



Checklist for DVR Work Experience Program

DVR Counselors use this as a guide to keep track of required documents and process steps for each client

Placement Request Form Completed

Completed Full Employment Packet:

Application

Employment Agreement

Federal W4 (Manpower only needs page 1 returned. *(Note: The default withholding status is Single 0 if incomplete)*)

Maine W4 (Manpower only needs page 1 returned. *(Note: The default withholding status is Single 0 if incomplete)*)

I-9

- Client completes Section 1. Employee Information and Attestation
- DVR Counselor acts as Authorized Representative, reviews IDs and completes Section 2. Employer or Authorized Representative Review and Verification

Send Manpower a copy of Client IDs for Manpower to keep on file as necessary.

If a Translator/Preparer helped complete section 1 of the I9 you must complete the I9 Supplement A

Training & Policy Handbook Review (Client retains a copy)

Sign the Acknowledgement Receipt of the Training & Policy Handbook

Complete WOTC Screening Online

Payment Election Enrollment Form *(Note: Manpower's preferred method of payment is Direct Deposit, we also offer Paycards for unbanked employees)*

DVR Counselor gives Client a copy of the How to Report Your Time, and registers with Peoplenet/Bullhorn Time & Expense *(Note: Be sure to save username and password)*

DVR Counselor provides the Client a copy of the DVR Client Quick Reference Guide

DVR Counselor obtains a copy of the Manpower Safety & Injury Procedures and provides a copy to the Worksite Contact

DVR Counselor obtains Manpower's clearance email authorizing Client to begin work experience



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:

Associate 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 with Manpower is at-will and that my employment and/or assignment can be terminated for any reason with or without cause and with or without notice, and without liability to me for wages or salary, except for such wages or salary which I earned prior to the date of my termination of my employment and/or assignment.

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.

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.

Deductions 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 and in accordance with all applicable 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 WISCONSIN and UTAH must contact Manpower within 2 working days after assignment completion. Associates 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.

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.

2026

Step 1: Enter Personal Information	(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 www.ssa.gov .
	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.)		

Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

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, and when to use the estimator at www.irs.gov/W4App.

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) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; **or**

(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 Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate

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.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):			
	(a) Multiply the number of qualifying children under age 17 by \$2,200	3(a)	\$	
	(b) Multiply the number of other dependents by \$500	3(b)	\$	
	Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here	3		\$

Step 4: Other Adjustments	(a) Other income (not from jobs). 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	4(a)	\$
	(b) Deductions. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Exempt from withholding	I claim exemption from withholding for 2026, and I certify that I meet both of the conditions for exemption for 2026. See <i>Exemption from withholding</i> on page 2. I understand I will need to submit a new Form W-4 for 2027 <input type="checkbox"/>
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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

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
	Maine Business Services DBA Manpower 70 Center St Portland, Maine 04101		01-0354313

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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.

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 2026 if you meet both of the following conditions: you had no federal income tax liability in 2025 **and** you expect to have no federal income tax liability in 2026. You had no federal income tax liability in 2025 if (1) your total tax on line 24 on your 2025 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), 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 2026 tax return. To claim exemption from withholding, certify that you meet both of the conditions by checking the box in the *Exempt from withholding* section. 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 16, 2027.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

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 these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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. Submit a separate Form W-4 for each job.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

Instead, 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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount of tax withheld 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 (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits. 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.

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 15, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain deductions. For additional eligibility requirements, see Pub. 501.

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 when you file your tax return.

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; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 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 5. 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 **1** \$ _____
- 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 5 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 **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 5 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **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. **3** _____
- 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 (plus any other additional amount you want withheld) **4** \$ _____

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



See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

1 Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.

a **Qualified tips.** If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified tips up to \$25,000 **1a** \$ _____

b **Qualified overtime compensation.** If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to \$12,500 (\$25,000 if married filing jointly) of the “and-a-half” portion of time-and-a-half compensation **1b** \$ _____

c **Qualified passenger vehicle loan interest.** If your total income is less than \$100,000 (\$200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to \$10,000 **1c** \$ _____

2 Add lines 1a, 1b, and 1c. Enter the result here **2** \$ _____

3 **Seniors age 65 or older.** If your total income is less than \$75,000 (\$150,000 if married filing jointly):

a Enter \$6,000 if you are age 65 or older before the end of the year **3a** \$ _____

b Enter \$6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment **3b** \$ _____

4 Add lines 3a and 3b. Enter the result here **4** \$ _____

5 Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information **5** \$ _____

