

11am 12-7 Palletizer



CORPORATE MANAGEMENT GROUP

Employment Application

Office Hours: Monday-Friday 9am-3pm

Office Number: 507-838-5994

Office Address: 1232 Valley High Dr NW Rochester, Mn 55901

Applicant Information

(APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS AND A BACKGROUND CHECK WILL BE COMPLETED)

Please fully complete pages 1-3

Full Name: (Last Name, First Name) Metcalf, Dylan Date: 12-4-20

Address: (Street Address) 825 W Silver Lake Dr. NE (Apt./Unit #) _____

(City) Rochester, MN (State) MN (ZIP Code) 55906

Phone: 651-564-2903 Email: st.metcalf@hotmail.com

Social Security No. 476-13-8941 Date Available: 12-9-20

Position Applied for: Open Desired Wage: 12.00/h

Shift Available to work: 1st 2nd 3rd Employment desired: Full-Time Part-Time

Are you authorized to work in the U.S.? Yes No

How did you hear about us? Wai Bounkio Referral Name: Wai Bounkio

If under 18, please list age: _____

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules? No Yes

Education

Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
High School	St. Paul Public schools			GED
College	Century College	3300 Century Ave N White Bear Lake MN 55110	3 yrs	A.A.
Bus. Or Trade School	Lobovitz School of Business and Economics	1049 University Dr. Duluth, MN 55812	3 yrs	BSBA (need 18 credits)
Professional School	University of Minnesota Duluth			

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PLEASE READ CAREFULLY APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Corporate Management Group, Inc.,

I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Corporate Management Group, Inc. (CMG), or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by an officer of CMG. Both the undersigned and CMG may end the employment relationship at any time, without specified notice or reason. If employed, I understand that CMG may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination. I hereby give CMG permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release CMG from any liability as a result of such contact.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by CMG policies.

I release CMG and other persons or entities from any claims that might be based on CMG's decision to conduct a background check.

I understand that, in connection with the routine processing of your employment application, CMG may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, CMG will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with CMG shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with CMG is terminable at will for any reason by either party.

Signature of applicant Dylan Metcalf Date: 12-4-20



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

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

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

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

Last Name (Family Name) <i>Metcalf</i>		First Name (Given Name) <i>Dylan</i>		Middle Initial <i>M</i>	Other Last Names Used (if any) N/A	
Address (Street Number and Name) <i>825 W Silver Lake Drive</i>			Apt. Number	City or Town <i>Rochester</i>	State <i>MN</i>	ZIP Code <i>55906</i>
Date of Birth (mm/dd/yyyy) <i>07/04/1982</i>	U.S. Social Security Number <i>476</i>	Employee's E-mail Address			Employee's Telephone Number <i>651-564-2903</i>	

I am aware that federal law prohibits employers from discriminating against employees for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that the information provided is true and correct (check all that apply in the following boxes):

- 1. A citizen.
- 2. A noncitizen national.
- 3. A lawful permanent resident.
- 4. An alien authorized to work in the United States.

651-564-2903
DMD 8941

- Aliens authorized to work in the United States must complete Form I-9: *Complete Form I-9: Alien Registration Number, Form I-94 Admission Number, or Foreign Passport Number.*
- 1. Alien Registration Number: _____
OR
 - 2. Form I-94 Admission Number: _____
OR
 - 3. Foreign Passport Number: _____
Country of Issuance: _____



Signature of Employee <i>Dylan Metcalf</i>	Today's Date (mm/dd/yyyy) <i>12-09-2020</i>
---	--

Preparer and/or Translator Certification (check one):

- I did not use a preparer or translator.
- A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

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



Employer Completes Next Page





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Minnesota Department of Health
Section of Vital Statistics

