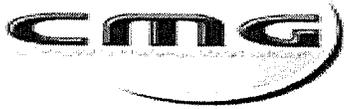


Disciplinary Report Form

Employee name: <u>Jose Avilez</u>		Hire Date: <u>12/22/2014</u>	Job title: <u>Production</u>
Department: <u>Tumbler Room</u>		Shift: <u>2st</u>	Supervisor: <u>Bunthy</u>
Offense track: <input checked="" type="checkbox"/> Performance issue <input type="checkbox"/> Work rule violation Work rule violated, if any:			
Type of offense: <input checked="" type="checkbox"/> Absenteeism <input type="checkbox"/> Tardiness <input type="checkbox"/> Leaving work area without permission <input type="checkbox"/> Misuse of property/equipment <input type="checkbox"/> Damaging/Losing property/equipment <input type="checkbox"/> Using property/equipment for personal use <input type="checkbox"/> Leaking confidential information <input type="checkbox"/> Theft or fraud <input type="checkbox"/> Lying or cheating <input type="checkbox"/> Falsifying company documents <input type="checkbox"/> Unsafe behavior <input type="checkbox"/> Eating in undesignated areas <input type="checkbox"/> Smoking in undesignated areas <input type="checkbox"/> Posting items without permission <input type="checkbox"/> Fighting or creating conflict <input type="checkbox"/> Spreading gossip <input type="checkbox"/> Using vulgar language <input type="checkbox"/> Rudeness <input type="checkbox"/> Abusiveness <input type="checkbox"/> Horseplay <input type="checkbox"/> Indecent behavior <input type="checkbox"/> Bringing weapon onsite <input type="checkbox"/> Bringing illegal drugs/alcohol onsite <input type="checkbox"/> Failing to follow instructions <input type="checkbox"/> Poor work quality <input type="checkbox"/> Poor work quantity <input type="checkbox"/> Refusing to work <input type="checkbox"/> Sleeping on the job <input type="checkbox"/> Poor hygiene <input type="checkbox"/> Poor housekeeping <input type="checkbox"/> Disregarding dress code <input type="checkbox"/> Other			
<u>Absenteeism</u>			
Incident description: (Describe actions, behavior, or incident; date(s); time(s); place(s); witness(es) and his/her observations; impact(s) of actions, behavior, or incident; employee's responses immediately after the incident and other significant conversations; employee's previous related training or counseling; and other relevant facts.)			
<u>NCNS on 10/20/2015</u>			
Completed by: <u>Garrison Lewis</u>		Date: <u>10/21/2015</u>	
(Shaded area to be completed by Human Resources only.)			
Progressive step: <input type="checkbox"/> Oral warning* <input type="checkbox"/> Suspension (unpaid) <input type="checkbox"/> Release <input type="checkbox"/> Written reprimand <input type="checkbox"/> Discharge <input type="checkbox"/> Suspension (paid) *File apart from personnel files and copies thereof		Previous warnings: Type: Offense: Date: Type: Offense: Date:	
<u>Last Chance Warning</u>		<u>10/24/15 - Final warning</u> <u>Verbal warning 8/24/15</u> <u>written warning 7/21/15</u> <u>Notification 6/24/15</u> <u>Notification 4/23/15</u>	
Consequence if incident occurs again: <u>Assignment End</u>			
Human Resources Signature(s):		Date:	
Employee statement: <input type="checkbox"/> I agree with the incident description above. <input type="checkbox"/> I disagree with the incident description above. Date report presented to employee:			
Employee comments: (Attach sheets if necessary.)			
Employee acknowledgement: My signature acknowledges that I have received this report and that it has been discussed with me. I understand that my signature is not an admission of the incident or offense. I understand that I may appeal this report by filing a Discipline Complaint Form.			
Employee signature: <u>Jose Avilez</u>		Date: <u>10-21</u>	Witness
signature (if any): _____		Date: _____	Signature of
person presenting report: _____		Date: _____	