6 **Itemized deductions.** Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:

a **Medical and dental expenses.** Enter expenses in excess of 7.5% (0.075) of your total income **6a** \$ _____

b **State and local taxes.** If your total income is less than \$505,000 (\$252,500 if married filing separately), enter state and local taxes paid up to \$40,400 (\$20,200 if married filing separately) **6b** \$ _____

c **Home mortgage interest.** If your home acquisition debt is less than \$750,000 (\$375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums) **6c** \$ _____

d **Gifts to charities.** Enter contributions in excess of 0.5% (0.005) of your total income **6d** \$ _____

e **Other itemized deductions.** Enter the amount for other itemized deductions **6e** \$ _____

7 Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here **7** \$ _____

8 **Limitation on itemized deductions.**

a Enter your total income **8a** \$ _____

b Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9 **8b** \$ _____

9 Enter: { • \$768,700 if you’re married filing jointly or a qualifying surviving spouse }
 { • \$640,600 if you’re single or head of household } **9** \$ _____
 { • \$384,350 if you’re married filing separately }

10 If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here **10** \$ _____

11 **Standard deduction.**

Enter: { • \$32,200 if you’re married filing jointly or a qualifying surviving spouse }
 { • \$24,150 if you’re head of household } **11** \$ _____
 { • \$16,100 if you’re single or married filing separately }

12 **Cash gifts to charities.** If you take the standard deduction, enter cash contributions up to \$1,000 (\$2,000 if married filing jointly) **12** \$ _____

13 Add lines 11 and 12. Enter the result here **13** \$ _____

14 If line 10 is greater than line 13, subtract line 11 from line 10 and enter the result here. If line 13 is greater than line 10, enter the amount from line 12 **14** \$ _____

15 Add lines 2, 4, 5, and 14. Enter the result here and in Step 4(b) of Form W-4 **15** \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person 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	\$480	\$850	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	480	1,480	1,850	2,050	2,220	2,220	2,220	2,220	2,220	2,220	2,620
\$20,000 - 29,999	480	1,480	2,480	3,050	3,250	3,420	3,420	3,420	3,420	3,420	3,820	4,820
\$30,000 - 39,999	850	1,850	3,050	3,620	3,820	3,990	3,990	3,990	3,990	4,390	5,390	6,390
\$40,000 - 49,999	850	2,050	3,250	3,820	4,020	4,190	4,190	4,190	4,590	5,590	6,590	7,590
\$50,000 - 59,999	1,020	2,220	3,420	3,990	4,190	4,360	4,360	4,760	5,760	6,760	7,760	8,760
\$60,000 - 69,999	1,020	2,220	3,420	3,990	4,190	4,360	4,760	5,760	6,760	7,760	8,760	9,760
\$70,000 - 79,999	1,020	2,220	3,420	3,990	4,190	4,760	5,760	6,760	7,760	8,760	9,760	10,760
\$80,000 - 99,999	1,020	2,220	3,420	4,240	5,440	6,610	7,610	8,610	9,610	10,610	11,610	12,610
\$100,000 - 149,999	1,870	4,070	6,270	7,840	9,040	10,210	11,210	12,210	13,210	14,210	15,360	16,560
\$150,000 - 239,999	1,870	4,100	6,500	8,270	9,670	11,040	12,240	13,440	14,640	15,840	17,040	18,240
\$240,000 - 319,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,780	14,980	16,180	17,380	18,580
\$320,000 - 364,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,860	15,860	17,860	19,860	21,860
\$365,000 - 524,999	2,720	5,920	9,390	12,260	14,760	17,230	19,530	21,830	24,130	26,430	28,730	31,030
\$525,000 and over	3,140	6,840	10,540	13,610	16,310	18,980	21,480	23,980	26,480	28,980	31,480	33,990

