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**Associate File Checklist (Manager Use Only)**

**Hourly Associate Confidential Information & Wage Policy Agreement (Please Sign)**

**Employee Acknowledgment (Please Sign)**

**Dress Code Acknowledgement (Please Sign)**

**Associate Data Sheet & Emergency Contact Info (Please Complete Info & Sign)**

**Harassment Policy (Please Sign)**

**Break Policy (Please Sign)**

**Child Labor Overview (Please Sign if Under the Age of 18)**

**Form W-4 (Please Complete Info & Sign)**

**Direct Deposit Authorization (Please Complete Info & Sign)**

**Form I-9 (Please Complete Info & Sign)**
Covelli Family, LTD Partnership, DBA, Panera Bread, (the "Company") is pleased to have you as one of our employees. We believe that you will find your employment with us to be both rewarding and challenging.

We have prepared this guidebook to help you get acquainted with our polices, practices and working conditions. We know if you are proud of our products, you will be proud to work at Panera Bread.

Covelli Mission Statement: Our mission is to provide high quality product and exceptional service to our customers.

This handbook shall replace any and all previous employee handbooks effective April 1, 2013. Nothing in this handbook or in any other personnel document, including benefit plan descriptions, creates or is intended to create a promise or representation of continued employment for any employee. The employee handbook is not intended to be and shall not be considered all-inclusive. This employee handbook is also not to be a substitute for the good judgment, common sense and discretion of company personnel.

The first 90 days of your employment with Covelli Family Partnership is considered a probationary period, in which your performance, conduct, and contribution will be closely observed, and during which time the Company or you may terminate the employment relationship at will, with no further obligations. Regardless, at all times employment is AT WILL meaning that your employment can be terminated with or without cause, and with our without notice at any time, at the option of either Covelli Family, DBA Panera Bread or yourself, except otherwise provided by law.

Matters are constantly changing and therefore we retain the right to amend or replace this handbook with or without notice. We will provide notice of changes whenever possible.

Employee Relation/HR Contact Information: Any employees may contact either person listed below regardless of café location for assistance.

Cinnamon Noland
4300 W. Cypress Street, Suite 850
Tampa, FL 33607
813-877-7533*Fax 813-874-0638
cinnamon.noland@covelli.com

AnnMarie Simpson
1400 Hope Road
Maitland, FL 32751
407-332-7666*Fax 407-332-7678
annmarie.simpson@covelli.com
2000. EMPLOYMENT POLICIES AND PROCEDURES


The Company is an equal opportunity employer and makes employment decisions on the basis of merit. Company policy prohibits unlawful discrimination based on race, color, creed, sex (including pregnancy), religion, marital status, age, national origin or ancestry, physical or mental disability, medical condition, sickle cell trait, sexual orientation, or any other consideration made unlawful by federal, state, or local laws. All such discrimination is unlawful and prohibited by the Company.

To comply with applicable laws ensuring equal employment opportunities to qualified individuals with a disability, and to the extent required by the Americans With Disabilities Act, the Company will make a reasonable accommodation for the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or an employee unless undue hardship for the Company would result.

Any applicant or employee who requires an accommodation in order to apply for the position or to perform the essential functions of the job should contact their General Manager, Area Director, Director of Operations or Human Resources. The individual with the disability should specify what accommodation is required to perform the essential functions of the job. The Company will then engage in a timely, good faith interactive process with the applicant or employee to identify possible accommodations, if any, that will enable the applicant or employee to perform the essential functions of the job. If the accommodation is reasonable, will not create an undue hardship on the Company or create a safety threat, the Company will make the accommodation.

If you believe that you have been subjected to any form of unlawful discrimination, provide a complaint to your supervisor, preferably in writing. If the complaint involves your supervisor, the complaint should be directed to Human Resources or the company president. Your complaint should be specific and include the names of the individual(s) involved and any witnesses. The Company will promptly undertake an effective, thorough and objective investigation.

If the Company determines that unlawful discrimination has occurred, effective and appropriate remedial action will be taken. Appropriate action also will be taken to deter any future discrimination. The Company will not retaliate against you for filing a complaint of discrimination and will not knowingly permit retaliation by management or your coworkers.
2002. Anti-Harassment Policy

The Company is committed to providing a work environment that encourages mutual respect and is free of unlawful harassment and strongly condemns any form of unlawful employment-related harassment. Company policy prohibits unlawful discrimination and bias. The Company’s anti-harassment policy applies to all persons involved in the operation of the Company and prohibits unlawful harassment by any employee of the Company, including supervisors and coworkers.

Prohibited unlawful harassment includes, but is not limited to, the following: Any harassment or use by anyone in its employ of any verbally-derogatory epithet based on race, religious creed, color, age, sex (including pregnancy), physical or mental disability, national origin, ancestry, medical condition, sickle cell trait, marital status, sexual orientation, or any other consideration made unlawful by federal, state or local laws; or sexual harassment, defined as unwanted sexual advances, or visual, verbal or physical conduct of a sexual nature; or sexual harassment including any form of offensive behavior and includes gender-based harassment of a person of the same sex as the harasser when (1) submission to the conduct is made explicitly or implicitly a term or condition of an individual's employment, (2) submission to or rejection of the conduct by an individual is used for employment decisions affecting an individual, or (3) such conduct has the purpose or effect of unreasonably interfering with the employee's work performance or creating an intimidating, hostile, or offensive work environment.

If you believe that this anti-harassment policy is being violated, either with respect to yourself or with respect to another employee, you are strongly encouraged to report that belief immediately, either:

- to your supervisor (either in writing or personally), or
- to your supervisor’s superior, if you believe that your supervisor is violating this policy, or

Upon notice of an employee's concern about being harassed, the Company will act to stop any further harassment and to correct any effect of the harassment and will:

1. Inform the complainant of his or her rights and of any obligation to secure those rights;
2. Promptly investigate the complaint. The investigation will be immediate, thorough, objective and complete. We will make diligent efforts to interview all persons with information on the matter.
3. Take prompt and effective action to remedy/correct harassment.
4. Respond in a timely manner to any complaint of harassment describing the disposition of the complaint and any action taken in resolution of the complaint.

The Company will not retaliate against you for filing a harassment complaint and will not knowingly permit retaliation by management or your coworkers.
2003. **Open Door Policy**

All employees have free and immediate access to management to raise any type of work-related concerns. If an employee believes that their immediate supervisor is not the appropriate person with whom to raise such matters; the employee is encouraged to bring their concerns to the attention of any other supervisor or any member of management. Employees are further encouraged to pursue discussion of their work-related concerns until the matters they have raised are fully resolved. The Company cannot guarantee that in each instance the employee will be satisfied with the result, but in each case an attempt will be made to resolve the matter, even when it is not the result the employee sought. No employee will be disciplined or otherwise penalized for raising a good-faith concern. The Company will attempt to keep confidential all such expressions of concerns, their investigation, and the terms of their resolution. At the same time, however, some dissemination of information to others may be appropriate during the process of investigation and resolution of the employee’s concerns.

**Written Grievances:** Employees are encouraged to submit a written grievance or complaint and should do so in such a manner, that will not disrupt or interfere with the work of any other employee. Grievances and written complaints should be forwarded to the Human Resource Department. Thereafter the matter will be resolved promptly or the Company will conduct a formal investigation.

2004. **Retaliation Is Strictly Prohibited**

In addition to prohibiting harassment in the workplace, state and federal law also prohibits retaliation. Retaliation means taking employment action against an employee who complains about harassment or discrimination if such action may likely discourage a reasonable employee from making or supporting a claim of harassment or discrimination. Examples may include, depending on the circumstances, demoting, failing to promote, terminating, changing work hours or changing job duties.

It is illegal to retaliate against an employee because they complained about harassment or discrimination, even if no harassment or discrimination ever happened. Company policy STRICTLY PROHIBITS any form of retaliation against an employee because they complained about harassment or discrimination.
2005. **Personal Relationships in the Workplace**

The employment of relatives, married couples or persons involved in a romantic relationship may cause conflicts, raise issues of favoritism and damage employee morale.

A supervisor may not oversee a related employee. An employee in a “romantic relationship” may not be supervised by the romantic partner. A supervisor involved in a “romantic relationship” with another employee or applicant must immediately disclose the relationship to management. A supervisor who is related to another employee or applicant must immediately disclose the relationship to management. A supervisor who fails to follow this policy of disclosure can be disciplined or terminated.

Employees in a romantic relationship shall refrain from displays of affection or excessive conversation during work hours, at Company functions or on Company property. Related or romantically involved employees in any position that have raised a conflict of interest or potential conflict of interest will have ten days to decide which employee will transfer to an available position or resign.

*What happens on personal time, the Company has no involvement; however, if personal circumstances or relationships outside of the Company interfere with the business of the Company, the Company reserves the right to take action if applicable.*

This policy is designed to provide safeguards so that the workplace is not compromised by interpersonal relationships. This policy does not prohibit and will not be enforced in any manner which could interfere with, restrain, or coerce employees from engaging in concerted activities including the right to discuss terms and conditions of employment.

2006. **Workplace Violence Policy**

The Company has a zero tolerance policy for workplace violence, verbal and nonverbal threats and related actions. Firearms and weapons cannot be brought into the workplace at any time. Employees who violate this policy are subject to immediate discipline up to and including termination.

Maintaining a safe workplace is one of the Company’s top priorities. Suggestions regarding ways to improve security and reduce the risks of workplace violence are welcome and encouraged. Employees who experience, witness or have information about incidents of workplace violence or threats thereof must promptly report what they know to any supervisor or manager. The Company will not retaliate against any employee for providing information about actual or threatened violence. Additionally, the Company will not knowingly tolerate retaliation by your coworkers.
2007. **Security**

In simplest terms, security is for the purpose of protecting people, Company property and information.

The security of our facility as well as the welfare of our employees requires that every individual be constantly aware of potential security risks. You should immediately notify your supervisor when unknown persons are acting in a suspicious manner, in or around the facility, or when keys, security passes or identification badges are lost or misplaced.

Employees entrusted with keys to the office or other Company facilities are responsible for the safekeeping of the keys and/or access cards, the security and protection of Company property, as well as any activity taking place while the employee is present and the office is closed.

