or other information without first obtaining permission

- modify the software configuration (e.g., add a screensaver)
- connect, remove, or insert technology components or equipment, including external storage, CDs, modems, memory or processor chips or cards, unless specifically authorized
- move equipment without explicit authorization from the client
- produce, store, display, or transmit material that is or could be perceived as sexually explicit, suggestive, harassing, or vulgar
- use equipment for any activity that is malicious, threatening, intentionally false, obscene, maliciously offensive, or invades another's privacy
- send email to random recipients, email with executable software attached, or email anything that contains or has attached any private, confidential, or proprietary information belonging to either Manpower or our client

Manpower and our clients reserve the right to access and monitor your use of their company property, including the use of company data networks, to determine compliance with their policies. Your failure to comply with these policies may lead to disciplinary action, including termination of employment.

Our clients may have additional and/or more comprehensive policies/procedures/guidelines related to your use of the client's IT equipment. Manpower expects you to familiarize yourself with those policies/procedures/guidelines and direct any questions you have to your Manpower representative.

**Confidentiality.** All information to which you have access while on assignment by Manpower is considered proprietary to Manpower's client companies. You must agree to keep such information confidential and not disclose such information to anyone except those persons expressly authorized to have access thereto. You shall not use or permit the use by others of such information for any purpose(s) other than to perform the work or services as may be directed in conjunction with your assignment.

**Intellectual Property.** Any and all discoveries, inventions (including but not limited to improvements or modifications) or literary or other works relating to the work you perform while on assignment or suggested by matters disclosed in conjunction with your assignment, whether or not patentable, copyrightable, or otherwise subject to registration or protection which are made or conceived by you, solely or jointly with others, are works made for hire and shall be the property of Manpower or its designee. You must agree to provide Manpower or its designee with a complete written disclosure of each invention, discovery, literary or other work and further agree to sign necessary documents and give Manpower or its designee all other reasonable assistance necessary to perfect and maintain whatever rights Manpower or its designee deem appropriate, without charge to Manpower or its designee but without expense to yourself.

**Assignment Availability Policy.** This policy only applies after you have been on at least one assignment with Manpower. **When you complete an assignment, notify your Manpower Representative immediately, and then weekly until you are placed on a new assignment, to inform us of your availability status.** If you do not contact us, then we will consider you unavailable for work.

**Unemployment Compensation.** If you fail to comply with the Assignment Availability Policy listed above, Unemployment Compensation benefits may be denied.

**Manpower Privacy Notice for U.S. Residents.** Manpower cares about the privacy of our applicants, employees, and clients. This notice contains information about how we handle your personal information. We collect and process your personal information for the following purposes where necessary:

- to maintain our contractual or business relationship with you,
- for employment-related services where applicable,
- to tell you about the products and services we offer,
- to contact and correspond with you,
- for the management and defense of legal claims and actions, compliance with court orders and other legal obligations and regulatory requirements, and as otherwise permitted by law.

Manpower may disclose your personal information for these purposes to other Manpower entities, affiliates, suppliers, subcontractors who perform services on our behalf, clients if you are seeking employment, an acquiring organization if Manpower is involved in the sale or transfer of some or all of its business, and where we are otherwise required to do so, such as by court order. Manpower collects, processes, and discloses sensitive personal information, such as Social Security Numbers, only if required to comply with legal obligations, if there is a compelling business reason to do so, or

with your consent. If you would like more information about Manpower's privacy practices, please contact your Manpower Representative.

**Reasonable Accommodation.** Manpower will work with its clients to make reasonable accommodations for the physical and mental disabilities of otherwise qualified associates unless the accommodation would impose an undue hardship. Because the need for an accommodation is often not apparent, it is the responsibility of the associate to make Manpower aware of the disability and to request an accommodation. Associates should contact their Manpower Representative regarding any accommodation requests. An associate may be asked to provide medical evidence to support the need for such accommodation.