CERTIFICATE OF LIVE BIRTH

1. CHILD-NAME FIRST MIDDLE LAST Dylan Michael Metcalf			2a. DATE OF BIRTH MONTH DAY YEAR July 4, 1982		2b. HOUR cdt 4:00 a.m.
3. SEX Male	4a. THIS BIRTH SINGLE, TWIN, TRIPLET, ETC. SPECIFY Single		4b. IF NOT SINGLE BIRTH, BORN FIRST, SECOND, ETC. SPECIFY		5a. COUNTY OF BIRTH Ramsey
5b. LOCATION OF BIRTH CITY OR TOWNSHIP St. Paul			5c. HOSPITAL-NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) Mounds Park Hospital		
6a. FATHER-NAME FIRST MIDDLE LAST Daniel Frederick Metcalf			6b. AGE (AT TIME OF THIS BIRTH) 28	6c. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Vermont	
7a. MOTHER-NAME FIRST MIDDLE MAIDEN Mary Christine Bialek			7b. AGE (AT TIME OF THIS BIRTH) 27	7c. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Minnesota	
8a. RESIDENCE OF MOTHER-STATE Minnesota		8b. COUNTY Ramsey	8c. CITY OR TOWNSHIP St. Paul		8d. INSIDE CORPORATE LIMITS (SPECIFY YES OR NO) Yes
9. MAILING ADDRESS OF MOTHER STREET AND NUMBER CITY AND ZIP CODE 1706 E. Clear Ave. St. Paul, MN 55106			10. I CERTIFY THAT THIS CERTIFICATE IS CORRECT (SIGNATURE OF PARENT) <i>Mary C. Metcalf</i>		
11a. CERTIFICATION I CERTIFY THAT I ATTENDED THE BIRTH OF THIS CHILD WHO WAS BORN ALIVE AT THE PLACE AND ON THE DATE STATED ABOVE. SIGNATURE <i>R.G. Rocheleau</i>			11b. DATE SIGNED 7-12-82	11c. ATTENDANT (M.D., D.O., N.M., OTHER) SPECIFY <i>MD</i>	
11d. CERTIFIER-NAME (TYPE OR PRINT) R.G. Rocheleau			11e. MAILING ADDRESS STREET AND NUMBER POST OFFICE 562 Central Med. Bldg. St. Paul, MN 55104		
12a. REGISTRAR-SIGNATURE <i>Sharon Knopke</i> DEPUTY			12b. DATE FILED JUL 15 1982		

THIS SPACE RESERVED FOR USE OF REGISTRAR

STATE OF MINNESOTA) SS
COUNTY OF HENNEPIN)

I hereby certify that the above is a true and correct copy of the official record on file with the Section of Vital Statistics Registration of the Minnesota Department of Health.

Dated at Minneapolis

October 1, 1991

Frederick L. King

State Registrar
Minnesota Department of Health

NOT VALID WITHOUT IMPRESSED SEAL

TEMPORARY CREDENTIAL



Minnesota Department of Public Safety
Driver and Vehicle Services Division

445 Minnesota Street, Suite 175, Saint Paul, Minnesota 55101
Phone: 651-297-3298 TTY: 651-282-6555
dvs.dps.mn.gov



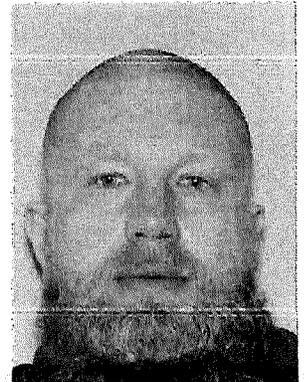
DL/ID #: **Q437-168-391-814**
TEMPORARY CREDENTIAL EXPIRATION
08-Apr-2021
DATE OF BIRTH
04-Jul-1982

APPLICANT INFORMATION

APPLICATION DATE 09-Dec-2020
APPLICATION NAME METCALF, DYLAN MICHAEL

CREDENTIAL INFORMATION

Name	METCALF, DYLAN MICHAEL	Date of Birth	04-Jul-1982
DL/ID Number	Q437-168-391-814	Height	5ft 10in.
Residence Address	1706 CLEAR AVE SAINT PAUL MN 55106-2222	Eye Color	Blue
Card Mailed To	1706 CLEAR AVE SAINT PAUL MN 55106-2222	Sex	Male
Station Location	655 Rochester	Weight	220 lbs.
Credential Type	Standard ID	Organ Donor	Yes
Card Type	State ID	Veteran	No
Endorsements	None		
Restrictions	None		
License Indicators	None		



**THIS DOCUMENT IS FOR THE TYPE OF CARD
INDICATED UNTIL THE EXPIRATION DATE
LISTED ABOVE.**

- This document is void if the applicant is not in compliance with all restrictions indicated on the record.