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	\$90	\$850	\$1,020	\$1,020	\$1,020	\$1,070	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970
\$10,000 - 19,999	850	1,780	1,980	1,980	2,030	3,030	3,830	3,830	3,830	3,830	3,930	4,130
\$20,000 - 29,999	1,020	1,980	2,180	2,230	3,230	4,230	5,030	5,030	5,030	5,130	5,330	5,530
\$30,000 - 39,999	1,020	1,980	2,230	3,230	4,230	5,230	6,030	6,030	6,130	6,330	6,530	6,730
\$40,000 - 59,999	1,020	2,880	4,080	5,080	6,080	7,080	7,950	8,150	8,350	8,550	8,750	8,950
\$60,000 - 79,999	1,870	3,830	5,030	6,030	7,100	8,300	9,300	9,500	9,700	9,900	10,100	10,300
\$80,000 - 99,999	1,870	3,830	5,100	6,300	7,500	8,700	9,700	9,900	10,100	10,300	10,500	10,700
\$100,000 - 124,999	2,030	4,190	5,590	6,790	7,990	9,190	10,190	10,390	10,590	10,940	11,940	12,940
\$125,000 - 149,999	2,040	4,200	5,600	6,800	8,000	9,200	10,200	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,200	5,600	6,800	8,150	10,150	11,950	12,950	13,950	14,950	16,170	17,470
\$175,000 - 199,999	2,040	4,200	6,150	8,150	10,150	12,150	13,950	15,020	16,320	17,620	18,920	20,220
\$200,000 - 249,999	2,720	5,680	7,880	10,140	12,440	14,740	16,840	18,140	19,440	20,740	22,040	23,340
\$250,000 - 449,999	2,970	6,230	8,730	11,030	13,330	15,630	17,730	19,030	20,330	21,630	22,930	24,240
\$450,000 and over	3,140	6,600	9,300	11,800	14,300	16,800	19,100	20,600	22,100	23,600	25,100	26,610

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	\$280	\$850	\$950	\$1,020	\$1,020	\$1,020	\$1,020	\$1,560	\$1,870	\$1,870	\$1,870
\$10,000 - 19,999	280	1,280	1,950	2,150	2,220	2,220	2,220	2,760	3,760	4,070	4,070	4,210
\$20,000 - 29,999	850	1,950	2,720	2,920	2,980	2,980	3,520	4,520	5,520	5,830	5,980	6,180
\$30,000 - 39,999	950	2,150	2,920	3,120	3,180	3,720	4,720	5,720	6,720	7,180	7,380	7,580
\$40,000 - 59,999	1,020	2,220	2,980	3,570	4,640	5,640	6,640	7,750	8,950	9,460	9,660	9,860
\$60,000 - 79,999	1,020	2,610	4,370	5,570	6,640	7,750	8,950	10,150	11,350	11,860	12,060	12,260
\$80,000 - 99,999	1,870	4,070	5,830	7,150	8,410	9,610	10,810	12,010	13,210	13,720	13,920	14,120
\$100,000 - 124,999	1,870	4,270	6,230	7,630	8,900	10,100	11,300	12,500	13,700	14,210	14,720	15,720
\$125,000 - 149,999	2,040	4,440	6,400	7,800	9,070	10,270	11,470	12,670	14,580	15,890	16,890	17,890
\$150,000 - 174,999	2,040	4,440	6,400	7,800	9,070	10,580	12,580	14,580	16,580	17,890	18,890	20,170
\$175,000 - 199,999	2,040	4,440	6,400	8,510	10,580	12,580	14,580	16,580	18,710	20,320	21,620	22,920
\$200,000 - 249,999	2,720	5,920	8,680	10,900	13,270	15,570	17,870	20,170	22,470	24,080	25,380	26,680
\$250,000 - 449,999	2,970	6,470	9,540	12,040	14,410	16,710	19,010	21,310	23,610	25,220	26,520	27,820
\$450,000 and over	3,140	6,840	10,110	12,810	15,380	17,880	20,380	22,880	25,380	27,190	28,690	30,190

**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 Note: 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 below4.	
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 an exemption from withholding for the tax year on your federal Form W-4 6a.
 - b. You requested that no withholding be withheld for the tax year 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 in Maine on tribal land**). 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 ▶

TO BE COMPLETED BY EMPLOYER/PAYER (see instructions). Complete lines 8 through 11 only if sending to Maine Revenue Services.	
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. -----

Personal Allowances Worksheet - for line 4 above	
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 on page 1. 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 an exemption from federal withholding by checking the box in the *Exempt from withholding* section 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 requested that no federal withholding be withheld from your payments by checking the box in the *No withholding* section on your federal Form W-4P. 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 Earnings 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, the Penobscot Nation, or the Mi'kmaq Nation ("tribal member");
2. You reside on land within the Houlton Band Trust Land, the Passamaquoddy Indian territory, Penobscot Indian territory, or the Mi'kmaq Nation Trust Land ("tribal land"). See 36 M.R.S. § 5102(5-A) for a definition of "tribal member residing on tribal land"; 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 applies only to wages, salaries, or other compensation earned by a tribal member for work performed in Maine on tribal land. Thus, you must complete Form W-4ME, lines 1 through 5 to direct your employer/payer to withhold the correct Maine income tax from any compensation earned for work performed outside of tribal land.

