

SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2015099103221WM

Case Information:

| | |
|-------------------------|--|
| Employee Information: | |
| Last Name: | Walker |
| Middle Initial: | |
| Social Security Number: | *** ** 2117 |
| Citizenship Status: | A citizen of the United States |
| Document Information: | ID card issued by a U.S. Federal, state or local government agency |
| List B Document: | |
| Alien Number: | |
| Additional Information: | |
| Hire Date: | 04/09/2015 |
| Three-Day Rule Reason: | JMIS3269 |
| Submitted By: | |
| Initial Case Result: | Employment Authorized |

Employee Referred to SSA:

Referred By: Referred On:
Case Result from SSA (after SSA Tentative Nonconfirmation):
Case Result: Response Date:

Resubmitted to SSA (after Review and Update Employee Data):

Last Name: First Name:
Middle Initial: Other Names Used:
Social Security Number: Date of Birth:
Resubmitted By: Resubmitted On:

Case Result from SSA (after Resubmission):

Case Result:
Request Name Review:
Comments: Submitted On:
Case Result from DHS (after DHS Verification in Process):
Case Result: Response Date:

Employee Referred to DHS:

Referred By: Referred On:
Case Result from DHS (after DHS Tentative Nonconfirmation):
Case Result: Response Date:

Photo Matching Results:

Determination:

Employee Referred to DHS (Additional):

Referred By: Referred On:

Case Result from DHS (after Additional DHS Tentative Nonconfirmation):

Case Result:

Response Date:

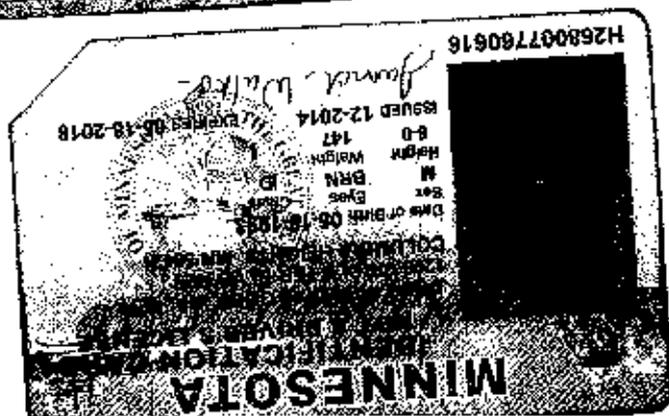
Case Closure:

Closure Statement:

The employee continues to work for the employer after receiving an Employment Authorized result
JMTS3269
Closed On: 04/09/2015

Closed By:

SENSITIVE BUT UNCLASSIFIED



New Hire Application

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name Walker First Name Dama Middle Initial K
 Street Address 317 6th Ave. S Apt/Ste 2
 City/State/Zip Saint Cloud, MN 56301
 Phone Number 612-407-6214 Email Address ATEM@GMAIL
 Staffing Agency/Recruitment Partner Corporate Management Group

All offers of employment are conditional upon satisfactory proof of identity and legal ability to work in the U.S.A.

Are you legally authorized to work in the United States of America? YES NO

Applicant Certification and Authorization

I authorize Employer Solutions Staffing Group (ESSG) to use the information and statements contained in this application to determine my qualifications for employment. 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 a comprehensive background check may be conducted to determine my eligibility for 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 employment will result in my termination.

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

Name (Print or type) James Walker
 Applicant's Signature James Walker
 Date 4/9/15

A copy or facsimile ("fax") will be considered the same as an original signature. Email will ONLY be used for employment correspondence

For ESSG Office Use Only

| | | | | |
|-----|-----|-----|------|-----|
| DOH | NHW | 1-9 | 8850 | VIA |
|-----|-----|-----|------|-----|

| | | | | |
|------------------------|-------------------------|--------------------|-------------------------------------|-----------------|
| Emergency Contact Info | Background Release Form | Background Results | Unemployment Letter (if applicable) | ESC Application |
|------------------------|-------------------------|--------------------|-------------------------------------|-----------------|

| | | | |
|-----|-----|----------------|---------|
| DOH | ROP | Work Site Loc. | WC Code |
|-----|-----|----------------|---------|

The exceptions do not apply to supplemental wages greater than \$1,000.00.

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheet on page 2 further adjust your withholding allowances based on limited deductions, certain credits, adjustments to income, and two-earner/multiple job situations.

