



Please Indicate What Shift and Department You Are In:

Name: Tyrone Timms

**Shifts:**

Day Shift  \_\_\_\_\_

Night Shift \_\_\_\_\_

**Departments:**

Finishing \_\_\_\_\_

Nose Cones \_\_\_\_\_

Material Prep \_\_\_\_\_

Stores \_\_\_\_\_

Prefab  \_\_\_\_\_

Mould \_\_\_\_\_

Maintenance \_\_\_\_\_

Project Crew \_\_\_\_\_

Resin Mixing \_\_\_\_\_

CMG Consultant Signature

Date



## SUMMARY

This associate handbook is intended to facilitate communication between you, CMG, and **SUZLON ROTOR CORPORATION**. It is not to be considered an employment contract obligating you, CMG, or **SUZLON ROTOR CORPORATION** to any indefinite employment relationship.

Reading the entire handbook at least one time will give you a good idea of its general content. Then, you will be able to use it easily as a quick reference manual. Revisions and updates are made to this information from time to time and will be communicated to you. It is your responsibility to stay informed of all updates to this handbook.



## 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 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 Consultant.

Date:

2/19/08

Associate's Signature:

Tyrone Timms

Associate's Printed Name:

Tyrone Timms

Social Security #:

576-21-0234

Orientation provided by:

[Signature]



## EMPLOYEE CONFIDENTIALITY AGREEMENT

In consideration of my employment at Corporate Management Group, Inc. (CMG), I understand and agree that it is my duty not to disclose confidential information as specified in this agreement.

CMG employs people on a temporary basis, assigning them to work for client companies. CMG is dependent upon client companies for continued business success. Any information pertaining to client companies is the property of CMG and is necessary for its growth.

Realizing the importance of this material, and as a condition of my temporary assignment with CMG, I agree that:

I will guarantee to safeguard CMG's client information received during my temporary assignment with CMG. I will not disclose any information gained through the performance of my job without authorization by CMG. I agree to keep all confidential matters of CMG secret during my temporary assignment with them and at the end of my temporary assignment shall not disclose any such information without specific written authorization from CMG. Upon the request of CMG, I agree to deliver to CMG upon termination of my temporary assignment, for whatever reason, all memorandums, notes, records, reports, manuals or other documents of confidential nature. It is understood that while on Suzlon Rotor Corporation premises, CMG employees will conduct themselves in accordance to the expectations of the Suzlon Rotor Corporation employees. CMG agrees that terms and conditions of Suzlon Rotor Corporation's contracts with their clients extend to CMG.

2/19/08  
Date

Fyrone Junior  
Signature

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

**Form I-9, Employment Eligibility Verification**

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification.** To be completed and signed by employee at the time employment begins.

Print Name: Last Timms	First Tyrone	Middle Initial	Maiden Name
Address (Street Name and Number) 112 2nd Street W		Apt. #	Date of Birth (month/day/year) 01/15/1980
City Jasper	State MN	Zip Code 56144	Social Security # 576-21-0234

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen or national of the United States
- A lawful permanent resident (Alien #) A \_\_\_\_\_
- An alien authorized to work until \_\_\_\_\_  
(Alien # or Admission #) \_\_\_\_\_

Employee's Signature <i>Tyrone Timms</i>	Date (month/day/year) 7/19/08
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**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

**Section 2. Employer Review and Verification.** To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		Birth Certificate		Department Corrections
Issuing authority: _____		California		South Dakota
Document #: _____		104-80-001937		44654
Expiration Date (if any): _____				
Document #: _____				
Expiration Date (if any): _____				

**CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 7/19/08 and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)**

Signature of Employer or Authorized Representative <i>Ashley Postma</i>	Print Name Ashley Postma	Title Admin Assistant
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) CMG 12000 Washington St Ste 290 Thornton, CO 80241		Date (month/day/year) 7/19/08

**Section 3. Updating and Reverification.** To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
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**South Dakota Department of Corrections  
Supervising Agent's Reporting Instructions**

**To: TIMMS, TYRONE N #44654**

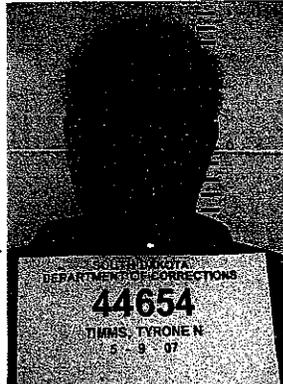
These are your Supervising Agent's Reporting Instructions to you. Read this document in its entirety and follow all instructions carefully. It is your responsibility to complete and adhere to these instructions. If you are unsure of any portion of this document, now is the time to ask.

