



PAYROLL DEDUCTION AUTHORIZATION

I, Zach Spitz (Employee)
acknowledge that I owe Employer Solutions Staffing Group for the
following:

- A payroll advance in the amount of \$ _____
 this advance will be paid back over the next
_____ check(s)
- Uniform Deduction in the amount of \$ 70.00
 this uniform deduction is weekly
 this uniform deduction is a one-time deduction
- Other one-time deduction for _____
in the amount of \$ _____

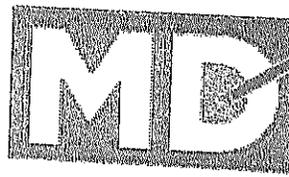
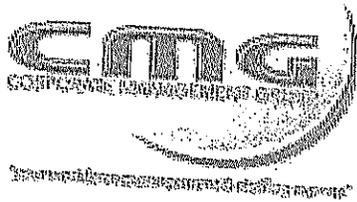
I hereby authorize Employer Solutions Staffing Group to deduct the
above amount from my paycheck(s) to repay this amount.

Upon termination of my employment, regardless of the reason, I
hereby authorize any unpaid amounts to be deducted in full from my
final paycheck.

Dated: 4/1/2022

Signed: [Signature]

Printed Name: Zach Spitz



Size: 10.5
2nd shift.

Drug Screening Test Results

Company Information:

Corporate Management Group
1501 W 124th Ave, Suite 500 Westminster CO 80234

Name of Collector: Isabell Hunt

Donor Information:

Name of Donor: Zachary Spny

Reason for testing: Pre-Employment Screening

Screen Results:

Date Collected: 4/1/2022

Test	Pass	Fail
Cocaine (COC)	X	
Marijuana (THC)	X	
Opiate (OPI)	X	
Amphetamine (AMP)	X	
Methamphetamine (MET)	X	

Certification:

I hereby agree to submit a saliva analysis for the purpose of testing for drug metabolites. The specimen provided is my own and has not been substituted or altered.

[Signature] 4/1/2022
Donor Signature Date

[Signature] 4/1/2022
Collector Signature Date