Complete all worksheets that apply. However, you may claim (over or zero) allowances. For regular wages, withholding must be based on allowances.

your claiming and may not be a flat amount or percentage of wages.

Head of household. Generally, you can 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 individual. 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. Credit for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 505 for information on claiming your other credits into withholding allowances.

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Exemption from withholding. If you are exempt, completion only uses 1, 2, 3, 4, and 7 and sign the form to indicate your exemption for 2015 expires February 18, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on their tax return, you cannot claim exemption from withholding even if the employee is a dependent of the employee.

Example. An employee may be able to claim exemption from withholding if the employee is a dependent of the employee.

is a child of

is age 65 or older,

limited deductions, on his or her tax return.

• Will claim adjustments to income, tax credits, or

• Enter "1" if 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.

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

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

Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit

(Note. Do not include child support payments. See Pub. 508, Child and Dependent Care Expenses, for details.)

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 \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children.

• If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.

• 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 are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.

For accuracy, complete all worksheets that apply.

• Neither of the above situations applies, stop here and enter the number from line 5 of Form W-4 below.

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

Form W-4 Department of the Treasury Internal Revenue Service

1 Your first name and middle initial
Last name
2 Your social security number

3 Single Married Married, but withheld 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.

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)

6 Additional amount, if any, you want withheld from each paycheck

7 Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption:

• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

• If you meet both conditions, write "Exempt" here.

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
(This form is not valid unless you sign it.)

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)

Employee's Withholding Allowance Certificate

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.

1 Your first name and middle initial
Last name
2 Your social security number

3 Single Married Married, but withheld 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.

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)

6 Additional amount, if any, you want withheld from each paycheck

7 Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption:

• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

• If you meet both conditions, write "Exempt" here.

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
(This form is not valid unless you sign it.)

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)



| | | | | |
|-------------------------------------|--|--------------|-------|----------|
| Address (Street Number and Name) | | City or Town | State | Zip Code |
| Last Name (Family Name) | | | | |
| First Name (Given Name) | | | | |
| Signature of Preparer or Translator | | | | |
| Date (mm/dd/yyyy) | | | | |

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.

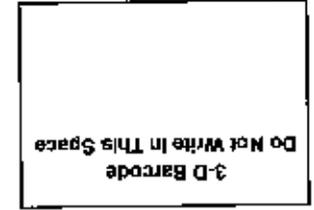
Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

| | |
|--|-----------------------------|
| Signature of Employee: <i>James Walker</i> | Date (mm/dd/yyyy): 04/09/15 |
|--|-----------------------------|

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Country of Issuance: _____
 Foreign Passport Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:



2. Form I-94 Admission Number: _____
 OR
 1. Alien Registration Number/USCIS Number: _____

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number. (See instructions)

- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy). Some aliens may write "N/A" in this field.
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- A noncitizen national of the United States (See instructions)
- A citizen of the United States

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

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.

| | | | | | | | |
|--|--|--|--|------------------------------------|--|---------------------------------|--|
| Date of Birth (mm/dd/yyyy): 05/18/93 | | U.S. Social Security Number: 476-27-2117 | | E-mail Address: ATTEMPER@GMAIL.COM | | Telephone Number: 612-407-6744 | |
| Address (Street Number and Name): 1317 6th Ave S | | Apt. Number: 2 | | City or Town: Saint Cloud | | State: MN | |
| Zip Code: 56301 | | Middle Initial: K | | Other Names Used (if any): | | Last Name (Family Name): Walker | |
| First Name (Given Name): James | | Middle Initial: K | | Other Names Used (if any): | | Last Name (Family Name): Walker | |

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.)

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

| | | |
|---|------------------|--|
| Signature of Employer or Authorized Representative: | Date (m/d/yyyy): | Print Name of Employer or Authorized Representative: |
|---|------------------|--|

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized 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.

| | | |
|-----------------|------------------|--------------------------------------|
| Document Title: | Document Number: | Expiration Date (if any) (m/d/yyyy): |
|-----------------|------------------|--------------------------------------|

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Section 3: Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (m/d/yyyy):

| | | |
|--|-------------------------|--|
| Signature of Employer or Authorized Representative | Date (m/d/yyyy) | Title of Employer or Authorized Representative |
| Last Name (Family Name) | First Name (Given Name) | Employer's Business or Organization Name |
| Employer's Business or Organization Address (Street Number and Name) City or Town State Zip Code | | |

The employee's first day of employment (m/d/yyyy): 04-04-15 (See instructions for exemptions.)