The Company and your supervisor should always have a current address and telephone number for each employee, as well as information regarding the person to be contacted in case of an emergency. You are responsible for advising the Company and your supervisor of any changes.

2008. **Injury Reporting Procedure**

Employees are required to report any work-related injury or illness, no matter how small, to their immediate supervisor **within 3 days of the injury**. The supervisor will supply a “First Report of Injury” form, and with the assistance of the employee, the supervisor will complete the form. Failure to submit a timely claim can adversely affect workers' compensation benefits. The Company will aggressively seek to return associates to work for light/full duty. If you are released back to work, the Company will attempt to accommodate your medical restrictions for a limited period of time. Your rate of pay and schedule will be determined upon the job you are able to perform.

If the injured employee has health/dental insurance through the Company and out of work for a month or more, the premium is expected to be paid out of pocket by the employee or the employee/dependents will be removed from insurance and sent COBRA papers.
2009. Employment At-Will

Employment at the Company is employment at-will. Employment at-will may be terminated at the will of either the employer or the employee. Employment may be terminated with or without cause, and with or without notice, at any time by you or the Company. Terms and conditions of employment with the Company may be modified at the sole discretion of the Company with or without cause and with or without notice.

No one has the authority to make employment other than “at-will” except company president and then only in writing and between an individual and the Company. No one has the authority to make any verbal statements of any kind at any time; that legally bind the Company.

No implied contract concerning any employment-based decision or terms and conditions of employment can be established by any other statement, conduct, policy or practice. Examples of the types of terms and conditions of employment that are within the sole discretion of the Company include, but are not limited to, the following:

Promotion; demotion; transfers; hiring and discharge decisions; compensation; benefits; qualifications; discipline; layoff or recall; rules; hours and schedules; work assignments; job duties and responsibilities; production standards; subcontracting; reduction, cessation or expansion of operations; sale, relocation, merger or consolidation of operations; determinations concerning the use of equipment, methods or facilities; or any other terms and conditions that the Company may determine to be necessary for the safe, efficient and economic operation of its business.

2010. Business Conduct Policy

A key element to our continued success is each employee's commitment to be guided by certain standards and principles in performing his or her job. It is important that employees be guided by the following:

1. Adhering to all applicable international, federal, state and local laws and regulations.
2. Protecting our corporate reputation and assets.
3. Acting responsibly to avoid situations potentially harmful to the company or conflicts of interest.
4. Being ethical and honest, including providing truthful information in response to any management inquiry or investigation.

Unacceptable Job Performance and Misconduct

Violations of the rules and guidelines; or an employee’s failure to improve work performance as determined by the Company may result in disciplinary action, up to and including termination.

The Company considers work rules, guidelines, and work performance important responsibilities. Any set of rules cannot identify all types of unacceptable conduct or behavior. Conduct not specifically listed below may result in disciplinary action if it adversely affects or is otherwise detrimental to the interests of the Company, employees or customers.
Prohibited Conduct

1. Making false statements or omitting pertinent information on Company applications, records of employment, forms or reports, or in the course of participation in Company investigations or in responding to management inquiries. Dishonesty of any kind in your relations to the Company or its customers and clients.
2. Insubordination: Refusal to obey work orders of supervisors, refusal to perform job assignments or the use of abusive or threatening language toward a supervisor or member of management.
3. Committing any act of violence, threats or intimidation, fighting or using abusive or profane language on Company premises.
4. Theft, unauthorized removal, or willful damage of property belonging to the Company, Company employees or customers. Theft of company resources.
5. Disregard of safety including; horseplay, wrestling, dangerous practical jokes, or throwing objects.
6. Discourtesy or gossiping.
7. Unauthorized entry or exit from Company property at any location at any time: leaving the workplace without properly notifying your supervisor.
8. Substandard or unsatisfactory work performance: not performing to standards outlined in Panera Bread training materials, handbooks, written counseling’s etc.
9. Repeated absences or tardiness, including unreported absences, and absences due to incarceration
11. Possessing a firearm or other weapon on Company property or while conducting Company business.
12. Sleeping or deliberately loafing during working hours.
13. Smoking on Company premise in Panera dress code: see Dress Code for specifics
14. Failure to fully cooperate with any Company investigation
15. Conviction of a crime and/or failing to report to the Company of being convicted of a felony or for a violation occurring in the workplace
16. Poor attitude, rudeness, uncooperative: interference with the work performance of others: discrimination, harassment or retaliation of another employee, customer, or client. Creating hostile work environment.
17. Unauthorized use or disclosure of confidential or proprietary information.
18. Accepting cash or gifts from customers or clients that do business with the Company
19. Unauthorized alteration of time cards, manager cards, or clocking in/out another employee.
20. Other conduct that is prohibited by law. There is no substitute for good judgment and common sense.

This is not meant to be a total list of all work rules. This statement of prohibited conduct does not alter the company’s policy of at-will employment. Both you and the company remain free to terminate the employment relationship at any time, with or without reason or advance notice.
2011. **Use of Alcohol, Illegal Drugs or Controlled Substances**

Illegal drugs and alcohol misuse are inconsistent with the Company’s longstanding commitment to a safe and productive work environment.

This Policy does not prohibit employees from the lawful use and possession of prescribed medications. Employees must, however, consult with their doctors about the medications' effect on their ability to work safely, and promptly disclose any restrictions to their supervisor. (Employees should not, however, disclose underlying medical conditions unless specifically directed to do so.)

The following are strictly prohibited by Company:

1. Possession or use of alcohol, or being under the influence of alcohol while on the job.
2. Driving a company vehicle while under the influence of alcohol or a controlled substance.
3. Distribution, sale or purchase of an illegal or controlled substance while on the job.
4. Possession or use of an illegal or controlled substance or being under the influence of an illegal or controlled substance while on the job.
5. Being under the influence of a controlled or prescription drug while at work if it in any way negatively affects the employee's ability to perform his or her job in a safe and efficient manner.

Violation of the above rules and standards of conduct will not be tolerated. Company may also bring the matter to the attention of appropriate law enforcement authorities.

2012. **No Smoking Policy**

Employee smoking is prohibited on Company property and is prohibited during shifts and in Panera Bread uniform items: shirts, hats and aprons. Smoking is restricted to regularly scheduled breaks off the clock and off Company premises.

2013. **No Loitering or Solicitation**

Employees are prohibited from loitering and/or unnecessary visiting or roaming through the bakery-cafes inclusive of patio areas when not scheduled to work. Likewise, soliciting or distribution of any product or material by an Associate is prohibited during business hours. Non-associate solicitors should be referred to a manager immediately.
2014.  “Bag” Checks/Personal Items

It is strongly recommended that employees NOT bring personal handbags, purses, backpacks, briefcases etc. into the work place during their scheduled shifts. The Company is NOT responsible for employee items that are worn/carried/used. The Company is not responsible for lost, stolen, or destroyed items in the work place regardless of the circumstances or what the item is or its value. Furthermore, the Company reserves the right to do random bag checks at the end of each shift.

2015.  Lost & Found

Items that were left behind by customers or other associates are to be turned in to your manager immediately. If the item is a wallet or purse (or something similar), the manager must open it in front of two witnesses, count the monetary contents, write the amount down, have the two witnesses sign the inventory, and lock everything in the safe. A claim for the item is to be accompanied by a detailed description and/or I.D. from the person claiming it as their property.

2016.  Cell Phones/Personal Telephone Calls

General Managers are the only authorized personnel to have cell phones in the cafes. All other employees, including Assistant Managers and Shift Supervisors, must keep cell phones locked in vehicles. If there is an emergency situation where an employee must have their cell phone in the café, it must be authorized by the General Manager and kept in the café office and checked only on breaks.

The Company recognizes that employees will need to make personal telephone calls from time to time. Please keep in mind that company phone lines are generally intended for business use. Personal calls should be limited in amount and kept to no more than one or two minutes in duration. No long distance calls are to be made with advance supervisor approval and the cost of such calls must be reimbursed upon completion. Employees who make or receive an excessive amount of personal phone calls or who are otherwise in violation of this policy will be subject to disciplinary action up to and including termination.
2017. Professional Appearance

All personnel are required to dress professionally and appropriately during regular business hours. Each employee is a representative of the Company in the eyes of our clients and the public, so it is important that each employee report to work properly groomed and wearing appropriate dress. Employees who report to work inappropriately dressed may be asked to leave and return in acceptable attire or sent home for the day; unpaid.

1. Associate Dress Code: Visible tattoos and piercings are not permitted.
   • Shirts: Clean, pressed, bright, solid colored (except black, white, navy, brown) and collared polo style, good repair, and tucked in. Undershirts/t-shirts worn under shirts, must be white. Sport logos, emblems, flannel (plaids); sweatshirts are not permitted.
   • Aprons, Hats: & Name Tags: Aprons are to be left in Café’s and hats must be worn with the logo facing the front. Name Tags must be worn at all times.
   • Slacks: Clean, pressed, good repair, khaki colored “Dockers” style. Skinny pants are not permitted. Jeans, cargo pants, baggie pants, and shorts are not permitted. Slacks are to be worn with a black belt and not sit below the waist.
   • Shoes: Black non-slip, closed toe shoes. “Converse” style shoe is not permitted. Nylons/socks must be worn at all times. If there’s a question about a shoe being permitted or not, please see your manager.

2. Manager Dress Code
   • Shirts: Clean, pressed, professionally fitting Panera logoed button down oxford shirt and tucked in
   • Slacks: Clean, pressed, professionally fitting solid colored pants – dress or “Dockers” type. Slacks are to be worn with a black or brown belt. “Skinny” pants are not permitted
   • Shoes: Black or brown, non-slip, closed toe shoes and socks

3. Catering Coordinators
   • Shirts: Clean, pressed, professionally fitting, Panera Bread issued color and logo button down. Does not have to be tucked in
   • Slacks: Clean, pressed, “Dockers” style, black pants. “Skinny” pants are not permitted
   • Shoes: Black non-slip, closed toe shoes
4. **The Following is policy for Associate, Manager Dress and Catering Dress Code:**

- **Hair & Facial Hair:** Neat, clean and appropriately maintained. Brightly colored hair extensions/gels or “extreme” styles, shaved/cut designs are not permitted. Females: shoulder length or longer must be pulled back and off shoulders entirely. Males: must have short cuts/above the top of ears. Hair long enough to pull back is not permitted. Facial hair is not permitted for employees in retail operations and sideburns are not to extend below the bottom of the ear.