Disciplinary Report Form

Employee name: Jose Avilez	Hire Date: 12/22/14	Job title: Production
Department: Timber Room Production	Shift: 1st	Supervisor: Banthy
Offense track: <input checked="" type="checkbox"/> Performance issue <input type="checkbox"/> Work rule violation, Work rule violated, if any:		
Type of offense: <input checked="" type="checkbox"/> Absenteeism <input type="checkbox"/> Tardiness <input type="checkbox"/> Misuse of property/equipment <input type="checkbox"/> Using property/equipment for personal use <input type="checkbox"/> Leaking confidential information <input type="checkbox"/> Theft or fraud <input type="checkbox"/> Lying or cheating <input type="checkbox"/> Falsifying company documents <input type="checkbox"/> Unsafe behavior <input type="checkbox"/> Eating in undesignated areas <input type="checkbox"/> Smoking in undesignated areas <input type="checkbox"/> Posting items without permission <input type="checkbox"/> Spreading gossip <input type="checkbox"/> Using vulgar language <input type="checkbox"/> Horseplay <input type="checkbox"/> Indecent behavior <input type="checkbox"/> Bringing weapon onsite <input type="checkbox"/> Bringing illegal drugs/alcohol onsite <input type="checkbox"/> Failing to follow instructions <input type="checkbox"/> Poor work quality <input type="checkbox"/> Poor work quantity <input type="checkbox"/> Refusing to work <input type="checkbox"/> Sleeping on the job <input type="checkbox"/> Poor hygiene <input type="checkbox"/> Poor housekeeping <input type="checkbox"/> Disregarding dress code <input type="checkbox"/> Other <input type="checkbox"/> Disruption in the work place <input type="checkbox"/> Threatening or creating conflict w/ coworkers		
Absenteeism		
Incident description: (Describe actions, behavior, or incident; date(s); time(s); place(s); witness(es) and his/her observations; impact(s) of actions, behavior, or incident; employee's responses immediately after the incident and other significant conversations; employee's previous related training or counseling; and other relevant facts.)		
Unexcused Absence from work 10/20/15		
Completed by: <i>[Signature]</i>	Date: 10/21/15	
(Shaded area to be completed by Human Resources only.)		
Progressive step: <input type="checkbox"/> Oral warning* <input type="checkbox"/> Suspension (unpaid) <input type="checkbox"/> Written reprimand <input type="checkbox"/> Release <input type="checkbox"/> Suspension (paid) *File apart from personnel files and copies thereof	Previous warnings: Type: Offense: Date: Type: Offense: Date: Type: Offense: Date: written warning 10/20/15 verbal warning 7/24/15 written - 7/21/15 Notification - 6/29/15 Notification - 4/23/15	
Final Warning		
Consequence if incident occurs again: Assignment End		
Human Resources Signature(s): <i>[Signature]</i>	Date: 10/21/15	
Employee statement: <input checked="" type="checkbox"/> I agree with the incident description above. <input type="checkbox"/> I disagree with the incident description above. Date report presented to employee:		
Employee comments: (Attach sheets if necessary.)		
Employee acknowledgement: My signature acknowledges that I have received this report and that it has been discussed with me. I understand that my signature is not an admission of the incident or offense. I understand that I may appeal this report by filing a Discipline Complaint Form.		
Employee signature: <i>[Signature]</i>	Date: 10-21	
Witness signature (if any):	Date:	
Signature of person presenting report:	Date:	

RECEIPT OF EMPLOYEE HANDBOOK AND EMPLOYMENT-AT-WILL STATEMENT

This is to acknowledge that I have read the Employer Solutions Staffing Group LLC Temporary Employee Handbook and understand that it sets forth the terms and conditions of my employment as well as the duties, responsibilities and obligations of my employment with the company. I understand and agree that it is my responsibility to abide by the rules, policies and standards set forth in the Handbook.

I also acknowledge that my employment with ESSG is not for a specified period of time and can be terminated at any time for any reason, with or without cause or notice, by me or by the company. I acknowledge that no oral or written statements or representations regarding my employment can alter the foregoing. I also acknowledge that no manager or employee has the authority to enter into an employment agreement, express or implied, providing for employment other than at-will.