**THIS IS NOT A STAND-ALONE IDENTIFICATION
DOCUMENT**

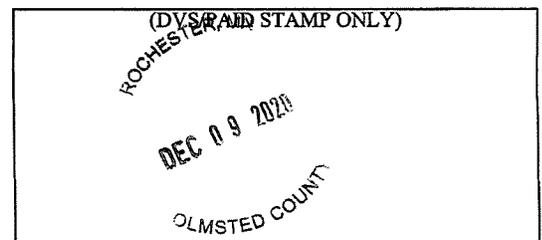
**VALID FOR DRIVING PRIVILEGES IF THE
RECORD INDICATES**

CONTACT US

Visit dvs.dps.mn.gov to:

- Check the status of your driving privileges
- Schedule a road test

Driver's License Questions	651-297-3298
License Status, available 24/7	651-284-1234
DVS Locations	651-297-2126
Motor Vehicle Questions	651-297-2126
TDD/TYY	651-282-6555



Pay Information

Payday is every Friday

Name: Dylan Metcalf

Last 4 of SSN: 8941

Please mark what option you choose

Direct Deposit

Bank Name Affinity Plus Federal Credit Union

Account Number 1011427230

Circle One

Checking Savings

Routing Number 296076301

I Understand and acknowledge that if I do not provide a voided check with this direct deposit form, I am responsible for any delays in payroll or extra costs included if the account number that I provide is incorrect.

Initial DM

Bank of America Money Network Card

↓ Office Use Only ↓

Account Number _____

Routing Number _____

Applicant Certification and Authorization for Background Check

Please read the below statements and initial on the indicated line

(This information will be inputted onto the online NHO form – you will be provided the login information during your interview)

I authorize Employer Solutions Staffing Group (ESSG) to use the information and statements contained in this application to determine my qualifications. I authorize ESSG to make inquiries of my former employers, except as indicated in this application, regarding my previous duties, responsibilities, performance, compensation and eligibility for rehire.

I understand that comprehensive background checks may be conducted to determine my eligibility for my hire by certain clients of ESSG. This may include – but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by ESSG policies.

I release ESSG and other persons or entities from any claims that might be based on ESSG's decision to conduct a background check. I certify that all statements made in my application are true and accurate and that I have not omitted any material information or provided false or misleading information. I understand that any material omission or misrepresentation will result in my disqualification from consideration for employment or if discovered after I begin my employment, will result in my termination.

If hired, I agree to abide by the policies and procedures of ESSG.

I have read and agree DM (initial)

I hereby authorize Employer Solutions Staffing Group, LLC and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes. I understand that the scope of the consumer report / investigative consumer report may include, but is not limited to the following areas: verification of social security number, credit reports, current and previous residences, employment history, education background, character references, drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, country jurisdictions, driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation or public agency to divulge any and all information, verbal or written, pertaining to me, to Employer Solutions Staffing Group, LLC or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation or public agency may have to include information or data received from other sources Employer Solutions Staffing Group, LLC and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers and dates of birth.

I have read and agree DM (initial)

Work Opportunity Tax Credit Questionnaire

This Company participates in federal and/or state tax credit programs. The information you give will be used to determine the company's eligibility for these programs and will in no way negatively impact any hiring, retention, or promotion decisions.

Do any of these statements apply to you?

You or a household member received...

- Unemployment compensation in 2020
- Any type of government assistance
- Welfare/TANF
- Food Stamps/SNAP
- Social Security Income benefits

You...