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 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).

Note: Do not reduce the amount of Maine withholding by any federal deduction amounts claimed on federal Form W-4, Step 4(b) or federal Form W-4P, Step 4(b) that were used to calculate federal income tax withholding. Currently, Maine does not conform to the federal deductions that may be used to reduce the required federal withholding amount. For more information on Maine withholding requirements, see instructions and MRS Rule 803 (Income Tax Withholding Reports and Payments). Watch for legislative updates by visiting legislature.maine.gov.

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 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

Instructions continued on next page

Important Information for Employers/Payers - Continued

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 in Maine on tribal land**) 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), 5122(2)(ZZ), and 5132 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 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number	
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. An alien authorized to work until _____ (exp. date, if any)						
If you check Item Number 4. , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p>Additional Information</p> <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<p>Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.</p>					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name Maine Business Services DBA Manpower			Employer's Business or Organization Address, City or Town, State, ZIP Code 70 Center Street, Portland Maine 04101		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole 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. 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 	OR	<ol style="list-style-type: none"> 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, sex, height, eye color, and address 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, sex, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



Supplement A, Preparer and/or Translator Certification for Section 1

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

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 05/31/2027

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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			Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)		City or Town	State	ZIP Code

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

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.

Name:	Social Security Number:
Email address:	
Direct Deposit into a personal checking or savings account.	
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.	
Primary account information	
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:
Additional Account information	
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:	
Additional Account information	
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:	
ADP Total Paycard	
<p>You have the option of enrolling in the ADP Total Paycard program which offers a free VISA branded, payroll card to all associates regardless of credit history. With this card, you may access your pay to the penny for free 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.</p>	
Card number:	
Account number:	Routing number: MetaBank 084003997
<p>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.</p>	
Signature:	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!



Welcome to Manpower!

This Training and Policy Handbook is here to help you understand your job and your responsibilities while working through Manpower. Please review this handbook and keep it for reference. If you have questions at any time, Manpower and your DVR Counselor are here to help.

Assignments

When you accept a work experience assignment, your DVR Counselor will share important details so you know what to expect, including:

- Work location name and address.
- Your pay rate, schedule, and start date.
- Who you report to and how to check in on your first day.
- What tasks you will be doing.
- What to wear and other essential information.

Manpower is Your Employer. Even though you may work at another company's location, Manpower still employs you. **Please contact Manpower and your DVR Counselor right away if:**

- You are asked to do work that is very different from what you expected.
- You feel unsafe or uncomfortable at work.
- Your contact information or banking information changes.
- You believe a Manpower policy is not being followed.

Workplace Injuries or Incidents. Your safety is very important. If you are injured at work, please follow these steps right away:

- If the injury is life-threatening, call 911 immediately.
- Tell your supervisor immediately what happened and how you feel.
- Contact Manpower and your DVR Counselor as soon as possible.
- A Manpower representative will ask questions to understand the situation.
- If medical care is needed, Manpower will explain where to go.
- You will be helped with completing an incident report.

We take your safety and well-being very seriously. Please inform Manpower 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

We want to make sure you are paid correctly and on time, and we need your help to do that. You must report your work hours each week using the online system on a computer, tablet, smartphone, or call in your hours by phone. Instructions are provided separately. Please submit your time by Sunday at midnight each week. Submitting time late or submitting incorrect days or hours may delay your pay. **If you are overpaid, the overpayment amount will be deducted from a future paycheck or may be repaid directly to Manpower.**

Getting Paid

You are paid weekly based on the hours you work and report correctly. As your employer, Manpower will deduct the necessary FICA and Federal, State, and local (if applicable) taxes, as required by law. It is very important to let Manpower know right away if your address or banking information changes, so your pay is not delayed.

Direct Deposit puts your pay directly into your bank account. It is free, safe, and the fastest way to get paid.

PayCard is a debit card issued to you that allows you to access your pay at ATMs or stores. Note: Your PayCard relationship is with the card provider, not Manpower.

Paper checks are available in limited situations upon request, but Manpower is not responsible for delays due to USPS mail delivery.

Satisfaction

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 Manpower.