I also acknowledge that, except for the policy of at-will employment, ESSG reserves the right to revise, delete and add to the provisions of this Employee Handbook. All such revisions, deletions or additions must be in writing and must be signed by the CEO of the company. No oral statements or representations can change the provisions of this Handbook. I also acknowledge that, except for the policy of at-will employment, terms and conditions of employment with the company may be modified at the sole discretion of the company, with or without cause or notice, at any time. No implied contract concerning any employment-related decision, term of employment or condition of employment can be established by any other statement, conduct, policy or practice.

I understand the foregoing agreement concerning my at-will employment status and the company's right to determine and modify the terms and conditions of employment is the sole and entire agreement between me and ESSG concerning the duration of my employment, the circumstances under which my employment may be terminated and the circumstances under which the terms and conditions of my employment may change. I further understand that this agreement supersedes all prior agreements, understandings and representations concerning my employment with the company.

If I have questions regarding the content or interpretation of this Handbook, I will bring them to the attention of ESSG.

DATE 10-21

EMPLOYEE
NAME Jose Turley
PLEASE PRINT

EMPLOYEE
SIGNATURE Jose Turley

ESSG
REPRESENTATIVE Kelsey



ACKNOWLEDGMENT

The associate handbook was reviewed with me, and I have received my personal copy. I also acknowledge that I have been given the opportunity to ask questions and express concerns during my orientation. Additionally, I understand and support the following:

1. This handbook is intended as a guide and **not** an employment agreement that creates a contractual relationship, and that the employment relationship may be terminated at the will of either party at any time.
2. The changing needs of the business will require alteration in method, practices and policies, and the company will unilaterally revise, as necessary, to meet these changing needs.
3. I agree to **notify** my CMG/ESSG Consultant **immediately** of any change in my personal data such as phone number, address, emergency notification, etc.
4. I am responsible for the information provided herein and will, upon my separation, return this handbook to my CMG/ESSG Consultant.

Date: 10-21

Associate's Signature: Jose Tulez

Associate's Printed Name: Jose Tulez

Orientation provided by: Kelsy Aditt

The number for the Call in Line is located on the back of your badge! No Call, No Show, No Job!

Employee Hygiene (GMP's)

- Hand washing → Wash for 20 Seconds AFTER using bathroom and BEFORE entering production area
- Foot foamers
- Purell Dispensers (if applicable)→ 15 minutes or as needed while working with exposed product
- Attire requirements
 - Long pants, long sleeves, SOCKS, shoes
 - No Skirts, Shorts, Tank tops, flats, sandals
- No food/gum/fingernail polish/false fingernails
- No open food/beverages in locker rooms
- No Ipod/cell phone
- No smoking/chewing tobacco/gum
- No Jewelry (except plain wedding band-NO stones!)→No eyebrow, lip, tongue, nose, wrist, dermal piercings!

Food Safety

- Preventing contamination→WASH YOUR HANDS & change your gloves after touching anything other than exposed product!
- Reconditioning/reworking product→Finished Product packages that fall face (film-side) down must be thrown away!
- Pest control→Keep doors shut, NO open food or beverage in the lockers!
- HACCP→Hazard Analysis Critical Control Point-Controls to keep our food safe for our consumers!
- Product & room temperatures→To keep bacteria at low/controllable levels. FOOD SAFETY AND FOOD QUALITY

Allergens

- Process Controls→Correctly label and cover product going back into storage!
- Employee role in Allergen Program→ Don't cross contaminate by switching production lines before changing clothes/washing hands!

Food Security

- RF Policy→Locked doors, NO visitors, Visitors must be escorted by a Reichel employee, DO NOT SIGN FOR PACKAGES!
- Employee Role→Don't hold doors open, Watch for suspicious activity, Tell your Supervisor if you see something weird! Don't forget your badge to let you in!