- **Jewelry & Nail Polish:** “Gage” earrings are not permitted. Women; no more than one earrings per ear and must be small posts. Men are not permitted to wear earrings. Both; no more than one (1) solid ring total. Bracelets, watches and neck chains are not permitted. **No visible tattoos and absolutely no other visible piercing jewelry are permitted – including tongue.** Nails should be trimmed and clean, polish nails are not permitted: acrylic/artificial nails or gel overlay is not permitted.

- **Religious Exceptions** - An employee is to be afforded a reasonable accommodation or exception to these rules if their religious beliefs necessitate adhering to certain standards.

If you have questions about these standards or difficulty in meeting them you are encouraged to discuss it with a member of your Management Team. There is zero tolerance for failure to comply with Company dress code.
3000. EMPLOYMENT AND PAYROLL POLICIES AND PROCEDURES

3001. Exempt vs. Non-Exempt Employee

Nonexempt employees are entitled to overtime pay. Exempt employees are not. Whether they are exempt or nonexempt depends on (a) how much they are paid, (b) how they are paid, and (c) what kind of work they do. Exempt Employee, please see 5002.

3002. Work Hours and Meal Periods

Unless otherwise discussed, employees are expected to have flexible scheduling: days, nights, weekdays and weekends. Your supervisor will designate your normal work hours. Please be advised that scheduled hours are never promised or guaranteed and amount of needed employees is regulated by business; therefore, employees may be asked to come in earlier/later than scheduled or may be dismissed from shifts earlier/later than scheduled. Please note that there are State regulations that must be met regarding minor employees break periods; please see section: 3008 for specifications that must be followed.

Meal periods are unpaid and not counted as part of the work shift. Meal periods may not be used for late arrival or early departure. Employees receive 50% discount on one meal per worked shift: discount is not eligible for use on days off. Employee discount may not be used on some café items, please see your manager for specifics.

3003. Employee Discount

We do not have family discounts. Any discount is used for the day worked and cannot be “saved” for use on days off. All receive free drip coffee/fountain sodas/iced tea. Employees working three hours or more (including Catering) receive 50% discount on one meal per worked shift including bottled/canned items. Managers, including shift supervisors opening/closing the café for that day receive a $10.00 limit on days they work for bakery and café items including bottled/canned items. Bakers working three hours or more receive a $10.00 limit on the days they work for bakery and café items including bottled/canned items. Bakers are to order meals in advance no later than 7 pm on the evening of the shift. Eating or drinking behind the Bakery/Café counter is prohibited. Drink cups in the work place are prohibited.

3004. Punctuality and Attendance Standards

Employees are expected to report to work as scheduled, on time and prepared to start work. Employees are expected to remain at work for their entire work schedule, except for meal periods or when required to leave on Company authorized business. Late arrival, early departure or other absences from scheduled hours are disruptive and must be avoided. Calling later than thirty (30) minutes after the start of the shift or failing to call, may result in an unexcused, unpaid absence which may result in disciplinary action up to termination. Personal appointments should be scheduled during non-work hours unless approved in advance by your supervisor.

In all cases of absence or tardiness, employees must provide their supervisor with an honest reason or explanation and may be required to provide written proof of absence or tardiness. Excessive absenteeism or tardiness (excused or unexcused) will not be tolerated and is grounds for disciplinary action up to termination.
3005. **Absences**

Prior to taking a leave of absence for purposes of vacation, military leave, bereavement leave, jury duty, personal leave, or other planned absence, an Employee Leave Request should be submitted to your immediate supervisor for approval at least four weeks prior to the scheduled leave date, unless the request is due to an unexpected emergency. The nature of the emergency should then be shared with the supervisor. **Supervisors should be notified at least four (4) hours prior to scheduled start time.** Failure to give proper notification may result in disciplinary action up to termination. An employee who does not call or report to work will be considered to have voluntarily resigned employment with the Company, unless there are extenuating circumstances. Absences are unpaid.

3006. **Overtime Policy**

Overtime pay will be paid to hourly, non-exempt employees as required by applicable state law or federal law. For purposes of determining which hours constitute overtime, only actual hours worked in a given workweek will be counted unless otherwise required by law. On occasion, you may be required to work overtime or may be asked to leave early because of overtime. Overtime must be approved by management in writing. Failure to obtain prior approval for overtime or refusal to work required overtime may result in disciplinary action.

3007. **Paydays**

There are 26 paydays every calendar year. Employees are paid bi-weekly. The Company work week begins on Wednesday and continues through the subsequent Tuesday.

Example of pay scheduling is as follows:

- Wednesday, 01/01/03 – Tuesday, 01/14/03: pay day Wednesday, 01/22/03
- Wednesday, 01/15/03 – Tuesday, 01/28/03: pay day Wednesday, 02/05/03

Paychecks must be obtained **before 11 a.m. or after 2 p.m.** Unless otherwise arranged, paychecks must be picked up by the employee the check is issued to. Checks not picked up will be sent back to Ohio for logging and then mailed to last address on file.

Pay discrepancies must be reported **within 3 days** of obtaining check to your direct supervisor. If a check is lost or stolen, a stop payment must be placed and cleared before the check can be reissued. Checks washed must be returned to the payroll office before a check is reissued. **Please be advised that there is a minimum of a 2 week turnaround time for pay issue corrections/check reissues etc. from the time payroll receives the discrepancy. The Company does not make pay advances or employee loans/pay check “floats”**. Checks not cashed or deposited within 90 days of issue, must be returned to the Company before a new check will be issued. Stop payment will be at the expense of the associate.

**Reviews will be conducted throughout the year. A review does not guarantee a wage increase and increase amounts may vary based on performance and position held.**
3008. Employee Separation Procedures

The Company requests that employees who choose to terminate their employment provide written notice to their supervisors stating their last date of employment and the reason for leaving. A two-week notice of resignation is requested, if possible. While the decision to begin the employment relationship is consensual, the same is not always true when the time comes to terminate the employment relationship.

As an at-will employer, the Company may end the employment relationship at any time, with or without cause or notice. In the event that your employment is terminated, you must return all property owned by the Company upon the Company’s request or upon your departure.

Employees will be paid for wages earned in the pay period(s) when wages would normally be paid unless money is owed back to the Company: such as vacation time that was “borrowed” or paid before actual eligibility, financial discrepancies that may have led to an involuntary termination or for the cost of materials not returned upon separation. Please note that continued employment is required for potential bonus pay outs. Employees enrolled in Direct Deposit program will receive final checks via direct deposit; otherwise paper checks can be picked up at café or mailed to address on file.

It is employee responsibility to furnish the Company with current mailing and contact information. It is the responsibility of the employee to timely notify the Company of any changes in contact information regardless if they are a current or former employee.

Voluntary Termination may be considered voluntary if the employee; resigns from the Company, fails to return from an approved leave of absence or Work Comp injury, absent without official notice: no call/no show; or failing to return the call to a supervisor inquiring about the absence. In some circumstances, if a notice to resign has been given, the Company may exercise its right to accept and recognize the notice given; but release the employee of their duties early/prior to the actual last date of the notice.

Involuntary Termination may be the result of poor performance, misconduct; or other violations of the Company’s rules of conduct.

Regardless of voluntary or involuntary termination; the Company generally will only verify dates of employment and position held. Additional employment verifications can be submitted to either the Tampa or Maitland office.

Exit Interviews are offered to employees leaving the Company for any reason. The exit interview allows an employee to communicate their views on their employment experiences with the Company. Please contact either the Tampa or Maitland office for more information.
3009. Paystubs and W-2s

All employees (hourly, salary, baker, direct deposit, non-direct deposit) are able to obtain their W-2s and paystubs online. The website is… web-reports.covelli.com

- Go to the website: web-reports.covelli.com
- Type in your User Name and Password
  - User Name – your 4 digit store number plus the last 5 digits of your social security number. If you do not know your store number, please contact the manager at your café or use the attached list to figure it out yourself.
  - Password – the first 6 digits of your social security number. (If you changed your password last year, that is the one you need to use)

Example-John Smith worked at 3310 and his social is 123-45-6789

His user name would be 331056789 and password would be 123456

- Click “set password” on the left side of the screen. It will prompt you to change your password. This can be up to 8 characters. Use this password from now on.
- Choose the report that you want to view by clicking on it. (W2’s, check stubs etc.)
- When the selection screen appears for the report, do the following.
  - Click on the calendar for the date. This will copy the date into the date field, or the user can key in the date field. (MM/DD/YYYY)
  - Click on the year if a drop down box appears.
  - Click on GET REPORT
  - The report will display in Adobe format. (You must have Adobe on your computer in order to use this)
  - Once the file is opened – you can print, save etc.

Employees enrolled in Direct Deposit program do not receive pay stubs at the café and must obtain them online.

If an account needs to be changed or closed, unless it is an emergency (such as identity theft), a form must be completed and submitted to the payroll office and given 2 weeks to process. Please do not close the old account. A test can be run on the new account while money is deposited into the old account. Once deposited into the new account, the old account can be closed. Please be advised….if money is deposited into a closed account, a check can’t be issued until the bank refunds the money into the payroll account; which could take 3 – 5 business days.
**FLORIDA CHILD LABOR OVERVIEW**

**Hours:** When school is in session: Florida law states that on a school day, minors under 16 may work no more than three hours when school is scheduled the following day and up to eight hours on other days when school does not follow. The Fair Labor Standards Act (FLSA) states that minors may work no more than three hours on a school day and eight hours on non school days. The practical application of both state and federal law allows minors under 16 to work three hours on all days except Saturday and Sunday when they may work up to eight hours per day. When school IS NOT in session: Florida law allows minors 14 & 15 to work eight hours per day between 7 a.m. and 9 p.m., on days when there isn’t school the next day and up to 40 hours per week on non school weeks and during summer vacation. Note: Federal law limits this age group to work from 7 a.m. until 7:00 p.m. From June 1 to Labor Day they may work until 9:00 p.m. For minors 16 & 17, the allowable work hours are: 30 hours a week when school is in session; eight hours per day between 6:30 a.m. and 11:00 p.m. if school is scheduled the following day. There are no limitations on hours worked when school is not scheduled the following day or during holidays and summer vacation. Minors are NOT permitted to work during normal school hours unless they are enrolled in a school-to-work experience program, career education or other program declared exempt by the State or have received a partial waiver.