Benefits

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. Your EPL used and available hours are tallied and printed on your pay statement. Our full policy can be found on Manpower's Associate Resource Hub: <https://www.manpowermaine.com/home/associates/> Password: **mpbenefits**

Maine Paid Family and Medical Leave (PFML). Maine's Paid Family and Medical Leave law provide up to 12 weeks of paid leave for family leave, medical leave, safe leave or leave related to a family member's impending military deployment. PFML is designed to be taken at the same time as unpaid federal and state of Maine FMLA where applicable. You may use your accrued available MEPL to close the gap between the amount of your PFML benefit and your regularly scheduled wages. More information including the plan guide, eligibility, and enrollment details can be found on Manpower's Associate Resource Hub: <https://www.manpowermaine.com/home/associates/> Password: **mpbenefits**. A copy of the ME PFML law and formal interpretations may be found online at www.maine.gov/paidleave or by calling 207-623-7900.

Safety

Everyone plays a role in workplace safety. You are responsible for:

- Following safety rules and instructions
- Wearing required safety equipment
- Reporting unsafe conditions or concerns
- Only using equipment you were trained to use
- Asking questions if you are unsure or feel unsafe
- If you are ever asked to do something that feels unsafe, stop and contact your DVR Counselor and Manpower right away.

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 a Manpower 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 Manpower 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. **DVR Client Training.** OSHA requires training be provided to all DVR Clients 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 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

Computer - Video Display Terminal (VDT). If your job is to work at a computer for more than four (4) consecutive hours each day, please review the following training.

Your workstation should be comfortable.

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. Backs 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 is important.

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 can help you stay healthy.

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.

Policies

In any job, it's important to understand the policies. Please review the policies presented here and indicate your understanding and acceptance of these policies by signing the acknowledgement.

Electronics & Mobile Device Policy. Personal phone use should be limited while working. Phones should only be used during breaks unless there is an emergency. If you are unsure what is allowed at your worksite, please ask your supervisor or DVR Counselor. Not following this policy may lead to corrective action.

Equal Employment Opportunity. Manpower Maine is an equal opportunity employer. We do not discriminate against any applicant or associate based on race, color, religion, sex (including pregnancy and related conditions), sexual orientation, gender identity, age (40+), national origin, citizenship, disability, genetic information, veteran or servicemember status, or any other status protected by law. This commitment applies to all aspects of employment, including hiring, job assignments, pay, training, and termination. If you believe you've experienced discrimination or retaliation, report it immediately to your Manpower office. We maintain an open-door policy, and all concerns will be investigated promptly and without fear of retaliation.

Family & Medical Leave Act. Manpower Maine complies with all applicable federal and state family and medical leave laws. Eligible associates may take up to 12 weeks of unpaid, job-protected leave in a 12-month period for:

- The birth, adoption, or foster placement of a child
- Bonding with a child within one year of birth or placement
- Caring for a spouse, child, parent, or other eligible family members with a serious health condition
- The associate's own serious health condition
- Certain military-related exigencies

Eligible associates who are next of kin to a covered servicemember may take up to 26 weeks in a single 12-month period to provide care. Leave may be taken intermittently or on a reduced schedule when medically necessary.

- **Eligibility:** To qualify, you must have worked for Manpower for at least 12 months, have 1,250 hours of service in the past 12 months, and work at a location with 50 or more employees within 75 miles.
- **Notice & Certification:** Please provide 30 days' notice when possible, or as soon as practicable. Medical certification may be required.
- **Job & Benefits Protection:** Health benefits continue during FMLA leave as if you were actively working, and you will generally be reinstated to the same or an equivalent position upon return.
- **Anti-Retaliation:** You may take FMLA leave without fear of retaliation. Fraudulent use of FMLA leave is prohibited and may result in disciplinary action.

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, falling asleep, lack of focus and/or other unusual behavior. If impairment is demonstrated, appropriate action will be taken up to and including termination.

The legal use of prescription medications by an employee is permitted while working if 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.

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. Selling items and/or distributing literature and other materials at the workplace for any purpose is prohibited during work time. Also, you are expected to be at client worksites only during your working hours, and no other times.

Wiretapping, Eavesdropping and Recording. You are prohibited from recording audio or video on Manpower or client premises without permission from Manpower’s Legal Counsel. This applies to conversations in any form, including electronic communications.

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 the worksite’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 worksite 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 worksite.
- 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 the worksite.

Manpower and our client worksites 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.

Confidentiality. All information to which you have access while on the job is considered confidential. Sharing any confidential information is prohibited and could be grounds for termination from the job.