You will notify your agent by telephone immediately upon your release or sooner if you feel you are unable to report as instructed. Your agent will determine the legitimacy of your situation and further instruct you. A single attempt or leaving a message is not sufficient. Contact any parole office, agent or local law enforcement for assistance if necessary. Making contact is imperative to your success on supervision.

In Sioux Falls:

Discharge checks may be cashed at First Savings Bank, 2301 E 10th Street. Other banks will not cash without an account.

**Name:** TIMMS, TYRONE N  
**Home Address:** Super 8 Motel (2616 E. 10th St.)  
SIOUX FALLS, SD  
**SSN:** 576-21-0234  
**Birth Date:** 01/15/1980  
**Sex:** M  
**Eyes:** BWN  
**Height:** 6'04  
**Weight:** 200  
**Hair:** BK  
**Release Date:** 12/24/2007  
**Method Of Travel:** Walk



**Assigned Parole Agent**

**Agent Name:** Robert Schmitt  
**Office Address:** 408 S. 2nd Avenue Suite 104  
Sioux Falls, SD 57104-6919  
**Work Phone:** 367-5781  
**Cell Phone:** 940-1670

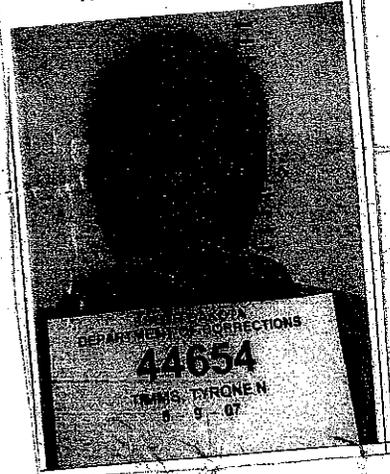
**IMPORTANT! Reporting Instructions:**

Tyrone is already seeing me so he needs to report in on the already approved date and time.

\_\_\_\_\_  
(Person being supervised)