**Anti-Harassment/Anti-Discrimination.** All Manpower associates are entitled to work in an environment that is free from harassment, inappropriate conduct, hostility, and intimidation based on gender, race, color, national origin, pregnancy, sexual orientation, gender identity, age, religion, genetic information, disability, veteran status, or any other basis protected by law.

Manpower strongly disapproves of and will not tolerate inappropriate conduct or harassment of associates by supervisors, co-workers, or others in the workplace, such as customers or vendors. Manpower reserves the right to review harassment that takes place electronically between any parties, via text message, email message, social media, and all other forms of electronic communication. Manpower is committed to complying with all applicable local, state, and federal laws prohibiting harassment in the workplace.

While the law may provide for various interpretations of what constitutes illegal harassment, Manpower realizes that any type of inappropriate conduct or harassing behavior based on race, color, gender, religion, age, sexual orientation, gender identity, national origin, disability, veteran status, genetic information, pregnancy, or any other category protected by law is inappropriate in the workplace. Therefore, Manpower will not tolerate any behavior that creates an intimidating, offensive or hostile work environment or that interferes with work performance. Examples of inappropriate conduct or harassing behavior include, but are not limited to racial slurs, ethnic jokes, stereotyping, and/or the display of posters or other materials that are offensive or show hostility to a group or individual based on a protected category as defined above. Included in this policy is a prohibition of sexual harassment. Sexual harassment includes, but is not limited to:

- Unwelcome sexual advances, requests for sexual favors, unwanted physical contact, including touching, patting, pinching, etc., unwelcome comments of a sexual or demeaning nature, the display of sexually offensive posters, pictures, or objects
- Any use of an associate's submission to or rejection of the conduct described above as the basis for employment decisions affecting the employee (such as hiring, firing, promotions, compensation or working conditions)
- Any explicit or implicit implication that submission to such behavior is a term or condition of an individual's employment

Manpower requests that you report all incidents of harassment or inappropriate conduct to your Manpower Representative. Manpower has an open-door policy where all associates should feel free to discuss concerns or other work-related issues with management. Manpower's response to a report or complaint of harassment or discriminatory conduct will include:

- Confidentiality. We will maintain confidentiality to the extent possible under the specific circumstances and in accord with applicable laws.
- Investigation and Discipline. Manpower will promptly and thoroughly investigate all complaints of harassment or inappropriate conduct. If it is determined that inappropriate conduct has occurred, Manpower will provide an appropriate remedy, including, but not limited to, the discipline and/or termination of the offending associate.
- Zero Tolerance of Retaliation. Retaliation will not be tolerated in any form toward anyone who in good faith makes a complaint or participates in an investigation. Retaliation is an adverse action taken against an individual who has engaged in protected activity such as making a complaint or participating in an investigation. Manpower requests that you immediately report all incidents of alleged or perceived retaliation to your Manpower Representative.

Any associate not satisfied with the actions taken or not taken as a result of a complaint can contact April Clark, President of Manpower Maine at (207)784-9353.

**At-Will Employment.** In the state of Maine, employment is "at-will." That means your assignment, and/or your employment, can be terminated for any reason, with or without cause and with or without notice. At the termination of your employment, your employer is not liable for wages or salary, except those you earned prior to the date of termination.

## Tips for Success

Follow these guidelines to be productive and make your assignments with Manpower more enjoyable.

- Be on time every day that you work.
- Introduce yourself to the person to whom you are to report.
- Ask questions to ensure you understand what you're being asked to do. But try to avoid unnecessary conversation and delay.
- Be polite, cooperative, and willing to help whenever you're asked.
- Maintain confidentiality.
- Notify your Manpower Representative of any requested changes in your job duties or if you're asked to operate equipment or perform a task for which you have not been trained.
- Do not make or receive personal calls/texts at work, except in the case of a true emergency. You're allowed to make calls/texts during breaks and lunch periods only.
- Notify your supervisor immediately when you finish your work. Ask if there's more work you can do. If none is given, use your time constructively.
- Wear appropriate attire for your assignment.
- Don't walk off the job. If your job is not running smoothly, call Manpower. We are your employer and can help you with job-related problems. Please keep in close contact with us.
- Report all hours worked, on time, to prevent delays in your pay.
- Follow all Manpower policies, as well as policies at your work location.
- Take advantage of all that Manpower has to offer, including PowerYOU, for free training to advance your career.
- Refer friends and relatives to Manpower – if they work for us, they'll get paid, and so will you!