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 service 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 us.

Reasonable Accommodation. DVR Clients should contact their DVR Counselor and Manpower regarding any accommodation requests. You may be asked to provide medical evidence to support the need for such accommodation.

Anti-Harassment/Anti-Discrimination. All Manpower associates have the right to work in a respectful, harassment-free environment. If someone makes you feel uncomfortable, unsafe, or disrespected because of who you are, please report it to Manpower right away. You will not get in trouble for reporting concerns.

If you are not satisfied with the actions taken or not taken because of a complaint you may 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

These tips can help you succeed at your work experience:

- Arrive on time.
- Be polite and respectful.
- Ask questions if you are unsure.
- Stay focused on your work.
- Dress appropriately for the job.
- Follow Manpower and worksite rules.

This Handbook is not 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.

Paid Family Medical Leave Employee Written Notice

Employer: Maine Business Services, Inc. dba Manpower of Maine
Mailing Address: 70 Center St, Portland ME 04101
Federal Employer Identification Number (FEIN): 01-0354313

This notice is for employers who have a Private Plan Substitution. It explains your rights and responsibilities under the State of Maine's Paid Family and Medical Leave (PFML) program. The law requires that we give this information to new employees in the first 30 days of employment.

Employee Contributions

This company has set up a private plan to meet our Maine PFML obligations. The law says that employers can deduct up to half of one percent (0.5%) of wages from each employee's paycheck to pay for this coverage (up to the same limit in place for Social Security deductions). The deduction will be reported on your pay stub.

Payroll withholdings for the PFML program begin on May 1, 2026, at a rate of 0.5% of wages.

Eligibility for Leave

Eligible employees may take up to 12 weeks per benefit year of paid leave under the Maine Paid Family and Medical Leave (PFML) program to care for their own serious health condition, to care for a family member with a serious health condition, to bond with a new child, or for other qualifying reasons. The employer's private plan administrator will determine whether the employee meets the eligibility requirements in accordance with the approved plan policy.

Reasons for Leave

PFML benefits are available for the following situations.

- **Medical Leave:** For times when a serious health condition keeps you from working.
- **Parental Leave:** Time to bond with a child after birth, fostering or adoption.
- **Family Care Leave:** Time to care for a loved one with a serious health condition.
- **Military Family Leave:** Time to prepare for a family member's deployment.
- **Safe Leave:** Time to find safety after abuse or violence.

Rights & Protections:

Employees may take paid leave benefits if they meet Maine PFML eligibility requirements, even if they are new to a particular employer. Employers must maintain an employee's health insurance coverage during approved leave, including any employer contributions.

Job protection applies after 120 consecutive days of employment with the same employer. At that point, the employer must return the employee to the same or equivalent position with the same pay, benefits, and working conditions when the leave ends.

How to File a PFML Claim:

Your PFML coverage at Manpower of Maine (Maine Business Services, Inc.) is provided by MetLife. Policy number 5778909

To apply call MetLife: 866-729-9201 or register online at [MyBenefits](#) .

The address for MetLife is:

Metropolitan Life Insurance Company 200 Park Avenue, New York, NY 10016

Acknowledgment Receipt of Manpower Maine Handbook



I acknowledge that I have received and reviewed the Manpower Training and Policy Handbook. I have read and understand its contents. I understand that Manpower is my employer and that my employment is at-will, meaning I may resign at any time, for any reason or no reason, and Manpower may terminate my employment at any time, with or without cause and with or without notice. Nothing in the Handbook creates a contract or guarantee of continued employment. Manpower reserves the right to modify, suspend, or eliminate any policies or rules at any time, with or without notice.

I have read, understand, and agree to comply with all Manpower policies and procedures contained in the Handbook, including but not limited to the following. **Please check each box, print your name, and sign at the bottom:**

- Assignment and Time Reporting Procedures
- Workplace Injury & Incident Reporting
- Safety Awareness: GHS, Lifting, Lockout/Tagout, Distracted Driving, VDT
- Electronics & Mobile Device Policy
- Equal Employment Opportunity
- Family & Medical Leave Act (FMLA)
- Maine Paid Family & Medical Leave (PFML)
- At-Will Employment
- Drug & Alcohol Policy
- Violence-Free and Harassment-Free Workplace
- Solicitation/Distribution/Loitering
- Wiretapping, Eavesdropping, and Recording
- Use of Information Technology Resources
- Confidentiality and Intellectual Property
- Unemployment Compensation
- Anti-Harassment and Anti-Discrimination

Safety Policies

I understand that Manpower is my employer and any incidents, hazards, or injuries must be reported to Manpower immediately. I agree to comply with safety policies of both Manpower and the job worksite. I will report any changes in job duties to Manpower. I will wear required PPE when instructed. I will review Material Safety Data Sheets before using any chemicals. I will not operate machinery or equipment without proper training. If medical attention is required for a workplace injury, I will notify Manpower prior to seeking care unless it is an emergency. I have reviewed Manpower's safety awareness topics in the Handbook and agree to follow all practices.

