

To: Corporate Management Group (CMG) Employees

From: Corporate Management Group

Subject: Attendance Policy

In acceptance of employment with Corporate Management Group (CMG), it is our obligation to inform you of our attendance policy. Each employee is important to the success of the company and the customers we service. We rely on employees to be conscientious and punctual in regards to attendance and deadlines. Therefore, it is important that employees report to work each day as scheduled.

I acknowledge by my signature below that I have been;

- a.) Informed and provided a copy of the attendance policy
- b.) Agree to abide by the policy terms

A: Todos Empleados de Corporate Management Group (CMG)

De: Corporate Management Group

Sujeto: Política de Asistencia

En la aceptación de un empleo con el Grupo de Gestión Empresarial (CMG), que es nuestra obligación para informarle de nuestra política de asistencia. Cada empleado es importante para el éxito de la compañía y los clientes a los que el servicio. Contamos con empleados a ser consciente y puntual en lo que respecta a la asistencia y los plazos. Por lo tanto, es importante que los empleados se presenten a trabajar cada día como estaba previsto.

Reconozco con mi firma que he sido;

- a.) Informado y facilitado una copia de la política de asistencia
- b.) Estar de acuerdo en cumplir con los términos de política

Luis Flores Morales  
(Employee Signature/Nombre de Empleado)

8-10-17  
(Date/Fecha)

**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 8-16-17

EMPLOYEE NAME Luis Flores Morales  
PLEASE PRINT

EMPLOYEE SIGNATURE Luis Flores Morales

ESSG REPRESENTATIVE [Signature]

**Acknowledgement of Receipt Antiharassment Policy**

I certify that I have received a copy of Employer Solutions Staffing Group's Antiharassment Policy. I understand that it is my responsibility to read this policy and ask my supervisor, a member of management or to telephone Employer Solutions Group (ESSG) at 952.835.1288/1.866.496.7573 with any questions I may have about this policy. I agree to comply with ESSG's policy on Antiharassment and understand failure to comply is grounds for disciplinary action, up to and including termination.

I also agree that if at any time during my employment I am involved in any employment dispute or I am subjected to any type of discrimination, including discrimination because of race, sex, age, religion, color, national origin, disability, marital, sexual orientation or veteran status, or if I am subjected to any type of harassment including sexual harassment, I will immediately contact my supervisor, manager, director or ESSG's Human Resource Department at 952.835.1288/1.866.496.7573 in order to obtain assistance in the resolution of such matters.

Employee Name (Please Print)

Luis Gustavo Flores Morales

Employee's Signature:

Luis Flores Morales

Date: 8-16-17



## 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 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 ESSG Consultant.

Date: 8-16-17

Associate's Signature: Luis Gustavo Flores Morales

Associate's Printed Name: Luis Flores Morales

Orientation provided by: [Signature]