This Handbook is not intended to be a contract of employment or a guarantee of employment benefits or rights. Manpower reserves the right to modify, suspend, revoke, terminate or change in whole or in part, any of its policies, procedures, practices or benefits at any time, with or without notice.



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# Acknowledgement Receipt of Training and Policy Handbook

I acknowledge that I have received my copy of Manpower’s Training and Policy Handbook (Handbook). I have read and understand its contents. I understand that Manpower is my employer, and that my employment is “at will” and that I may, therefore, resign at any time, for any reason or no reason, and that Manpower may terminate my employment at any time, for any reason. I also understand that nothing contained in the Handbook may be construed to imply a contract or guarantee of continuing employment with Manpower. I understand that Manpower reserves the right to eliminate, modify and improve any and all of its policies and rules at any time, with or without notice.

I have read, understand, consent, and promise to adhere to all Manpower’s Policies and processes contained in the Handbook, including but not limited to: Please check each box, print, and sign the bottom:

- |   |  |
|---|--|
| <input type="checkbox"/> Assignment and Time Reporting Procedures   | <input type="checkbox"/> Solicitation/Distribution/Loitering       |
| <input type="checkbox"/> Workplace Injury & Incident Reporting  | <input type="checkbox"/> Wiretapping, Eavesdropping and Recording  |
| <input type="checkbox"/> Safety and Safety Training: <i>GHS, Lifting, Lockout/Tagout, Distracted Driving, VDT</i> | <input type="checkbox"/> Use of Information Technology Resources   |
| <input type="checkbox"/> Equal Employment Opportunity   | <input type="checkbox"/> Confidentiality and Intellectual Property |
| <input type="checkbox"/> Family and Medical Leave Act   | <input type="checkbox"/> Assignment Availability                   |
| <input type="checkbox"/> Drug & Alcohol Policy and Screening  | <input type="checkbox"/> Unemployment Compensation                 |
| <input type="checkbox"/> Violence-Free and Harassment-Free Workplace  | <input type="checkbox"/> Anti-Harassment and Anti-Discrimination   |
|   | <input type="checkbox"/> At-Will Employment                        |

## Safety Policies

- I understand Manpower is my employer and any incidents, hazards or injuries must be reported to Manpower.
- I am required to comply with safety policies of Manpower and the company where I work.
- I will report any changes in my job duties to Manpower.
- Personal Protective Equipment (PPE) is safety gear used to protect me against physical hazards in the workplace. If I am instructed to use any I will.
- Prior to using any chemical, I will read and understand the Material Safety Data Sheet.
- I understand it is not ok for me to operate machinery or equipment that I have not received training for.
- If I require medical attention for a workplace injury, I will notify Manpower prior to seeking medical care, unless it is an emergency.
- I have reviewed Manpower safety training covered in my employee handbook including Hazard Communication - Global Harmonization System (GHS), Lifting, Lockout/Tagout, Distracted Driving, and Video Display Terminal and I will abide by all practices.
- I understand that Manpower reserves the right to eliminate, modify or improve any of its policies and rules at any time, with or without notice.

I have read and I understand the contents of Manpower’s Training and Policy Handbook and I understand that I must comply with it.

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

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

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

# Work Opportunity Tax Credit Questionnaire

Please complete the Work Opportunity Tax Credit (WOTC) questionnaire using the link below. Click the **Continue** button, complete the questionnaire, then click **Finish**.