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

Certification

| | | |
|-----------------|------------------|--------------------------------------|
| Document Title: | Document Number: | Expiration Date (if any) (m/d/yyyy): |
| Document Title: | Document Number: | Expiration Date (if any) (m/d/yyyy): |
| Document Title: | Document Number: | Expiration Date (if any) (m/d/yyyy): |
| Document Title: | Document Number: | Expiration Date (if any) (m/d/yyyy): |
| Document Title: | Document Number: | Expiration Date (if any) (m/d/yyyy): |
| Document Title: | Document Number: | Expiration Date (if any) (m/d/yyyy): |
| Document Title: | Document Number: | Expiration Date (if any) (m/d/yyyy): |
| Document Title: | Document Number: | Expiration Date (if any) (m/d/yyyy): |

Identify and Employment Authorization OR List A AND List B AND List C Employment Authorization

Employee Last Name, First Name and Middle Initial from Section 1: Walker, Samuel K

Section 2: Employer or Authorized Representative Review and Verification

Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A, OR, examine a combination of one document from List B and one document from List C, as listed in the "List of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.

3-D Barcode
Do Not Write in This Space

Department of health and human services

DISCLOSURE AND AUTHORIZATION [IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Employer Solutions Staffing Group LLC (ESSG) may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" that may include information about your character, general reputation, personal characteristics, and/or mode of living, and that can involve personal interviews with sources, such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security number validation, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been requested and compiled about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439. Tel.: 800-886-4777 or 952-941-9040. Fax: 800-886-0774 or 952-941-9041. ORANGE TREE EMPLOYMENT SCREENING'S website is at www.orangetreescreening.com, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing ESSG to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

| |
|--|
| <p>New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by ESSG by contacting the consumer reporting agency identified above directly. You may also contact ESSG to request the name, address and telephone number of the nearest unit of the consumer reporting agency designed to handle inquiries, which ESSG shall provide within 5 days.</p> |
| <p>New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by ESSG, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-a of the New York Correction Law.</p> |
| <p>Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that ESSG has not maintained records is available to you upon request.</p> |
| <p>Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.</p> |

ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and a SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of these documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by ESSG at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, company, or insurance company to furnish any and all background information requested by Orange Tree Employment Screening, 7275 Ohms Lane, Minneapolis, MN 55439. Tel.: 800-886-4777 or 952-941-9040. ORANGE TREE EMPLOYMENT SCREENING'S website is at: www.orangetreescreening.com, another outside organization acting on behalf of the company, and/or the company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-a of the New York Correction Law. **Minnesota and Oklahoma applicants or employees only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by ESSG. (Must include email address: _____)

Signature: Jamal Walker
 Date: 07/09/15
 Last Name: Walker First: Jamal Middle: Kentra
 Other Names/Alia: _____
 Social Security #: 476-27-217
 Date of Birth (mm/dd/yyyy)*: 05/18/1993
 State of Driver's License: Minnesota
 Driver's License #: H26800760616
 Present Address: 137 6th Ave S Apt 2
 Telephone # (Primary): 612-407-6214
 City/State/Zip: Saint Cloud, MN 56301

BACKGROUND INFORMATION

*This information will be used for background screening purposes only and will not be used as hiring criteria

ENROLLMENT FORM

HSC NAV+SAD P2M v15.0

REQUIRED EMPLOYEE INFORMATION

(Must Be Filled Out)
Social Security Number 926-27 2117
Date of Birth 65/18/1993 Sex M F
Name Jamal Walker
Street Address 1371 6th Ave S, Apt 2
City Sanit Cloud State MD Zip 20701
Home Phone 612-407-6214

(Do you or any dependents have Medicare?)
 Yes No If Yes: Medicare Health Insurance Claim Number (HICN) _____
Medicare Effective Date _____
Names of Covered Person(s)
1. _____
2. _____
3. _____

REQUIRED DEPENDENT INFORMATION

Name _____
Social Security Number _____
Date of Birth _____ Sex M F
Relationship: Spouse Child Domestic Partner

BENEFICIARY INFORMATION

For Term Life/Accidental Death & Dismemberment, please write in your beneficiary information:
NAME OF BENEFICIARY _____
RELATIONSHIP _____
Accidental Death & Dismemberment is part of the Term Life Benefit.