- Have been approved to receive unemployment compensation in 2020
- Served in the U.S. Armed Forces
- Received vocational rehabilitation services
- Were convicted of a felony

YES / NOT SURE / NO

If you marked yes or not sure, please answer the following questions:

Are you under age 40? YES / NO

What is your date of Birth? (MM/DD/YYYY) 07-09-1982

Have you previously worked for Employer Solutions Group? YES / NO

Please Select your answers to the following questions:

Have you received or have been approved to receive unemployment compensation in the last 90 days? YES / NO / NOT SURE

Have you served in the U.S. Military? YES / NO / NOT SURE

- If you marked yes or not sure, please answer the following questions:

Were you unemployed for at least 6 months in the past year? YES / NO / NOT SURE

Have you received SNAP (Food Stamps) in the past 15 months? YES / NO / NOT SURE

Are you entitled to compensation for a service-related disability? YES / NO / NOT SURE

Were you discharged or released from active duty in the past year? YES / NO / NOT SURE

If discharged or released, in what year were you discharged from active duty? (YYYY)
Branch of Service?

AIR FORCE / ARMY / COAST GUARD / MARINE CORPS / NATL' GUARD / NAVY

Have you or a household member received SNAP (Food Stamps) in the past 6 months?

YES / NO / NOT SURE

Have you or someone in your household received or stopped receiving TANF (Welfare), childcare, housing, or transportation assistance in the past 2 years? YES / NO / NOT SURE

- If you marked yes or not sure, please answer the following questions:

Did you or your household member receive assistance at least 9 months in the past 18 months?

YES / NO / NOT SURE

Did you or your household member receive assistance for at least the past 18 months?

YES / NO / NOT SURE

Did you or your household member receive assistance at least 18 months between August 1997 and August 2018? YES / NO / NOT SURE

Did you or a household member stop receiving assistance in the past 2 years because it exceeded the time limitation? YES / NO / NOT SURE

What was the state in which you received your TANF (Welfare) benefit? (STATE?) *MI*

Have you received SSI (Social Security Income) benefits in the last 90 days?

YES / NO / NOT SURE

Have you received vocational rehabilitation services? YES / NO / NOT SURE

- If you marked yes, what rehabilitation service did you received?

STATE AGENCY / VETERANS ADMINISTRATION / TICKET TO WORK

Have you been unemployed for at least 27 weeks in a row, during which you received some unemployment compensation? YES / NO / NOT SURE

- If you marked yes, when were you unemployed?

From (MM/DD/YYYY) to (MM/DD/YYYY)

What state in which you received compensation? (STATE?)

Were you convicted of a felony or released from prison for a felony in the past year?

YES / NO / NOT SURE

What was your conviction date? MM/DD/YYYY

What was your release date? MM/DD/YYYY

What state was your conviction in? (STATE)

What it a Federal or State Conviction? FEDERAL / STATE

Did you receive deferred adjudication? YES / NO / NOT SURE

Have you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit? YES / NO / NOT SURE

Test Reference Number _____ Name of Collector _____

COMPANY INFORMATION

Company Name: CMG RM Phone _____ Fax _____
 Address _____ City: Spencer State/Province: MA Zip/Postal Code _____

DONOR INFORMATION

Last Name: Metcalf Employee ID: _____
 First Name: Dylan
 Type of Identification Provided: Driver's License Employee Photo ID Other _____
 Reason for test: Pre-employment Random Reasonable cause Post-accident Other _____

CERTIFICATION

I hereby certify that the specimen provided is my own and has not been substituted or adulterated. I further agree and grant permission for the testing of my specimen for drug metabolites and alcohol.

Donor Signature: Dylan Metcalf Date/Time: 12-9-20

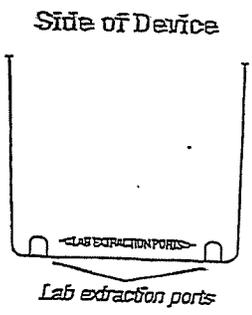
I hereby certify that I collected the specimen provided by the aforementioned Donor and that it was not substituted or adulterated to the best of my knowledge.

Collector Signature: [Signature] Date/Time: 12-9-2020
 Laboratory Signature: n/a Date/Time received: n/a

TEST RESULTS

Date/Time Collected: 9:17am
 Time Interpreted: _____

NOTE: Lab personnel obtain specimen samples by puncturing the lab extraction ports on the side of device with a needle and syringe and drawing out the sample.