Link to the [Work Opportunity Tax Credit questionnaire](https://tcs.adp.com/txcs-ui/screening/?cc=mebusinesssrvs) (ctrl + click to follow link) OR type in an internet browser: <https://tcs.adp.com/txcs-ui/screening/?cc=mebusinesssrvs>

Manpower participates in the federal government's Work Opportunity Tax Credit program and/or other federal and state tax credit programs. The information you supply will be used by Manpower to complete its federal and/or state tax returns. Your responses to the questions are voluntary and will be confidential to this company's management and third-party service providers, federal, state and local agencies, and other third parties as necessary to determine eligibility.

Please answer all the questions. The interview takes about 3 to 4 minutes to complete. Thank you!

## Payment Election Enrollment Form

Listed below are the options for you to receive your pay each week. Direct deposit is Manpower's preferred method of payment.

<b>Name:</b>	<b>Social Security Number:</b>
<b>Email address:</b>	
<b>Direct Deposit into a personal checking or savings account.</b>	
Please enter the bank information for each account you would like your pay deposited into. Please note: the direct deposit will become effective seven days after it is established.	
<b>Primary account information</b>	
Name of financial institution:	
<input type="checkbox"/> Checking Account (voided check attached)	
<input type="checkbox"/> Savings Account (bank validation attached)	
Routing number:	Bank account number:
<b>Additional Account information</b>	
Name of financial institution:	
<input type="checkbox"/> Checking Account (voided check attached)	
<input type="checkbox"/> Savings Account (bank validation attached)	
Routing number:	Bank account number:
Flat amount or % to be deposited:	
<b>Additional Account information</b>	
Name of financial institution:	
<input type="checkbox"/> Checking Account (voided check attached)	
<input type="checkbox"/> Savings Account (bank validation attached)	
Routing number:	Bank account number:
Flat amount or % to be deposited:	
<b>ADP Total Paycard</b>	
You have the option of enrolling in the ADP Total Paycard program which offers a free <b>VISA</b> branded, payroll card to all associates regardless of credit history. With this card, you may access your pay to the penny for <b>free</b> by obtaining a cash advance at a VISA member bank or by cashing a Money Network Transcheck. With the paycard, you may withdraw money via an ATM, make purchases at retail establishments where the VISA logo is displayed, or transfer funds to a personal bank account. You may check your balance for free by receiving a text daily to your cell phone, calling the toll free number, or accessing the website. You may begin accessing your pay as soon as it is deposited. There is no monthly service charge for the card and many of the transactions are free. Please see the fee schedule in the card packet for more information.	
Card number:	
Account number:	Routing number: MetaBank 084003997
I hereby authorize Manpower to initiate credit entries to my account as indicated above. If funds to which I am not entitled are deposited in my account, I authorize Manpower to direct the financial institution to return said funds. This authority is to remain in effect until Manpower has received timely written notice from me of termination. I understand I am responsible for the validity of the information on this form and for keeping Manpower aware of all changes in banking arrangements.	
<b>Signature:</b>	<b>Date:</b>



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# Safety Orientation Checklist

Is DVR Staff working with worker while on-site? (circle one) Y / N

Please check each box, print and sign the bottom:

- I understand Manpower is my employer and any incidents, hazards or injuries must be reported to Manpower.
- I am required to comply with safety policies of Manpower and the company where I work.
- I will report any changes in my job duties to my DVR rehab who will report to Manpower.
- Personal Protective Equipment (PPE) is safety gear used to protect me against physical hazards in the workplace. If I am instructed to use any I will.
- If applicable, prior to using any chemical I will read and understand the Material Safety Data Sheet.
- I understand it is not ok for me to operate machinery or equipment that I have not received training for.
- If I require medical attention for a workplace injury I will notify Manpower prior to seeking medical care, unless it is an emergency.
- I have reviewed Manpower safety training covered in my employee handbook including; Hazard Communication - Global Harmonization System (GHS), Lifting, and Lockout/Tagout and I will abide by all practices.
- If applicable, I have reviewed Video Display terminal training and safety guidelines
- I have received and understand Manpower's Injury Reporting Procedures Card with instructions and will keep it with me while working.