**Breaks:** Minors are not permitted to work for more than four hours without a 30 - minute, uninterrupted meal break. This applies throughout the year.

**Days:** Minors are not permitted to work more than six consecutive days in one week. This applies throughout the year.

**Child Labor – Partial Waiver:** The Florida Child Labor Law is designed to serve and protect minors and to encourage them to remain in school. At times, however, some minors feel that the law conflicts with their best interest or that their life circumstances are such that they need to work. Minors have the right to request that the Child Labor Office exempt them from parts of the Child Labor Law. Partial waivers are granted on a case-by-case basis, which means that each application is judged on its own merits. In order to qualify for a waiver, applicants must demonstrate that sections of the Child Labor Law need to be waived because of financial hardship, medical reasons, school status or a court order. Only, when it clearly appears to be in the best interest of the minor, will the waiver will be approved.

**Employer Requirements:** Employers are required to keep proof of age on all minor employees and any documents, which exempts the minor from the law. Employers are required to post in a conspicuous place, on the property or place of employment, where it may be easily read, a poster which notifies minors of the Child Labor Law.
3011. Social Media Associate Guidelines

Social Media Associate Guidelines

Each day, we build relationships with our customers at the bakery-cafes by listening and connecting with their needs. With social media, we have an opportunity to extend our relationship beyond the bakery-cafes through channels such as Facebook, Twitter, Google+, blogs, YouTube and numerous other sites. Many of our customers have engaged with each other as well as with associates who have stepped up to answer their questions and extend Panera Warmth.

While social media is a great forum for our customers and associates to communicate openly online, it is important to show the same respect and courtesy that we employ in our face-to-face dealings in the bakery-cafes, FDFs and the support center. As you express your own views, others may view you as a representative of Panera Bread so it’s important to follow these guidelines:

1. Use Good Judgment and Think Before You Post

Anything you post on a public site is accessible to anyone with a web browser. The Internet is not anonymous, it does not forget, and everything written on the web can be traced back to the original author. Accordingly, use good judgment and think about what you want to say and how to say it before you post. When in doubt, ask yourself, “Is this something I would be willing to say directly to my parents, to my manager or to Panera’s CEO?”

2. Our Cultural Values

Your communications regarding Panera’s cafes, its associates, and its guests should be respectful. Your Internet postings should not include information that is profane, vulgar, threatening, or otherwise a violation of any Panera policy. In other words, “No Jerks.”

We value the privacy of every Panera Bread associate. You should never disclose personal information about any associate (such as addresses, social security numbers, telephone numbers, bank account or credit card information). You should also never post things that disparage associates, vendors, competitors or other parties affiliated with Panera.

You also should not post information about Panera’s associates without their permission, just as you would not want someone else posting information about you without your permission. As a reminder, photos in bakery-cafes may only be taken with permission from the Public Relations or Marketing department, or a designated representative.

3. Personal Liability

You are legally responsible for your postings, so you need to know that you may be personally liable if your posts are threatening, hateful, obscene, pornographic, vulgar, sexually explicit, defamatory, harassing, or otherwise in violation of law. You may also be liable if you make postings that include confidential or proprietary information. Ensure your postings comply with all trade secret, copyright, privacy, fair use, financial disclosure, and other applicable laws. Violation of this policy, or any other Panera policy, may result in disciplinary action up to and including termination of employment.
This policy will not be construed or applied in a way that improperly interferes with (A) associates’ exercise of their rights under the NLRA or any other law, or (B) associates’ legally protected social media discussions regarding wages, hours, or working conditions. If you are unsure about whether or not you can post certain content, please contact your Human Resources Manager or the Marketing Department for guidance.

4. Authorization to speak on behalf of Panera

When speaking about Panera, please keep in mind you should only speak to topics within your expertise and transparently disclose your affiliation with Panera. In addition, your postings reflect your personal opinions and may not be the same as Panera’s. It is important that you make this distinction when posting your point of view. If you are using social media for personal purposes and identifying yourself as an associate of the company, you must be clear that you are speaking for yourself and not on behalf of the company.

If a member of the news media or a blogger contacts you about an Internet posting that concerns Panera’s business or products, do not make any statements and instead please refer that person to your supervisor or the Marketing department.

5. Panera Groups and/or websites

Any community group that utilizes Panera’s name, its property or its network is subject to this policy. From time to time, Panera’s Marketing Department may form and manage social media groups or websites that utilize Panera’s name. Panera reserves the right to remove any posted comment on Panera’s group site(s) that is not appropriate for the topic discussed, uses inappropriate language or otherwise violates any Panera policy.

Participating in any social media activities is purely voluntary, is not subject to compensation, and should not interfere with your work responsibilities.

These guidelines are subject to change. If you have any questions about Panera’s social media policy, please contact your supervisor or Human Resources manager.
4000. LEAVES OF ABSENCE

4001. Family and Medical Leave (FMLA)

As required by law, since we are an employer of 50 or more persons, the company will provide the benefits offered by the Family and Medical Leave Act (FMLA). Under the FMLA, an employee who has been employed for at least 12 months and has worked for the Company for at least 1,250 hours during the previous 12 months may be granted unpaid leave for one or more of the following reasons:

1. Birth of child to the employee or to the employee’s spouse.

2. Placement of child with the employee for adoption or foster care.

3. To care for a spouse, son, daughter or parent who has a serious health condition.

4. A serious health condition of the employee rendering him/her incapable of performing the functions of his/her job.

5. To care for a spouse, son, daughter, parent or next of kin who experiences a serious injury or illness during active duty in the Armed Forces (including National Guard and reserves).

6. “Qualifying exigency” (as defined by the Secretary of Labor) connected with the active military duty or call to active duty of an employee’s spouse, parent or child.

Employees are required to provide at least 30 days’ advance notice before leave is anticipated to begin if the need for the leave is foreseeable. If 30 days’ advance notice is not practicable, the employee is required to give as much notice as possible. Employees should give notice within one or two working days of learning of the need for leave, except in extraordinary circumstances.

FMLA provides eligible employees with up to 12 workweeks of unpaid leave in a 12 month rolling period from the date it was first used. The leave can be taken in one continuous block of time, although this is not necessary. Sometimes, leave may be taken on an intermittent basis or on a reduced time schedule. If intermittent leave is required, this need should be outlined in the certification from the employee’s health care provider. Regardless, the leave may not exceed a total of more than 12 workweeks in a leave year. The duration and frequency of leave is determined by the employee’s physician.

At the conclusion of FMLA, an employee will be restored to the same job or an equivalent position with equivalent pay and benefits. Previously accrued benefits will not be forfeited; however, seniority or additional benefits will not accrue during the absence.

FMLA is unpaid; however, accrued vacation; if applicable will be used and any income received through vacation will run concurrently with FMLA. Use of paid time off benefits will not extend the total time available for leave beyond 12 weeks.

Group insurance benefits will continue during FMLA provided the employee continues to pay his/her share of the premium, if applicable.

Medical certification of a serious health condition of the employee, child, spouse or parent may be required. The company may also request a second opinion.
If FMLA is for the employee's illness or injury he/she must obtain a Release to Return to Work form from the attending physician prior to returning to his/her regular duties. This form must be returned to Human Resources at the time of the employee's return to work.

If the employee can return to work but with limitations or restrictions, this information must be included on the Release to Return to Work from the physician, and sent to the Human Resources office five days prior to the employee's return to work. The immediate supervisor and Human Resources (or other designee), will meet with the employee to discuss potential accommodations.

4002. Personal Leave of Absence

A personal leave of absence without pay may be granted at the discretion of the Company. Requests for personal leave should be limited to unusual circumstances requiring an absence of longer than two weeks. Employees are required to use any available vacation and/or sick leave before beginning a Personal Leave of Absence. Unpaid personal leave for illness and injury is governed by Company policy and federal and state laws.

The Company will not pay the Health Care premiums of any employee or if applicable an employee’s dependents during a leave of absence unless such payment is required by State or federal law.

Employees are required to use vacation and/or sick leave for personal absences of duration shorter than two weeks. If an employee has does not have sufficient accumulated vacation and/or sick leave, a leave without pay may be granted at the company’s discretion. However, unscheduled short term leave without pay is disruptive to Company’s staffing goals and such leave, unless required by law, will be granted only under emergency circumstances. Excessive absenteeism will result in disciplinary action up to and including termination. In no such cases will this offer of unpaid personal leave be granted in addition to any FMLA requested and granted with.

4003. Bereavement Leave

In the event of the death of your current spouse, child, parent, legal guardian, brother, sister, grandparent, grandchild, or, mother-in-law, father-in-law, son-in-law or daughter-in-law, a reasonable unpaid time off will be granted: however, paid time off will be determined on a case-by-case basis but is not guaranteed.

4004. Jury Duty or Witness Leave

The Company encourages employees to serve on jury selection or jury duty when called. Eligible employees who have completed a full year of employment will receive full pay while serving one day. You should notify your supervisor of the need for time off for jury duty as soon as a notice or summons from the court is received. You may be requested to provide written verification from the court clerk of having served.

Employees who receive a subpoena to be a witness at a hearing or trial will be granted Witness Leave according to the same requirements for Jury Duty above. Witness Leave is not granted if you volunteer to be a witness.

No employee will be discharged or discriminated against because he or she complies with a jury summons or valid subpoena.
4005. Domestic Violence Leave

In the event that you or a member of your family or household is a victim of domestic violence, in accordance with state law you may be eligible for up to three days of unpaid leave in any 12-month period. To be eligible for this leave, you must have worked for the Company for at least three months and must have used up all available vacation and sick leave.