Employee Signature: _____

Printed Name: _____

Date: _____

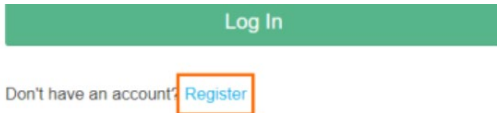
How to Report Your Time & Get Paid!

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 each week you work by midnight on Sunday. Delayed submittal will result in delayed pay.**

REGISTRATION

Before submitting time you must first register at Bullhorn Time & Expense. To access the registration website, please click on www.mypeople.net.com and follow the steps below to create your account. **If you download the mobile app, our four-character client code is **MPOW**.

1. Click Register to create your account



2. On the *Register* screen, enter your email address. *The email must match the email Manpower has on file.
3. Enter and confirm your password.

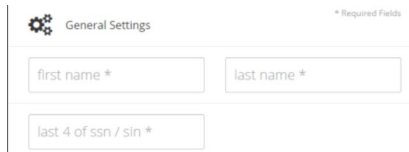
4. **IMPORTANT!** You will use the same email address to log into your account going forward for this assignment and any future assignments. Save your credentials!

Email: _____ Password: _____

5. Select **Next** to continue to Profile Settings. The Profile Settings screen allows you to adjust how your timesheet will display.

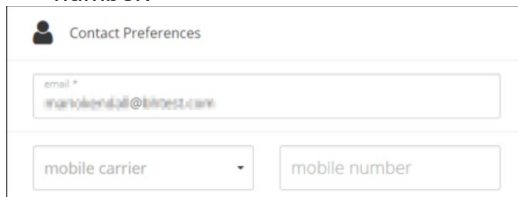
General Settings

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

A screenshot of a "General Settings" form. The title "General Settings" is at the top left, and "* Required Fields" is at the top right. There are three input fields: "first name *", "last name *", and "last 4 of ssn / sin *".

Contact Preferences

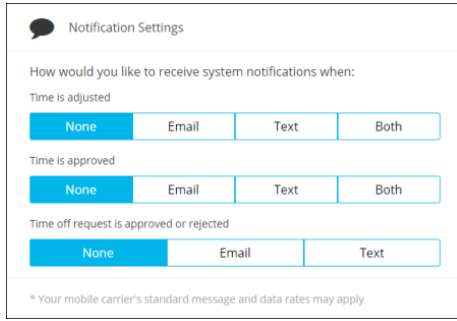
7. Your email address will automatically populate from the Register screen. If you prefer to be contacted at a different email address, you can update it here.
8. If you would like to receive notifications by text message, select your mobile carrier and enter your mobile number.

A screenshot of a "Contact Preferences" form. The title "Contact Preferences" is at the top left. There is an "email *" field with the text "marvokendall@billnest.com" inside. Below it are a "mobile carrier" dropdown menu and a "mobile number" input field.

Notification Settings

9. 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.



Notification Settings

How would you like to receive system notifications when:

Time is adjusted

None Email Text Both

Time is approved

None Email Text Both

Time off request is approved or rejected

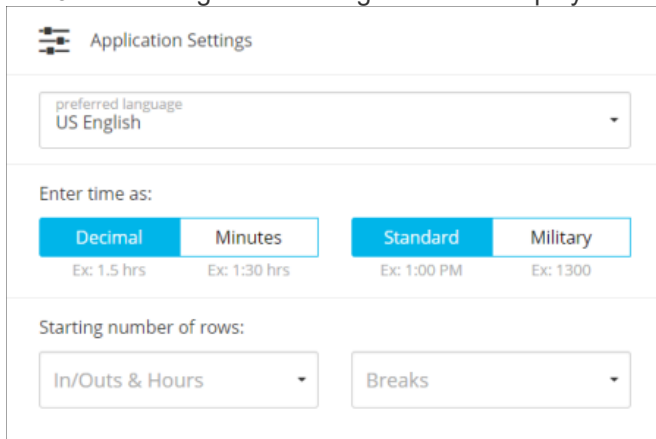
None Email Text

* Your mobile carrier's standard message and data rates may apply

Application Settings

The Application Settings determine how your timesheet will display.