Plant/Employee Safety

Safety Rules

Emergency Evacuation/Fire Extinguishers

Bloodborne Pathogens/First Aid

PPE

Eyewash station

Equipment Hazards

Forklift awareness

Right to Know

Main plant chemicals

Chemicals specific to job

Hearing Conservation

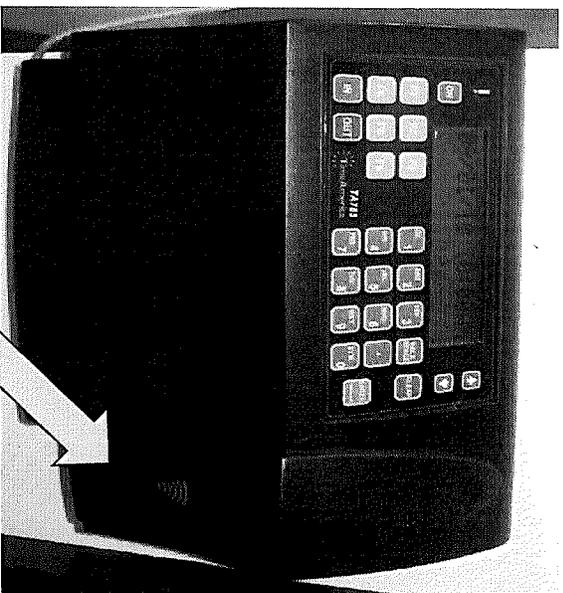
*Jose Avilez
attended new hire
orientation on
12/16/14.*

Food Security/Food Defense

•“Employees are the *FIRST* Line of Food Defense” DVD

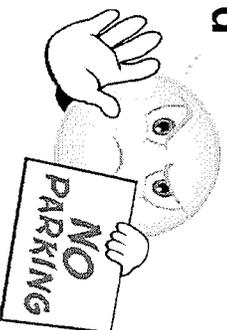
NOTICE
KEEP THIS
DOOR CLOSED

- Plant doors should remain closed and locked. Employees will use their “Prox Card II” to get into the main entrance. Temporary employees use the door bell and report to the Supervisor on duty so the proper paperwork can be reviewed before allowing access into the production areas.



HID
HID CORPORATION

ProxCard® II



Once you receive your “Prox Card” you use the black time clock to punch in and out.

- Call in line numbers are on the back of your badge!
- NO CALL, NO SHOW, NO JOB!!
- If you forget your badge, record your hours to your supervisor.
- Do not drive through parking lot when you leave or come to work. Use the road!
- No parking in front of the building!
- No Parking in Permit spots without a permit.



New Employee Acknowledgement Form

Welcome to CMG and Reichel Foods!

As a new employee, you will be provided with copies of documents or items listed below. Please initial each line when you receive that particular document or item. Please sign and date the bottom of the sheet when all documents or items have been distributed to you.

CMG/Reichel Foods Handbook

AR

-Attendance Policy page 6

AR

-Time off Request procedure page 20

AR

-No Smoking Policy, Ecig, Chewing policy page 12

AR

- Final Paycheck at Time of Separation page 18

AR

Receipt of Unemployment Acknowledgement

AR

I hereby acknowledge that I have been provided with each and every item listed above, that it is my responsibility to read and follow each document provided to me and that if I have any questions concerning the item or its content then it is my responsibility to address my questions with my supervisor or CMG, and hereby waive any claim, now or in the future, that I did not receive, did not read or did not comprehend the items or their contents.

Dated: 12-16-14

Signature: Antonina Rojas Carena

(Printed Name) Antonina Rojas Carena

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If I have questions regarding the content or interpretation of this Handbook, I will bring them to the attention of ESSG.

DATE 12-16-14

EMPLOYEE
NAME Antonina Rojas Garcia
PLEASE PRINT

EMPLOYEE
SIGNATURE Antonina Rojas Garcia

ESSG
REPRESENTATIVE Kelsey Adell



ACKNOWLEDGMENT

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4. I am responsible for the information provided herein and will, upon my separation, return this handbook to my CMG/ESSG Consultant.

Date:

12-16-14

Associate's Signature: Antonina Rojas Garcia

Associate's Printed Name: Antonina Rojas Garcia

Orientation provided by: Kelley Adelt