Under state law, domestic violence leave must be used for one or more of the following purposes:
• to seek an injunction for protection against domestic violence, dating violence or sexual violence;
• to obtain medical care, mental health counseling or both for yourself or for a family or household member to address physical or psychological injuries resulting from the act of domestic violence;
• to obtain services from a victims’ services organization (domestic violence shelter, rape crisis center, etc.) as a result of the act of domestic violence;
• to make your home secure from the perpetrator of domestic violence or to seek new housing to escape the perpetrator; or
• to seek legal assistance in addressing issues arising from the act of domestic violence or to prepare for and attend court-related proceedings arising from the act of domestic violence.

You are expected to provide your supervisor with reasonable notice of your need for domestic violence leave except in cases of imminent danger to your health or safety or to the health or safety of a member of your family or household. Upon your return from domestic violence leave, you must provide your supervisor with documentation of the purpose of your leave.

As required by law, the Company will maintain the confidentiality of all information you provide in support of your domestic violence leave. No disciplinary action, discrimination or retaliation will be taken against you for requesting or taking domestic violence leave.

4006. Time Off to Vote

Employees' working hours on the day of a primary or election, general or special, will be arranged to the extent possible so that each employee will have a reasonable time, up to two hours, available for voting during the hours the polls are open.

No employee will be penalized or retaliated against for requesting time off to vote.

4007. Military Leave

Eligibility
Generally, an employee returning from military leave is guaranteed reemployment and other rights as long as he or she complies with certain notification and other requirements. An employee is protected if he or she meets the following criteria:

• The employee gave notice that (s)he was leaving the job for military service (unless military necessity or other extenuating circumstances precluded the notice):
• The period of service was five years or less;
• The employee was not discharged from service under dishonorable or other punitive conditions; and
• The employee must have reported to his/her civilian job in a timely manner or submitted a timely application for reemployment.
Employees who are members of the Florida National Guard and are called to active duty will not be discharged, reprimanded or in any way penalized for absence from work for this purpose.

Return to Work
The period of time within which an employee must return to work after the completion of service depends on the duration of the military service. Employees who serve less than 31 days are required to return to employment by the beginning of the first regularly scheduled work period after the completion of military service. Such employees, however, are excused for the amount of time required to return home safely and for an eight-hour rest period.

If an employee served between 31 and 180 days, (s)he must file an application for reemployment within 14 days after the completion of military service.

If an employee served more than 180 days, (s)he must file an application for reemployment no later than 90 days after the completion of military service.

Employees returning from the armed services will be reemployed in the job that they would have attained if they had not been absent for military service. The Company will provide training or other assistance to returning service members to help them refresh or upgrade their skills to qualify for reemployment.
5000. GENERAL POLICY

5001. Cash Handling

Managers Swipe Card: Manager’s swipe card is to be kept in manager’s possession at all times; hourly employees are not permitted to use Manager’s swipe card. Use of hand-typed codes are not permitted by in-store or above store personnel.

Credit Card Sales: If a customer’s credit card is over charged and it is **prior** to batching out the credit cards, **do not refund the credit card – void the entire purchase.** If the over charge is not determined until after batching out the credit cards, please contact District Manager and the office immediately for further instructions.

Cashier Audits: Cashier audit must be completed prior to the associate’s shift ending. Cashier audit envelope must be completed in full entirety and signed by both associate and manager. Once drawer has been removed from register it is never to be left unattended. $25.00 Excess cash over/short at once or total within 90 days is grounds for immediate termination and is to be reported to the District Manager. Other amounts in excess or short at once or total within 90 days, may be result in disciplinary action up to termination. Manager in charge of safe verifies money and receipts in presence of cashier. Audits must be complete before associates clock out and leave premises. Do not cover a cash shortage by under-ringing, voiding sales, or replacing with monies from any other source.

Deposits: There will be a minimum of two deposits performed per day including weekends.

End of Day Balance/Close BOH: The expected variance for “Total over/short” is $0.00. If “Total over/short” variance is greater than $25.00 required notifications must be communicated to the District Manager and Sue Brown in the Ohio Accounting Office by 9:00 a.m. next day.

Donations: Donations must be entered and deposited every Monday. Additionally, all other donations must be approved through the offices and documented. Failure to do so may result in disciplinary action up to termination.

Paid Outs: Managers are the only authorized personnel to ring “paid out” transactions and all must have matching receipts, proper account numbers and must be done prior to the drawer closing out.

Company Investigation: Any employee that is a witness to; has knowledge of; or is involved in (1) a crime, (2) company loss, (3) threats, (4) or other inappropriate behavior or misconduct, must immediately report the incident to their immediate supervisor. The Company reserves the right to investigate all incidents resulting in loss, injury, risk of loss, or violation of company policy. Associate cooperation with company officials and civil investigative agencies is a condition of employment. Individuals who fail to
fully cooperate and/or provide false or misleading information during an investigation will be subject to
disciplinary action up to and including termination, as well as possible criminal prosecution.

In the event of a suspected cash management policy violation, it is the responsibility of the manager on
duty to notify General Manager and District Manager who shall immediately involve Human Resources
and Director of Operations in investigating and determining appropriate action.

Disciplinary Action: Associates who violate the cash management procedures set-forth in this policy will
be subject to immediate discipline, up to and including termination.

Following are non-negotiable and are considered Company policy:

Safe:
• Both top and bottom safes are to be locked at all times when not in use. Placing safe on day-lock is not
  acceptable.
• Manager who last audited safe is responsible for the safe and the only one accessing.
• All cash is to remain locked in safe overnight. Do not leave any cash out front in cash drawers over
  night.
• Safe combination is not to be posted or written anywhere

Cash Drawers:
• Each cashier must verify beginning till amount before ringing sales
• Only cashier assigned to drawer may ring on it. This applies to Managers and Catering as well.
• Employees are not permitted to make change between drawers or open drawers
• Employees are not permitted to make change for customers
• Do not put customer money into the cash drawer until change is tendered

Check Acceptance:
• Business and organizational checks are accepted for amount of purchase ONLY.
• Personal checks are never to be accepted.
• Only United States traveler’s checks are accepted.

Refunds:
• Managers are the only personnel authorized to issue a refund
• Refunds must have a receipt
• Questionable refunds/no receipts must be turned over to the Orlando office for further processing if
  applicable

An employee may be terminated immediately, depending on the severity of the infractions listed above. Any incident of
undercharging or “passing food” will result in immediate disciplinary action up to termination and may leave the
employee liable for prosecution. Consistent cash handling issues are grounds for termination.
‘Quick Change’ Policy:
• Do not give change back to a customer until you have counted and recounted it
• Do not give the change to the customer as you are counting it back to them
• Do not make change, for the change: If a customer gives a $50 bill for the purchase of a $2 drink, count the $48 in change and do not make change for the $48 if asked.
• Notify Manager and Area Director immediately should “quick change” occur or concern that a customer is attempting to “quick change”.

5002. Exempt Employees

Exempt Employees: Employees who are exempt from certain wage and hour laws, i.e. overtime pay, who receive an annual salary, in equal payments weekly, bi-weekly, or at some other specified time interval.

Scheduling: Exempt Employees are required to work full time flexible scheduling Monday through Sunday; all shifts, with a minimum of 50 (fifty) hours per week. Opening, mid and closing shifts must be fairly rotated amongst the salaried members of the Management team in addition to weekend shifts (both Saturday and Sunday). General Managers are expected to close the last day of each month; regardless of when month end falls in the schedule. Additionally, General Managers are expected to close the night prior to Celebration roll outs.

Pay: Exempt Employees are expected to clock in/out for every shift they work. Exempt Employees/Salaried employees are calculated on a 10 hour work day/10 day work week, i.e. if an Exempt Employees clock in/out hours total 70 hours during a cycle, they will be paid for 7 days. The hours clocked in for, is what will be paid.

Sick Time/Disability: The Fair Labor Standards Act (FLSA) does not require payment for time not worked, such as vacations, sick leave or holidays (federal or otherwise). Deductions will be made from the Exempt Employee’s full day absences due to sickness/disability occurring on a regular scheduled shift; however, accrued vacation may be used for missed days: vacation time cannot be borrowed.

Vacation: Exempt Employees become eligible for paid vacation after one year of employment. 1 (one) week paid after 1 (one) year; 2 (two) weeks paid after 2 (two) years; and 3 (three) weeks paid after 5 (five) years of employment. Vacations may not be taken back-to-back; however accrued vacation will be paid out for FMLA. Currently; Exempt Employee vacations are based on Anniversary. Vacation requests, are requests and as a Company we will try to accommodate; however, reserve the right to deny any vacation request or request it be taken at a different time. Vacations are not permitted from November 1st through January 31st unless otherwise approved by Director of Operations and/or Owner.

Personal Days: Salaried employees are entitled to 2 personal days that begin at time of employment and will be renewed annually on the employment anniversary date. Personal days will not be carried over and as soon as possible, direct supervisor must be notified and café shifts must be covered.

This position is critical to the ongoing success of Covelli Family, DBA Panera Bread and the scheduling expectations are a requirement to ensure the ongoing fairness for all members of the Management Teams. The Company understands that scheduling expectations may be unattainable for some Exempt Employees and the Company will discuss further accommodations and will assist with a transition to an hourly Shift Supervisor position or other hourly position that better suites scheduling needs.
ASSOCIATE FILE CHECKLIST

These documents or items should be reviewed with each Associate upon their hire:

___ Employment Application from People Answers
___ Social Security Verification Form
___ W-4 Form (including hire date, birth date, store number & rate of pay)
___ I-9 Form
___ Harassment Policy (file signed)
___ Associate Data Sheet
___ Confidentiality & Wage Policy Agreement (file signed)
___ Location and content of Material safety Data Sheet
___ Associate Handbook (Signed last page kept in file)
___ Associate Nametag
___ Minor Agreement (file signed and required documents received)

Manager’s Signature: ____________________________ Date: __________

HOURLY ASSOCIATE CONFIDENTIAL INFORMATION & WAGE POLICY AGREEMENT

I understand that Panera Bread involves the operation of cafes and bakeries specializing in bakery goods, sandwiches, coffees, and distributing baked goods to restaurants, groceries and caterers using valuable and proprietary names, service marks, formulas, food preparation, sales procedures and methods. I will not, during the term of my employment, or after termination, communicate or divulge to anyone, any information or knowledge concerning the recipes, procedures, products, services, trade secrets, standard techniques and other information or material of the company or any affiliate of the company such information is generally known to the public domain

It is Panera Bread (the “Company”) Policy that wages not be discussed amongst employees. Panera Bread Management will endeavor to review the performance of all associates. I understand and acknowledge that pay increases are not automatic. I understand that the Company does not make pay advances or employee loans. I understand that my employment will be terminated immediately if I discuss my salary with my co-workers. I will report pay discrepancies to the human resources department or my Area Director. I understand that re-issuance of a lost or stolen check will be made only after a stop payment has been ordered. Stop payment will be at the expense of the associate, unless otherwise decided. Checks not cashed or deposited within 60 days of issue, must be returned to the Company before a new check will be issued.