\_\_\_\_\_  
Worker (print)

\_\_\_\_\_  
Worker (sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
DVR Representative (print)

\_\_\_\_\_  
DVR Representative (sign)

\_\_\_\_\_  
Date

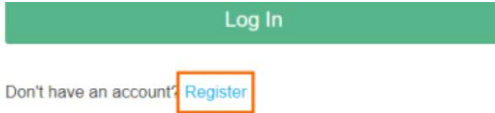
# HOW TO REPORT YOUR TIME AND GET PAID!

You will be using web time entry system to report your hours each week. **In order to ensure timely processing, you must submit your hours weekly by the Sunday midnight deadline.**

## REGISTRATION

Before submitting time you must first register at Bullhorn Time & Expense. To access the registration website, please click on [www.mypeoplenet.com](http://www.mypeoplenet.com) and follow the steps below to create your account.

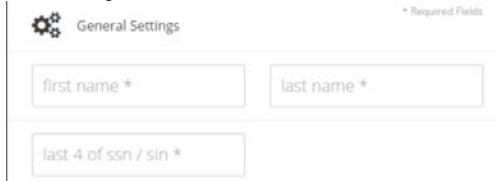
1. Click Register to create your account



2. On the *Register* screen, enter your email address.
3. Enter and confirm your password.
4. Select **Next** to continue to Profile Settings. The Profile Settings screen allows you to adjust how your timesheet will display.

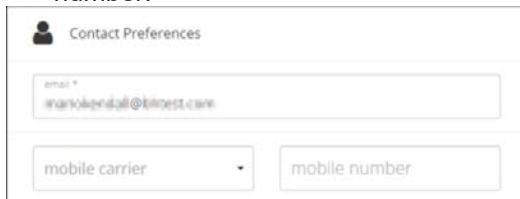
## General Settings

5. Enter in your first name, last name, and the last four digits of your SSN/SIN.

A screenshot of the "General Settings" form. It features a gear icon and the text "General Settings" with a small asterisk and "Required Fields" below it. There are three input fields: "first name \*", "last name \*", and "last 4 of ssn / sin \*".

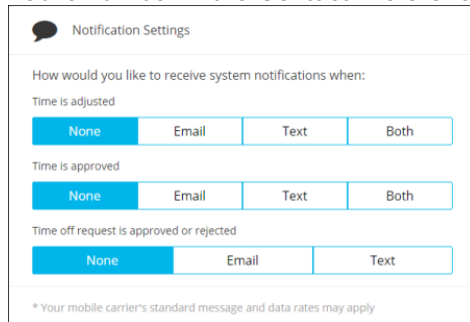
## Contact Preferences

6. Your email address will automatically populate from the Register screen. If you prefer to be contacted at a different email address, you can update it here.
7. If you would like to receive notifications by text message, select your mobile carrier and enter your mobile number.

A screenshot of the "Contact Preferences" form. It includes a user icon and the title "Contact Preferences". There is an "email \*" field containing "marisolkenal@birect.com". Below it are a "mobile carrier" dropdown menu and a "mobile number" input field.

## Notification Settings

8. You can select your preferred method for receiving notifications when there have been changes to your timesheet. *Note: If you would like to receive text notifications, make sure you provide your mobile carrier and mobile number in the Contact Preferences section.*

A screenshot of the "Notification Settings" form. It has a speech bubble icon and the title "Notification Settings". The question is "How would you like to receive system notifications when:". There are three sections: "Time is adjusted", "Time is approved", and "Time off request is approved or rejected". Each section has three buttons: "None", "Email", and "Text". The "None" button in each section is highlighted in blue. A footnote at the bottom states: "\* Your mobile carrier's standard message and data rates may apply".

## Application Settings

The Application Settings determine how your timesheet portal will display.

9. Select your **preferred language**.
10. Choose how you would like your time to display.
  - **Decimal** will display your time in 1/100th of an hour increments
  - **Minutes** will display time in actual minutes.
11. Choose your preferred format for time entered.
  - **Standard** or **Military**
12. Select the Starting number of rows for your time entry and breaks.
  - Selecting one is enough for most employees.