Signature Jamal Walker
I have read the benefit packet and understand its limitations. I understand that open enrollment is only available for a limited time and I understand that making no benefit selection is a declaration of coverage.
Date 04/09/2015

OPTION 1 FIXED INDEMNITY PLAN

You MUST enroll in the Indemnity Medical Insurance Plan before adding any additional Indemnity benefits, except Dental. Your coverage level for the Term Life will be identical to your medical plan selection.

NO to all Indemnity benefits.
 \$20.91 Employee Only
 \$42.44 Employee + 1
 \$56.67 Employee + Family

DENTAL

This coverage is not available to residents of New Hampshire, Hawaii, or Puerto Rico.

YES \$5.99 Employee Only
 \$11.98 Employee + 1
 \$19.77 Employee + Family
 NO

TERM LIFE

YES \$0.60 Employee Only
 \$0.90 Employee + 1
 \$1.80 Employee + Family
 NO

SHORT-TERM DISABILITY

Short-Term Disability is not available to persons who work in California, Hawaii, New Jersey, New York, or Rhode Island.

YES \$4.20 Employee Only
 NO

OPTION 2 MEC WELLNESS/PREVENTIVE PLAN

82193010-M-E-M-P Monthly Rates

Employee Only \$58.87
 Employee + 1 \$87.73
 Employee + Family \$186.99
 NO to MEC Wellness/Preventive Plan

Direct Deposit/Payroll Debit Card Authorization

Employees have the option of receiving wages by Direct Deposit and/or Payroll Debit Card. If you do not provide a written election, wages will be paid by Payroll Debit Card.

SECTION 1 BASIC INFORMATION

Employee Name: Jamal K Walker SSN# (last 4 digits): 476-27-2117 Effective Date: 04/09/2015

SECTION 2 PAYROLL ELECTION

Direct Deposit (Please complete Sections 3 and 5 below)

Payroll Debit Card (Please complete Sections 4 and 5 below)

SECTION 3 DIRECT DEPOSIT

Update Bank Account

Bank Name: Wells Fargo Routing#: 0910000199 Account#: 3199309802 Account Type: Checking Savings Other

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 incurred if the account number that I provide is incorrect.

Date: 04/09/2015 Initial: [Signature]

SECTION 4 PAYROLL DEBIT CARD: GLOBAL CASH CARD

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. In order to request a Payroll Debit Card for you, we must provide all of the following information that will enable the financial institution to identify you. If you do not submit a Direct Deposit/Payroll Debit Card Authorization, ESSGI will provide the necessary information and issue you a Payroll Debit Card to pay your wages. For your protection, the financial institution may ask you to provide them additional identification information so they can verify your identity.

Except for the routing and account number, ESSGI does not have access to any information regarding your Payroll Debit Card account or transactions. On your first payday, you will receive your new Payroll Debit Card, and a packet containing all of the terms and conditions. You will then sign acknowledging that you received the Payroll Debit Card and packet. Your Payroll Debit Card will be reloaded on each payday you receive wages.

CARDHOLDER INFORMATION (as you want your Payroll Debit Card to be issued)

First Name: _____ M.I.: _____ Last Name: _____ Date of Birth: _____

Street Address (no box nor acceptable): _____ Social Security#: _____

City: _____ State: _____ Zip: _____ Cell Phone (mobile): _____

GET TEXT ALERTS, when your paycheck is deposited on your card! Yes, sign me up, for text alerts No, sign me up, for text alerts

All we need to know your cell phone service provider and mobile number above! My mobile service provider is: _____

RECEIPT OF PAYROLL DEBIT CARD (to be completed when you pick up your Payroll Debit Card)

Payroll Debit Card Routing #: 073972181 Payroll Debit Card Account #: _____

I have received my Payroll Debit Card, welcome brochure, program fees, program terms, conditions, and disclosures. By activating my Payroll Debit Card, I am agreeing to the program terms, conditions, and disclosures that are included or made available to me from time to time from the financial institution. I authorize the financial institution to debit my Payroll Debit Card account for the fees described in the fee schedule that is part of the program terms, conditions, and disclosures.

Employee's Signature: _____ Date: _____

SECTION 5 AUTHORIZATION

I authorize ESSGI to directly deposit my periodic wages/compensation payments, net of required tax withholdings, other required withholdings or authorized deductions, into my account(s) as designated above and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account(s).

* E-mail is required for pay stub information.

* E-mail: ATFEMP@GMAIL.COM

(this information will only be used to send your pay stubs electronically)

Employee's Signature: _____

Jamal K Walker

Date: _____

04/09/2015