I acknowledge and understand that I have been given the opportunity to ask any questions concerning this acknowledgement, and to the extent that I have asked any questions, those questions have been answered and I fully understand my responsibilities and the purpose and effect of this acknowledgement; and that the original of this acknowledgement that I have signed has been placed in my personnel file, and a signed copy of this document will be provided for me if I would like one. I understand that my employment is conditioned upon this Agreement, and I agree fully and faithfully abide by the terms of this Agreement during and after my employment.

EMPLOYEE: ____________________________ DATE: __________

Print Name

SIGNED: ____________________________

Employee signature
EMPLOYEE ACKNOWLEDGMENT

I hereby acknowledge receipt of the Covelli Family, Ltd. Partnership, DBA Panera Bread Employee Policy Handbook, have read its provisions and agree to its contents and the procedures contained therein. I understand that the Company can change any and all policies or practices at any time with our without notice. I further understand that any previously issued Employee Handbook has been revised and that any prior policies, if different from this Employee Handbook, are now null and void. I have been given the opportunity to ask any questions concerning this acknowledgement and to the extent that I have asked any questions, they have been answered and I fully understand my responsibilities and the purpose and effect of this acknowledgement and that it has been placed in my personnel file.

In consideration of my employment, I agree to conform to the rules and regulations of the Company and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or me. I understand the Company’s equal opportunity, open door and non-discrimination policy and grievance procedure. Additionally, I have read and understand the Company’s policy on maintaining a drug-free workplace and my responsibilities to the Company and fellow employees to abide by the policy. If I am convicted of a criminal drug statute violation, or if I become aware of any employee being so convicted or violating drug-free workplace, I will report this fact immediately to the Company.

My signature below certifies that I understand employment at-will status concerning the duration of my employment and the circumstances under which my employment may be terminated. This acknowledgement supersedes all prior acknowledgements, understandings and representations concerning my employment. I acknowledge and agree that this Employee Handbook does not constitute an employment contract between the Company and myself. I also acknowledge and agree that my employment can be terminated by the Company, without notice, without cause, and at any time. I also understand that notwithstanding any of the provisions of this Employee Handbook, I am employed by the Company on an at- will basis. I acknowledge and understand that no one can make a commitment to me for duration of employment or job security. I understand that no manager or representative of the Company other than the Chief Executive Officer has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, and that such changes must be in writing.

EMPLOYEE: __________________________
Print Name

SIGNED: __________________________
Employee Signature

DATE: __________________________
DRESS CODE ACKNOWLEDGMENT

Associate Dress Code: Visible tattoos and piercings are not permitted.

- **Shirts**: Clean, pressed, bright, solid colored (except black, white, navy, brown) and collared polo style, good repair, and tucked in. **Undershirts/t-shirts worn under shirts, must be white.** Sport logos, emblems, flannel (plaid); sweatshirts are not permitted.

- **Aprons, Hats & Name Tags**: Aprons are to be left in Café’s and hats must be worn with the logo facing the front. Name Tags must be worn at all times.

- **Slacks**: Clean, pressed, good repair, khaki colored “Docker” style. **“Skinny” pants are not permitted.** Jeans, cargo pants, baggie pants, and shorts are not permitted. Slacks are to be worn with a black belt and not sit below the waist.

- **Shoes**: Black non-slip, closed toe shoes. “Converse” style shoe is not permitted. Nyloons/socks must be worn at all times. If there’s a question about a shoe being permitted or not, please see your manager.

Manager Dress Code

- **Shirts**: Clean, pressed, professionally fitting Panera logoed button down oxford shirt and tucked in

- **Slacks**: Clean, pressed, professionally fitting solid colored pants – dress or “Dockers” style. Slacks are to be worn with a black or brown belt. “Skinny” pants are not permitted

- **Shoes**: Black or brown, non-slip, closed toe shoes and socks

Catering Coordinators

- **Shirts**: Clean, pressed, professionally fitting, Panera Bread issued color and logo button down. Does not have to be tucked in

- **Slacks**: Clean, pressed, “Dockers” style, black pants. “Skinny” pants are not permitted

- **Shoes**: Black non-slip, closed toe shoes

The Following is policy for Associate, Manager and Catering Dress Code:

- **Hair & Facial Hair**: Neat, clean and appropriately maintained. Brightly colored hair extensions/gels or “extreme” styles, shaved/cut designs are not permitted. Females: shoulder length or longer must be pulled back and off shoulders entirely. Males: hair must be short cuts/above the top of ears. Hair long enough to pull back is not permitted. Facial hair is not permitted for employees in retail operations and sideburns are not to extend below the bottom of the ear.

- **Jewelry & Nail Polish**: “Gage” earrings are not permitted. Women; no more than one earrings per ear and must be small posts. Men are not permitted to wear earrings. Both: no more than one (1) solid ring total. Bracelets, watches and neck chains are not permitted. **No visible tattoos and absolutely no other visible piercing jewelry are permitted – including tongue.** Nails should be trimmed and clean, polish nails are not permitted: acrylic/artificial nails or gel overlay is not permitted.

- **Religious Exceptions**: An employee is to be afforded a reasonable accommodation or exception to these rules if their religious beliefs necessitate adhering to certain standards.

EMPLOYEE: _____________________________
Print Name

SIGNED: _____________________________
Employee Signature

DATE: _____________________________

**All associates are not permitted to have facial hair. Newly hired managers are not permitted to have facial hair. Managers that currently have facial hair are permitted to keep it; however, if you don’t have any – don’t grow any.**
Complete all sections of this form. Please inform the Company of any changes to your information as soon as they occur.

Name (Last, First): ____________________________________________________________

Date of Birth: __________________________

Home Phone: __________________________ Other Phone: ___________________________

Email Address: ______________________________________________________________

Address: ____________________________________________________________________

City: _______________________ State: ________________ Zip: ______________

**Emergency Contact Information**

Name: ___________________________ Relationship: _____________________________

Address: ____________________________________________________________________

City: _______________________ State: ________________ Zip: ______________

Telephone number (day): __________________________________________________________

Telephone number (evening): ______________________________________________________

**Associate Signature:** _________________________________________________________

**Date Signed:** _____________________________________________________________
HARASSMENT POLICY

Purpose

Panera Bread has a fundamental commitment to treating its team members with dignity and respect. All team members have the right to be free from any unlawful harassment and report all instances without concern for retaliation.

Policy

It is the Company’s policy to provide a workplace free of unlawful and improper harassment of team members by other team members, suppliers or customers. It is also the policy of Panera Bread to encourage team members to report concerns they may have regarding harassment without fear of retaliation. This policy covers harassment in general as well as sexual harassment. Anyone who violates Panera Bread policies regarding harassment will be subject to discipline, including termination.

Harassment in general is defined as any unwelcome treatment caused by individual differences. Harassment can come from team members including: line management, fellow team members or subordinates, customers and vendors. Men as well as women can be targets of harassment.

Specifically, sexual harassment in the workplace, which is unlawful, is defined as unwelcome sexual advanced, requests for sexual favors and other verbal or physical conduct of sexual nature when:

- Submission to rejection of such advances, requests or conduct is made either explicitly or implicitly a term or condition of employment or as a basis for employment decisions
- Such advances, requests or conduct have the purpose or effect of unreasonably interfering with an individual’s work performances by creating an intimidating, hostile, humiliating, or sexually offensive work environment.

While it is not possible to list all of those circumstances in which we consider to be harassment, the following are some examples:

- Unwelcome sexual advances, whether they involve touching or not
- Verbal conduct such as epithets, derogatory jokes or comments about individuals sexual activity, deficiencies or prowess, or oral references to sexual conduct which unreasonably interferes with one’s work performance
- Request for sexual favors in exchange for actual or promised job benefits
- Visual conduct such as derogatory and/or inappropriate sexually orientated posters, photography, cartoons, drawings or gestures
- Harassing anyone due to their sex, sexual orientation, race, color, ethnic background, age, national origin, religion, marital status, disability, or other protected-group status

As an employee of the Company, you should be aware that the issue of whether behavior constitutes harassment might depend on how that behavior is viewed by the employee who is subjected to the behavior. Any employee who initiates or persists in such prohibited behavior assumes the risk of violating this policy in the event that the person who is the object of the behavior views it as offensive; accordingly, such an employee may be subject to discipline even if his/her conduct might not have been intended as offensive. All team members please take special note that retaliation against an individual who has complained about harassment or retaliation against an individual cooperating with an investigation of a harassment complaint is unlawful and will not be tolerated by the company.

Procedure

Employees are required to come forward promptly and report any problems pursuant to this policy before the alleged offending behavior becomes sever or pervasive. Anyone who has observed an alleged violation of the policy is also encouraged to report it to the Company.

Complaints will be accepted in writing or verbally. Complaints can be directed to multiple persons within the Company, including: an employee’s supervisor, any member in the Human Resource Department, or any member of Management. All complaints shall be treated in a confidential manner to the extent possible. Upon receipt of a complaint or in circumstances where the Company becomes aware of alleged offending conduct, a prompt, thorough, and impartial investigation shall be made concerning any alleged offending conduct. If the investigation leads to a determination that an individual engaged in conduct in violation or the Company’s policy, appropriate corrective action will be taken immediately, including the possible termination of the offending party. In investigating complaints under this policy, the Company may impose discipline for inappropriate conduct that comes to the Company’s attention, without regard to whether the conduct constitutes a violation of law.