Cut out this panel to copy/scan results

Drug Name	Symbol	Negative	Positive	Not tested
Alcohol	ALC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Amphetamine	AMP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine	BUP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepine	BZO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	COC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDDP	EDDP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Marijuana	THC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meperidine	MEP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	MEI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiates	OPI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone	OXY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phencyclidine	PCP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes/Comments _____

Rochester Meat Company Interview Questionnaire

Applicant's Name: Dylan Metcalf

Date: 12-7-2020

Interview time: 11am

Position applied for: Palletizer

1. Why do you want to come work at the Rochester Meat Company?

2. Can you tell me a little about your previous work experience?

Stucco - college - Maintenance work, tutor, student Ambassador
worked @ Old Chicago.

3. What did you like most about your present/past jobs?

good w/ staying late and working w/ people

4. What did you like least about one of your present/past jobs?

Nothing

5. Why did you leave your previous jobs?

hours got cut.

6. Sometimes conflicts can arise with co-workers. How have you handled conflicts with coworkers in the past (or how would you handle a conflict with a co-worker)?

Supervisor to get mediated

7. Sometimes disagreements can arise between supervisors and employees. How have you handled disagreements with your supervisor in the past (or how would handle a disagreement with your supervisor)?

Chain of command

8. With any new job there are a lot of things to learn in a short period of time. What would you do if you did not understand how to perform a particular task?

Ask

9. Rochester Meat Company has a lot of safety rules and procedures. Do you feel that sometimes it is acceptable to ignore safety rules if it helps you complete the job faster?

Not at all.

10. While you are working, you notice that something doesn't seem right with the product or packaging. What would you do?

Bring it up to shift supervisor

11. How much weight can you lift without hurting yourself?

12. Some of the work maybe repetitive in nature. Have you done repetitive work before and how do you feel about it?

Yes

13. Are you able to work overtime including Saturdays and Sundays?

yes

14. You would be working in temperature of 40-50 degrees. Would that be a problem for you?

No issue

15. Have you ever worked in food service or a restaurant before?

Old Chicago

Notes:

CMG Preliminary Questions

Name: Dylan Metcalf
Date: 12-9-20

Please Mark Yes or No

1. If hired are you willing to take a drug test? Yes No
2. Are you able to work with pork and beef? Yes No

Please Mark Your Preferred Position

3. What shift to you prefer? 1st 2nd 3rd

To be completed during or after interview

Have you ever been convicted of a crime? Yes No

Explain Incident I have a criminal history with
felonies, gross misdemeanor's misdemeanor's.
Most are assaults. I can explain more
in detail if needed.

Employee Signature Dylan Metcalf

Interviewer Signature _____



Branding Iron Holdings Covid-19 Certification for Property Access

Access will be granted to those that sign this document and do not answer yes to any of the questions. If a visitor answers "yes" to any of these questions do not admit the person into the facility.

1. Have you, someone living in your household, a significant other, or someone you are caring for been diagnosed with COVID-19 (Coronavirus) or had any contact with a confirmed case of COVID-19 in the previous 14 days? YES _____ NO X
2. Have you had contact with anyone in the previous 14 days either diagnosed or who has been in close contact with someone diagnosed with Covid-19? YES _____ NO X
3. Have you traveled anywhere in the previous 14 days to anywhere designated by the CDC as having widespread ongoing transmission? YES _____ NO X
4. Do you currently have, or have had within the last 24 hours, any cold or flu symptoms including fever greater than 100? (Fever will be taken at arrival). YES _____ NO X
5. Do you have any of the symptoms listed below? YES _____ NO X
 - Cough; Shortness of breath or difficulty breathing

Or at least two of these symptoms:

 - Fever; chills; repeated shaking with chills; muscle pain; headache; sore throat; new loss of taste or smell
6. Do you have a current Covid-19 diagnosis or are you under quarantine for Covid- 19? YES _____ NO X
7. Do you have a pending Covid-19 Test? YES _____ NO X

By signing below, I agree to hold harmless Branding Iron Holdings from and against any and all losses arising out of or otherwise in respect of, any misrepresentation, inaccuracy in, or breach of any of the certifications contained herein. By signing this I also agree to contact Branding Iron if I become aware of any of the above within 14 days of my visit.