Date: \_\_\_\_\_

TIMMS, TYRONE N



DEPARTMENT OF CORRECTIONS

44654

TIMMS, TYRONE N  
6-5-07

**SOUTH DAKOTA  
DEPARTMENT OF  
CORRECTIONS**

**ID #: 44654**

**Age: 27**

**DOB: 01/15/1980**

**Sex: M**

**Eyes: BWN**

**Height: 604**

**Weight: 200**

**Hair: BK**

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH SERVICES

104-80-001937

CERTIFICATE OF LIVE BIRTH  
STATE OF CALIFORNIA

1500

0344

1. NAME OF CHILD—FIRST <b>TYRORE</b>		18. MIDDLE <b>NATHAN</b>		16. LAST <b>TIMES</b>	
2. SEX <b>MALE</b>	2A. TYPE BIRTH, SINGLE, TWIN, etc. <b>SINGLE</b>	2B. IF TWINS, TIME BORN <b>1ST, 2ND, 3RD</b>	3A. DATE OF BIRTH—MONTH, DAY, YEAR <b>JANUARY 15, 1980</b>		3B. HOUR (24 HOUR CLOCK TIME) <b>2340</b>
24. PLACE OF BIRTH—NAME OF HOSPITAL <b>USAF HOSPITAL, EDWARDS</b>			25. STREET ADDRESS (STREET, NUMBER, OR LOCATION) <b>EDWARDS AIR FORCE BASE</b>		
26. CITY OR TOWN <b>EDWARDS</b>			27. COUNTY <b>KERN</b>		
3A. NAME OF FATHER—FIRST <b>ERIC</b>		3B. MIDDLE <b>MARSHALL</b>		3C. LAST <b>CLIPPS</b>	
3D. STATE OF BIRTH <b>IL</b>		4. AGE OF FATHER <b>23</b>			
5A. BIRTH NAME OF MOTHER—FIRST <b>GAYNELL</b>		5B. MIDDLE		5C. LAST <b>SIMONS</b>	
5D. STATE OF BIRTH <b>IL</b>		6. AGE OF MOTHER <b>23</b>			
12A. I CERTIFY THAT I HAVE REVIEWED THE STATE INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE		12B. PARENT OR OTHER INFORMANT—SIGNATURE <i>Mrs. Donnell Times</i>		12C. RELATIONSHIP TO CHILD <b>MOTHER</b>	
12D. DATE SIGNED <b>JAN 15, 1980</b>		13A. JEREMIAH OR OTHER A. CONTRACT—PRINTED OR TYPED <i>Donald D. Casselle MD</i>		13B. LICENSE NUMBER <b>MILITARY</b>	
13C. DATE SIGNED <b>JAN 15, 1980</b>		14. TYPED NAME AND ADDRESS <b>DONALD D. CASSELLE, M.D. - See Item 5</b>			
15. DEATH—ENTER DATE OF DEATH		16. LOCAL REGISTRAR—SIGNATURE <i>Leon M. Habertson, M.D.</i>		17. DATE ACCEPTED FOR REGISTRATION <b>JAN 25 1980</b>	

462  
213

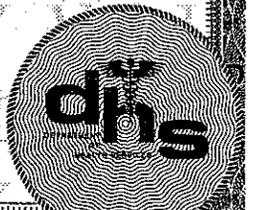
This is to certify that this document is a true copy of the official record filed with the Office of Vital Records.

*Michael L. Rodrian*  
MICHAEL L. RODRIAN  
STATE REGISTRAR OF VITAL RECORDS

05 MAY -4 AM 11:34  
DATE ISSUED



This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



## SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
E-Verify

Report Prepared: 02/19/2008  
Page: 1 of 1

Case Verification Number: 2008050103733JB

**Initial Verification:**

Last Name:	Timms	First Name:	Tyrone
Middle Initial:		Maiden Name:	
Social Security Number:	576-21-0234	Date of Birth:	01/15/1980
Hire Date:	02/19/2008	Citizenship Status:	Citizen or National of the United States
Alien Number:		I-94 Number:	
Document Type:	List B, C Documents	Doc. Expiration Date:	
Initiated By:	APOS3210	Initiated On:	02/19/2008

**Initial Verification Results:**

Initial Eligibility: EMPLOYMENT AUTHORIZED

**SSA Referral:**

Referral By: Referral Date:

**Verification Response:**

Eligibility: Response Date:

**SSA Resubmittal:**

Last Name:	First Name:
Middle Initial:	Maiden Name:
Social Security Number:	Date of Birth:
Initiated By:	Initiated On:

**Resubmittal Verification Results:**

Eligibility:

**Additional Verification:**

Comments:  
Initiated By: Initiated On:

**Verification Response:**

Eligibility: Response Date:

**DHS Referral:**

Referral By: Referral Date:

**DHS Referral Results:**

Eligibility: Response Date:

**Case Resolution:**

Resolve Option:  
Resolved By: Resolved On:

SENSITIVE BUT UNCLASSIFIED

# Form W-4 (2008)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$900 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits,

adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

**Nonresident alien.** If you are a nonresident alien, see the instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2008. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent. A 1

B Enter "1" if: B \_\_\_\_\_

- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.

C Enter "1" for your spouse. But, 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 you avoid having too little tax withheld.) C \_\_\_\_\_

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return D 2

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) E \_\_\_\_\_

F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit F \_\_\_\_\_

(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.

- If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child.
- If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have 4 or more eligible children.

H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ H 3

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small; margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; margin: 5px 0;">2008</div>
1 Type or print your first name and middle initial. Last name Tyrone Timms		2 Your social security number 576 21 0234
Home address (number and street or rural route) 112 2nd Street W City or town, state, and ZIP code Jasper, MN 56144		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u>3</u> 6 \$
6 Additional amount, if any, you want withheld from each paycheck		
7 I claim exemption from withholding for 2008, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here		7 <u>3</u>
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.) ▶ <i>Tyrone Timms</i>		Date ▶ <u>2/19/08</u>
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)