I have read and understand Panera Bread’s policy as stated above.

Associate’s Signature: ___________________________ Date: ________________

Revised January 12, 2010
BREAK POLICY

Breaks are designated by the Manager on duty. Employees must be clocked out for the full 30 minute break (Minor break policy below); aprons and hats must be removed. Employees may receive a 50% discount on food items and barista purchased during a scheduled shift, but must be off the clock while eating. Panera is a smoke free environment.

EMPLOYEE: _______________________________ DATE: _______________

Print Name

SIGNED: _______________________________

Employee signature

CHILD LABOR OVERVIEW

It is the policy of the Company that employees must be at least 16 years of age to obtain employment.

HOURS: Minors 16 & 17, the allowable work hours are: 30 hours a week when school is in session; eight hours per day between 6:30 a.m. and 11:00 p.m. if school is scheduled the following day. There are no limitations on hours worked when school is not scheduled the following day or during holidays and summer vacation. Minors are NOT permitted to work during normal school hours unless they are enrolled in a school-to-work experience program, career education or career program declared exempt by the state of have received a partial waiver.

BREAKS: Minors are NOT permitted to work for more than four hours without a 30-minute, uninterrupted meal break (Product discount above included). This applies throughout the year.

DAYS: Minors are NOT permitted to work more than six consecutive days in one week. This applies throughout the year.

PARTIAL WAIVERS: At times, minors may feel that the law conflicts with their best interest, therefore they have the right to request exemption from parts of the law. Waivers may be granted on case-by-case basis, when it clearly appears in the best interest of the minor. Waivers may only be granted by the Government. For more information and application access, please contact the Bureau of Child Labor at 1.800.226.2536

EXEMPTIONS: Minors are exempt from the hours restrictions of the Child Labor Law if they have been married, graduated from an accredited high school or hold a high school equivalency diploma, served in the military, authorized by a court order, or been issued a partial waiver by the public school or the Farm and Child Labor Program. Proof of such exemptions must be provided.

PROHIBITED JOBS: Use of power machinery, Company specific: operating, cleaning or touching the meat slicer and/or bread slicer. For additional hazardous information, please call the Child Labor Program at 1.800.226.2536.

EMPLOYER REQUIREMENTS: Employers are required to keep proof of age on all minor employees - a state/government issued photo id and birth certificate or passport and any documents pertaining to waivers and/or exemptions.

I, _______________________________ am currently under the age of 18 and will not turn 18 until ______________. I understand and agree to abide by the Federal Labor Law that prohibits usage of power machinery. Furthermore, I understand and agree to abide that I must not work for more than four hours without a 30-minute break. I understand and agree to abide that I must clock out for the entire 30-minute, uninterrupted break. I have submitted proof of age and a photo id prior to starting employment/working first shift including orientation. I understand additional documentation may be required of me, including but not limited to: partial waivers or proof of exemption status and I have provided that documentation prior to starting employment/working first shift including orientation.

EMPLOYEE: _______________________________ DATE: _______________

Print Name

SIGNED: _______________________________

Employee signature
Form W-4 (2013)

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 2013 expires February 17, 2014. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds $1,000 and includes more than $300 of untaxed income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all the worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, no withholding must be based on allowances you claimed 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 individuals. See Pub. 501, Exceptions, 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. 505 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. 505 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. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2013. See Pub. 505, especially if your earnings exceed $130,000 (Single) or $180,000 (Married).

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.

Personal Allowances Worksheet (Keep for your records.)

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

B 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.

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.)

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

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

F Enter “1” if you have at least $1,900 of child or dependent care expenses for which you plan to claim a credit.

(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 $65,000 ($85,000 if married), enter “2” for each eligible child; then less “1” if you have three to six eligible children or less “2” if you have seven or more eligible children.
   • If your total income will be between $65,000 and $84,000 ($85,000 and $119,000 if married), enter “1” for each eligible child.

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.)

For accuracy, complete all the 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 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 $40,000 ($10,000 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.

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

Employee’s Withholding Allowance Certificate

W-4

Department of the Treasury
Internal Revenue Service

2013

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

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 I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption.
   • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and
   • 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

Date

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q

Form W-4 (2013)
Deductions and Adjustments Worksheet

Note. Use this worksheet only if you plan to itemize deductions or claim certain credits or adjustments to income.

1 Enter an estimate of your 2013 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1949) of your income, and miscellaneous deductions. For 2013, you may have to reduce your itemized deductions if your income is over $300,000 and you are married filing jointly or if you are a qualifying widow(er); $275,000 if you are head of household; $250,000 if you are single and not head of household or a qualifying widow(er) or $150,000 if you are married filing separately. See Pub. 505 for details.

$12,200 if married filing jointly or qualifying widow(er)

$8,950 if head of household

$6,100 if single or married filing separately

3 Subtract line 2 from line 1. If zero or less, enter "0-

4 Enter an estimate of your 2013 adjustments to income and any additional standard deduction (see Pub. 505)

5 Add lines 3 and 4 and enter the total. (Include any amount for credits from the Converting Credits to Withholding Allowances for 2013 Form W-4 worksheet in Pub. 505.)

6 Enter an estimate of your 2013 nonwage income (such as dividends or interest)

7 Subtract line 6 from line 5. If zero or less, enter "0-

8 Divide the amount on line 7 by $3,900 and enter the result here. Drop any fraction

9 Enter the number from the Personal Allowances Worksheet, line H, page 1

10 Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1.

Two-Earners/Multiple Jobs Worksheet (See Two earners or multiple jobs on page 1.)

Note. Use this worksheet only if the instructions under line H on page 1 direct you here.

1 Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)

2 Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However, if you are married filing jointly and wages from the highest paying job are $65,000 or less, do not enter more than "3"

3 If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet

Note. If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4 Enter the number from line 2 of this worksheet

5 Enter the number from line 1 of this worksheet

6 Subtract line 5 from line 4

7 Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here

8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed

9 Divide line 8 by the number of pay periods remaining in 2013. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2013. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck

<table>
<thead>
<tr>
<th>Married Filing Jointly</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>If wages from LOWEST</td>
<td>Enter on 7 above</td>
</tr>
<tr>
<td>paying job are —</td>
<td></td>
</tr>
<tr>
<td>$0 — $5,000</td>
<td></td>
</tr>
<tr>
<td>5,001 — 13,000</td>
<td>1</td>
</tr>
<tr>
<td>26,001 — 38,000</td>
<td>4</td>
</tr>
<tr>
<td>50,001 — 80,000</td>
<td>7</td>
</tr>
<tr>
<td>120,001 and over</td>
<td>10</td>
</tr>
</tbody>
</table>

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(d) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty; to federal and state agencies to enforce federal non-tax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.
Covelli Enterprises Direct Deposit Authorization

Employee Name: 

Store Number:  Employee Number: 

** Please attach a voided check to this form **

Please select an option:

NEW
*You have not had direct deposit with us before

UPDATED
*You currently have direct deposit and want to change your account information

Note: please do not close your old account until your deposit has been confirmed in your new account

STOP
*You want to cancel your direct deposit and receive a paper check

--- Skip account information and sign at the bottom

---

PRIMARY ACCOUNT

Name of Financial Institution: 

Transit/ABA Number:  
* 9 digit number that appears on bottom of check

Account Number:  

Type of Account:  
Checking  Savings

SECONDARY ACCOUNT

Name of Financial Institution: 

Transit/ABA Number:  
* 9 digit number that appears on bottom of check

Account Number:  

Type of Account  
Checking  Savings

I hereby authorize my employer, Covelli Enterprises, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account listed above. The authority is to remain in full force until the EMPLOYER has received written notification from me (or either of us) of its termination in such a timely manner as to afford EMPLOYER and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Date:  Employee Signature: 

The remaining net pay will be deposited into the primary account

$ .00

$ .00

***** Dollar amount to be deposited in to this account ****
Anti-Discrimination Notice. It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. 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. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit www.justice.gov/crt/about/osc.

What Is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

General Instructions

Employers are responsible for completing and retaining Form I-9. For the purpose of completing this form, the term "employer" means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

Section 1. Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 no later than the first day of employment. Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

Name: Provide your full legal last name, first name, and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

Other names used: Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

Address: Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

Date of Birth: Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

U.S. Social Security Number: Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

E-mail Address and Telephone Number (Optional): You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.
All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

1. **A citizen of the United States**

2. **A noncitizen national of the United States:** Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

3. **A lawful permanent resident:** A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

4. **An alien authorized to work:** If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.

   a. Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.

   b. Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CBP).

      (1) If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).

      (2) If you obtained your admission number from USCIS **within the United States**, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

Sign your name in the "Signature of Employee" block and record the date you completed and signed Section 1. By signing and dating this form, you attest that the citizenship or immigration status you selected is correct and that you are aware that you may be imprisoned and/or fined for making false statements or using false documentation when completing this form. To fully complete this form, you must present to your employer documentation that establishes your identity and employment authorization. Choose which documents to present from the Lists of Acceptable Documents, found on the last page of this form. You must present this documentation no later than the third day after beginning employment, although you may present the required documentation before this date.

**Preparer and/or Translator Certification**

The Preparer and/or Translator Certification must be completed if the employee requires assistance to complete Section 1 (e.g., the employee needs the instructions or responses translated, someone other than the employee fills out the information blocks, or someone with disabilities needs additional assistance). The employee must still sign Section 1.

**Minors and Certain Employees with Disabilities (Special Placement)**

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* on [www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central) before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include (1) the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and (2) the employer writing "minor under age 18" or "special placement" under List B in Section 2.
## Section 2. Employer or Authorized Representative Review and Verification

Before completing Section 2, employers must ensure that Section 1 is completed properly and on time. Employers may not ask an individual to complete Section 1 before he or she has accepted a job offer.