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



Application Settings

preferred language
US English

Enter time as:

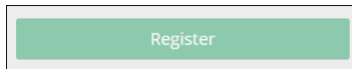
Decimal Minutes Standard Military

Ex: 1.5 hrs Ex: 1:30 hrs Ex: 1:00 PM Ex: 1300

Starting number of rows:

In/Outs & Hours Breaks

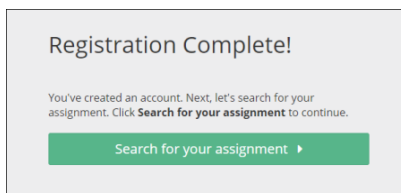
13. Select **Register** to complete your registration.



Register

FINDING YOUR ASSIGNMENT

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



Registration Complete!

You've created an account. Next, let's search for your assignment. Click **Search for your assignment** to continue.

Search for your assignment ▶

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'

****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.

										Mar 23 - Mar 29 2015		
Site / Assignment	Mon 03/23	Tue 03/24	Wed 03/25	Thu 03/26	Fri 03/27	Sat 03/28	Sun 03/29	Total		View & Print Time Card		
Regal Linen Pros 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"/>	
Wonder Juices 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"/>	
Totals	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	View & Print Time Card			
INSURANCE COMPANIES	7.55	7.55	7.55	7.55	7.55	7.55	0.00	45.30			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Saved Not Submitted Submit
Total	7.55	7.55	7.55	7.55	7.55	7.55	0.00	45.30				

Submit All For Approval

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 Manpower office or the Manpower Support Center with questions about your paycheck 207-828-4370.

TECHNICAL SUPPORT: Manpower Associate Care Center 1-800-561-6934 x2

Please keep this guide in a safe and secure location. It outlines who to contact should you have questions or need assistance, important items to note, and helpful tips to ensure you have a successful assignment.

Getting Paid

Payday is the Friday following the week you worked. Reporting hours worked correctly, and on time, will ensure you are paid without delay.

Reporting Time Worked

Peoplenet time reporting instructions are provided to you in your employment packet. So that you are paid on time, please enter your hours worked in Peoplenet no later than Sunday at midnight each week.

PEOPLENET

Call: 1-800-561-6934 Option 2
www.mypeoplenet.com

Paystubs & W2's

Paystubs are emailed weekly as a password protected pdf from portland.me-supportcenter@manpower.com. Your password is the last 4 digits of your social security number.

W-2's are mailed annually no later than January 31, as required by law. To ensure timely delivery of your W-2 please be sure keep your mailing address updated with Manpower.

TO REQUEST A COPY OF YOUR W2

Copies can be requested by filling out this form:

www.manpowermaine.com/w2-request-form

IMPORTANT! For any questions related to time and pay contact the Manpower Maine Support Center:

Email: portland.me-supportcenter@manpower.com **Phone:** 207-828-4370

When to Call Your DVR Representative

Keeping in Touch! Communication is key to any successful partnership. Here are some times when it is important for you to contact your DVR Representative who will be responsible for contacting Manpower:

- You have been injured on the job.
- Your contact information has changed.
- You feel you are unable to complete an assignment, for whatever reason.
- You feel Manpower's policies are being violated.
- You believe you are being discriminated against or harassed.
- You are asked to do something different on assignment than what was described to you.
- You are asked to perform a task/operate equipment you are not trained on.
- You see unsafe working conditions.

If You are Injured While Working:

If you experience an incident or are injured on the job you are required to report it immediately to your direct supervisor & your DVR Representative who will notify Manpower. If medical attention is required, you will be directed on where to seek such treatment.

Step 1: Notify Your Immediate Supervisor **Step 2:** Contact your DVR Rep & Manpower 207-942-6178

Your Feedback is Important:

While on assignment you may receive an emailed satisfaction survey from the Manpower Associate Experience Team. **We strive for 9 & 10 ratings** - so if you are ever unsatisfied, please reach out to us so we can help.

Refer Others!

If you know anyone looking for work, send them our way! We'll do our best to connect your referrals to meaningful work opportunities and get them set up for success. Refer your friends and family to manpowermaine.com to apply!