Date: 12-9-20
Printed Name: Dylan Metcalf
Signature: Dylan Metcalf

This questionnaire is to be emailed to visitors, if possible, prior to visit. The term "Visitor" includes all non-Branding Iron team members and Branding Iron team members visiting from another Branding Iron facility or location

STATUS/PAYROLL CHANGE REPORT

1-24-2021

Today's Date: 2/1/21 Effective Date: ~~1/24/21~~
 Employee's Name: Dylan Matcofs
 Department: Grinding Shift: AM Skill level: 2

X	CHANGE(S)	# FROM	# TO
	Rate	# 11.50	# 13.50
	Department		
	Shift		
<input checked="" type="checkbox"/>	Skill Level	2	3
	Schedule/Start Time		
	Status (ex: Full-time to Part-time)		
	Status (ex: Hourly to Salary)		
	Other		

X	REASON(S) FOR THE CHANGE(S)
	Promotion
	Seniority Increase (Circle One) 90-day 6-mo. 1-yr 1 1/2-yr 2-yr 3-yr Annual
<input checked="" type="checkbox"/>	Merit Increase
	Transfer
	Other

ADDITIONAL COMMENTS

Authorized by: Randy Kepato Date: 2/1/21
 (Department Manager)

Gross	Federal	State	FICA	MED	Local	Garr.	Health Ins.	Other	Net	DD	RT	OT	PTO	HOL	DT
\$1,584.10	\$124.52	\$82.53	\$98.21	\$22.97	\$0.00	\$0.00	\$0.00	\$0.00	\$1,225.87	Y	80.00	14.80	0.00	0.00	0.00
METCALF, DYLAN M															
Check Number: 500785791															
\$1,736.44	\$162.80	\$91.79	\$107.66	\$25.18	\$0.00	\$0.00	\$0.00	\$0.00	\$1,409.01	Y	80.00	12.75	0.00	0.00	0.00
METCALF, DYLAN M															
Check Number: 500806258															
\$1,760.15	\$165.64	\$93.40	\$109.13	\$25.52	\$0.00	\$0.00	\$0.00	\$0.00	\$1,366.46	Y	80.00	13.77	0.00	0.00	0.00
METCALF, DYLAN M															
Check Number: 500830488															
\$2,000.33	\$194.46	\$109.73	\$124.02	\$29.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,543.12	Y	72.00	24.10	0.00	8.00	0.00
METCALF, DYLAN M															
Check Number: 500879388															
\$682.00	\$19.93	\$28.62	\$42.28	\$9.89	\$0.00	\$0.00	\$0.00	\$0.00	\$581.28	Y	0.00	0.00	44.00	0.00	0.00
METCALF, DYLAN M															
Check Number: 500899118															
\$904.35	\$42.95	\$40.51	\$56.07	\$13.11	\$0.00	\$0.00	\$0.00	\$0.00	\$719.71	Y	40.00	12.23	0.00	0.00	0.00
METCALF, DYLAN M															
Check Number: 500899118															
Check Date: 07/30/2021															
Check Status: Regular															

Gross Federal State FICA MED Local Garr. Health Ins. Other Net DD RT OT PTO HOL DT

Subtotal For Branch: CMG - Rochester									
Gross	\$18,345.39	Federal	\$1,293.81	RT Hours	1006.6				
Reimbursement	\$60.00	State	\$901.18	OT Hours	130.98				
Agency Pay	\$0.00	FICA	\$1,137.42	PTO Hours	44.00				
-Taxes	\$3,598.41	MED	\$266.00	DT Hours	0.00				
-Permanent Deduction	\$0.00	Local	\$0.00	Hol Hours	8.00				
-OneTime Deduction	\$107.00								
Net	\$14,699.98	Garnishment	\$0.00						
DD Net	\$14,699.98	Health Insurance	\$0.00						
Live check Net	\$0.00	Other	\$0.00						
Check Count	15	Live check Count	0						
Employee Count	1	DD Count	15						

CheckStatus	CheckStatusCount	CheckStatusNet
Regular	15	\$14,699.98
	15	\$14,699.98

Bank	Net Amount	Total Employees	Total Checks
MidwestOne	\$14,699.98	1	15
Checking	\$14,699.98	1	15
	\$14,699.98	1	15