

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, **CMG 507.923.4955** 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, **CMG 507.923.4955**, 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)

Wardhere Roble

Employee's Signature:

Wardhere

Date: 10/23/15

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 _____

EMPLOYEE
NAME Wardhere Roble
PLEASE PRINT

EMPLOYEE
SIGNATURE Wardhere

ESSG
REPRESENTATIVE _____



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: _____

Associate's Signature: Wardhere

Associate's Printed Name: Wardhere Reble

Orientation provided by: _____

process in need of extra time. You will be given as much advance notice as possible when overtime is scheduled. Overtime pay is covered in another section of this Handbook.

Your **REICHEL FOODS MANAGER** will give you as much advance notice as possible about any overtime requirement. Overtime is based on each hour over 40 worked in a regular work week (Monday-Sunday).



ATTENDANCE

ESSG and **REICHEL FOODS** need a reliable workforce. When you are on the job and on time each working day, you contribute to the team effort and the continuous workflow. When you are absent or tardy, even for a valid reason, it places an extra burden on other ESSG Associates/**REICHEL FOODS TEAM MEMBERS** and could reduce the quality of the finished product or service at **REICHEL FOODS**.

ESSG Associates are expected to be at their workstations ready to begin work at their assigned starting time. You should return promptly from lunch and break periods. You are also expected to remain on the job during working hours. If you wish to leave the premises for any reason (other than lunch), you must receive permission from your **REICHEL FOODS MANAGER**. Your attendance record is part of your total work record, and could affect your future with ESSG and **REICHEL FOODS**.



TARDINESS AND ABSENCE REPORTING

Regular and timely attendance is essential to performing your job.

If you find it necessary to be absent from work due to illness or other emergency, you must call both your CMG/ESSG Account Manager at tel. 507.923.4957 and your **REICHEL FOODS MANAGER. If you reach the voice mail, leave your name, the reason why you will not be reporting for work and a telephone number where you can be reached.**

ESSG's "No Fault" policy allows an employee with one year seniority to be absent for seven (7) days in a twelve (12) month period in excess of the employee's properly utilized vacation days for that period. In addition, this policy allows an employee seven (7) tardies in a twelve (12) month period. Tardies include late arrivals, unexcused late arrivals, and/or missed punches. Employees who have one year or more of service, but who are ineligible for vacation, will be allowed up to seven (7) days of absence in a twelve (12) month period. Missing more than seven (7) days, apart from vacation days, is considered "Excessive Absenteeism."

For the purpose of determining "Excessive Absenteeism" for employees with less than one year of service, ESSG will prorate the number of absences allowed per year on a monthly basis (for example, missing more than two (2) days in a three (3) month period would be considered excessive absenteeism).

Any employee who fails to maintain an acceptable attendance record and falls into the "Excessive Absenteeism" categories described above or who engages in excessive tardiness will be subject to



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

-Attendance Policy page 6

-Time off Request procedure page 20

-No Smoking Policy, Ecig, Chewing policy page 12

- Final Paycheck at Time of Separation page 18

Receipt of Unemployment Acknowledgement

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: 10/5/15

Signature: ~~RAAHHH~~ wardhere

(Printed Name) wardhere Roble



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Date: 10/8/15

Associate's Signature: Wardhere

Associate's Printed Name: Wardhere Roble

Orientation provided by: [Signature]

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DATE 10/8/15

EMPLOYEE
NAME Wardhere Roble
PLEASE PRINT

EMPLOYEE
SIGNATURE Wardhere

ESSG
REPRESENTATIVE [Signature]