The screenshot shows the 'Application Settings' interface. At the top, there is a hamburger menu icon and the title 'Application Settings'. Below this is a dropdown menu for 'preferred language' currently set to 'US English'. Underneath, the section 'Enter time as:' contains four buttons: 'Decimal' (with example 'Ex: 1.5 hrs'), 'Minutes' (with example 'Ex: 1:30 hrs'), 'Standard' (with example 'Ex: 1:00 PM'), and 'Military' (with example 'Ex: 1300'). The 'Standard' button is highlighted in blue. At the bottom, the 'Starting number of rows:' section has two dropdown menus: 'In/Outs & Hours' and 'Breaks', both currently set to '1'.

13. Select **Register** to complete your registration.

A green rectangular button with the text 'Register' in white.

## FINDING YOUR ASSIGNMENT

1. On the *Registration Complete* screen, select **Search for your assignment** to open the *Find Your Assignment* screen.

The screenshot shows a grey box with the text 'Registration Complete!' at the top. Below it, a smaller line of text reads: 'You've created an account. Next, let's search for your assignment. Click **Search for your assignment** to continue.' At the bottom of the box is a green button with the text 'Search for your assignment' and a right-pointing arrow.

2. Find Your Assignment
  - a. First name, Last name, Last 4 of SSN, and email will default with information entered on previous pages
  - b. Select 'Find Your Assignment'
  - c. Your assignment information will appear on the right with your name, Client name, assignment description – approver, and your Employee ID
  - d. Select an assignment
  - e. Select 'Next'

3. Please keep in mind that you will use your email address to log into your account going forward.

**\*\*If no assignment results are returned, we are likely working on your setup. Please contact our office to confirm.**

## TIME ENTRY

### Enter Hours Worked

1. Click on the week ending date for which you would like to enter hours
2. Open the time entry window by clicking in the cell that corresponds to the assignment and day that you worked.

Site / Assignment	Mon 03/23	Tue 03/24	Wed 03/25	Thu 03/26	Fri 03/27	Sat 03/28	Sun 03/29	Total				
<b>Regal Linen Pros</b> Admin Assistant : Simon Drexler 100	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			Worked Yes <input checked="" type="checkbox"/>	No Time Entered <input type="button" value="Submit Work"/>
<b>Wonder Juices</b> Implementation : Simon Drexler 100	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			Worked Yes <input checked="" type="checkbox"/>	No Time Entered <input type="button" value="Submit Work"/>
<b>Totals</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				

Click inside the day for which you would like to enter time.

3. Enter the times worked for the day. The AM/PM button is automatically changed based on time entered

In Out Time Entry- enter the time you started work and the time you ended work.

**If you work over midnight, please be sure to select the correct AM/PM setting.**

4. Add In/Out segments and unpaid breaks by clicking to add a row. Click to delete the row.

5. Click or to enter time for each work day. When you are done, click **Ok** to close the window.

6. To add a comment to your time card for your approver to view, click the icon and enter your comment. Select **Submit** to submit the hours entered for all assignments on the time sheet.

Site / Assignment	Sun 09/13	Mon 09/14	Tue 09/15	Wed 09/16	Thu 09/17	Fri 09/18	Sat 09/19	Total				
<b>INSURANCE COMPANIES</b>	7.55	7.55	7.55	7.55	7.55	7.55	0.00	45.30			Yes <input checked="" type="checkbox"/>	Saved Not Submitted <input type="button" value="Submit"/>
<b>Total</b>	7.55	7.55	7.55	7.55	7.55	7.55	0.00	45.30				

**You must SUBMIT time for it to be sent to payroll. Saved time will not be processed for payment.**

**GETTING PAID**

If you report your hours on time each week Payday is the following Friday after your first week of work. Contact your closest Manpower office or the Manpower Support Center with questions about your paycheck 207-828-4370.