Employers or their authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, the employer must complete Section 2 by Thursday of that week. However, if an employer hires an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment. An employer may complete Form I-9 before the first day of employment if the employer has offered the individual a job and the individual has accepted.

Employers cannot specify which document(s) employees may present from the Lists of Acceptable Documents, found on the last page of Form I-9, to establish identity and employment authorization. Employees must present one selection from List A OR a combination of one selection from List B and one selection from List C. List A contains documents that show both identity and employment authorization. Some List A documents are combination documents. The employee must present combination documents together to be considered a List A document. For example, a foreign passport and a Form I-94 containing an endorsement of the alien's nonimmigrant status must be presented together to be considered a List A document. List B contains documents that show identity only, and List C contains documents that show employment authorization only. If an employee presents a List A document, he or she should not present a List B and List C document, and vice versa. If an employer participates in E-Verify, the List B document must include a photograph.

In the field below the Section 2 introduction, employers must enter the last name, first name and middle initial, if any, that the employee entered in Section 1. This will help to identify the pages of the form should they get separated.

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.

2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.

   If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:
   
   a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number); and the program end date from Form I-20 or DS-2019.

3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.

4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.

5. Sign and date the attestation on the date Section 2 is completed.

6. Record the employer's business name and address.

7. Return the employee's documentation.

Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they should be made for ALL new hires or reverifications. Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photocopy an employee's document(s). Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. Employers are still responsible for completing and retaining Form I-9.
Unexpired Documents

Generally, only unexpired, original documentation is acceptable. The only exception is that an employee may present a certified copy of a birth certificate. Additionally, in some instances, a document that appears to be expired may be acceptable if the expiration date shown on the face of the document has been extended, such as for individuals with temporary protected status. Refer to the Handbook for Employers: Instructions for Completing Form I-9 (M-274) or I-9 Central (www.uscis.gov/I-9Central) for examples.

Receipts

If an employee is unable to present a required document (or documents), the employee can present an acceptable receipt in lieu of a document from the Lists of Acceptable Documents on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employers cannot accept receipts if employment will last less than 3 days. Receipts are acceptable when completing Form I-9 for a new hire or when reverification is required.

Employees must present receipts within 3 business days of their first day of employment, or in the case of reverification, by the date that reverification is required, and must present valid replacement documents within the time frames described below.

There are three types of acceptable receipts:

1. A receipt showing that the employee has applied to replace a document that was lost, stolen or damaged. The employee must present the actual document within 90 days from the date of hire.

2. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual. The employee must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of issue.

3. The departure portion of Form I-94/I-94A with a refugee admission stamp. The employee must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security card within 90 days.

When the employee provides an acceptable receipt, the employer should:

1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.

2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.

By the end of the receipt validity period, the employer should:

1. Cross out the word "receipt" and any accompanying document number and expiration date.

2. Record the number and other required document information from the actual document presented.

3. Initial and date the change.

See the Handbook for Employers: Instructions for Completing Form I-9 (M-274) at www.uscis.gov/I-9Central for more information on receipts.

Section 3. Reverification and Rehires

Employers or their authorized representatives should complete Section 3 when reverifying that an employee is authorized to work. When rehiring an employee within 3 years of the date Form I-9 was originally completed, employers have the option to complete a new Form I-9 or complete Section 3. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the name change in Block A.

For employees who provide an employment authorization expiration date in Section 1, employers must reverify employment authorization on or before the date provided.
Some employees may write "N/A" in the space provided for the expiration date in Section 1 if they are aliens whose employment authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau). Reverification does not apply for such employees unless they chose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expires. However, employers should not reverify:

1. U.S. citizens and noncitizen nationals; or
2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.

Reverification does not apply to List B documents.

If both Section 1 and Section 2 indicate expiration dates triggering the reverification requirement, the employer should reverify by the earlier date.

For reverification, an employee must present unexpired documentation from either List A or List C showing he or she is still authorized to work. Employers CANNOT require the employee to present a particular document from List A or List C. The employee may choose which document to present.

To complete Section 3, employers should follow these instructions:

1. Complete Block A if an employee's name has changed at the time you complete Section 3.
2. Complete Block B with the date of rehire if you rehire an employee within 3 years of the date this form was originally completed, and the employee is still authorized to be employed on the same basis as previously indicated on this form. Also complete the "Signature of Employer or Authorized Representative" block.
3. Complete Block C if:
   a. The employment authorization or employment authorization document of a current employee is about to expire and requires reverification; or
   b. You rehire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

To complete Block C:
   a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
   b. Record the document title, document number, and expiration date (if any).
4. After completing block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

For reverification purposes, employers may either complete Section 3 of a new Form I-9 or Section 3 of the previously completed Form I-9. Any new pages of Form I-9 completed during reverification must be attached to the employee's original Form I-9. If you choose to complete Section 3 of a new Form I-9, you may attach just the page containing Section 3, with the employee's name entered at the top of the page, to the employee's original Form I-9. If there is a more current version of Form I-9 at the time of reverification, you must complete Section 3 of that version of the form.

What Is the Filing Fee?

There is no fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the "USCIS Privacy Act Statement" below.

USCIS Forms and Information

For more detailed information about completing Form I-9, employers and employees should refer to the Handbook for Employers: Instructions for Completing Form I-9 (M-274).
You can also obtain information about Form I-9 from the USCIS Web site at www.uscis.gov/I-9Central, by e-mailing USCIS at I-9Central@dhs.gov, or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

To obtain USCIS forms or the Handbook for Employers, you can download them from the USCIS Web site at www.uscis.gov/forms. You may order USCIS forms by calling our toll-free number at 1-800-870-3676. You may also obtain forms and information by contacting the USCIS National Customer Service Center at 1-800-375-5283. For TDD (hearing impaired), call 1-800-767-1833.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from the USCIS Web site at www.dhs.gov/E-Verify, by e-mailing USCIS at E-Verify@dhs.gov or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling 1-888-897-7781. For TDD (hearing impaired), call 1-877-875-6028.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided all sides are copied. The instructions and Lists of Acceptable Documents must be available to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer. Employers are required to retain the pages of the form on which the employee and employer enter data. If copies of documentation presented by the employee are made, those copies must also be kept with the form. Once the individual's employment ends, the employer must retain this form for either 3 years after the date of hire or 1 year after the date employment ended, whichever is later.

Form I-9 may be signed and retained electronically, in compliance with Department of Homeland Security regulations at 8 CFR 274a.2.

USCIS Privacy Act Statement

AUTHORITIES: The authority for collecting this information is the Immigration Reform and Control Act of 1986, Public Law 99-603 (8 USC 1324a).

PURPOSE: This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

DISCLOSURE: Submission of the information required in this form is voluntary. However, failure of the employer to ensure proper completion of this form for each employee may result in the imposition of civil or criminal penalties. In addition, employing individuals knowing that they are unauthorized to work in the United States may subject the employer to civil and/or criminal penalties.

ROUTINE USES: This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The employer will keep this form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 35 minutes per response, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. Do not mail your completed Form I-9 to this address.
START HERE. 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-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.

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.)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (Street Number and Name)</td>
<td>Apt. Number</td>
<td>City or Town</td>
<td>State</td>
</tr>
<tr>
<td>Date of Birth (mm/dd/yyyy)</td>
<td>U.S. Social Security Number</td>
<td>E-mail Address</td>
<td>Telephone Number</td>
</tr>
</tbody>
</table>

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

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: ________________

OR

2. Form I-94 Admission Number: ________________

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

Foreign Passport Number: ________________

Country of Issuance: ________________

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

Signature of Employee: ____________________________ Date (mm/dd/yyyy): ____________________________

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.

Signature of Preparer or Translator: ____________________________ Date (mm/dd/yyyy): ____________________________

Last Name (Family Name) ________________ First Name (Given Name) ________________

Address (Street Number and Name) ________________ City or Town ________________ State ________________ Zip Code ________________
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 on the "Lists 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.)

<table>
<thead>
<tr>
<th>Identity and Employment Authorization</th>
<th>OR</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Title:</td>
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<tr>
<td>Issuing Authority:</td>
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<tr>
<td>Document Number:</td>
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<tr>
<td>Expiration Date (if any)(mm/dd/yyyy):</td>
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<tr>
<td>Document Title:</td>
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<tr>
<td>Expiration Date (if any)(mm/dd/yyyy):</td>
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</tr>
</tbody>
</table>

Certification

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.

The employee's first day of employment (mm/dd/yyyy): ________________ (See instructions for exemptions.)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Family Name)</td>
<td>First Name (Given Name)</td>
<td>Employer's Business or Organization Name</td>
</tr>
<tr>
<td>Employer's Business or Organization Address (Street Number and Name)</td>
<td>City or Town</td>
<td>State Zip Code</td>
</tr>
</tbody>
</table>

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) (mm/dd/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.

<table>
<thead>
<tr>
<th>Document Title:</th>
<th>Document Number:</th>
<th>Expiration Date (if any)(mm/dd/yyyy):</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative:</th>
<th>Date (mm/dd/yyyy):</th>
<th>Print Name of Employer or Authorized Representative:</th>
</tr>
</thead>
</table>
### LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>Documents that Establish Both Identity and Employment Authorization</th>
<th>OR</th>
<th>LIST B</th>
<th>Documents that Establish Identity</th>
<th>AND</th>
<th>LIST C</th>
<th>Documents that Establish Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>U.S. Passport or U.S. Passport Card</td>
<td>1.</td>
<td>Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
<td></td>
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</tr>
<tr>
<td>2.</td>
<td>Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td>2.</td>
<td>ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
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</tr>
<tr>
<td>3.</td>
<td>Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td>3.</td>
<td>School ID card with a photograph</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>4.</td>
<td>Employment Authorization Document that contains a photograph (Form I-766)</td>
<td>4.</td>
<td>Voter's registration card</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
<td>5.</td>
<td>U.S. Military card or draft record</td>
<td></td>
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<tr>
<td></td>
<td>a. Foreign passport; and</td>
<td>6.</td>
<td>Military dependent's ID card</td>
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<tr>
<td></td>
<td>b. Form I-94 or Form I-94A that has the following:</td>
<td>7.</td>
<td>U.S. Coast Guard Merchant Mariner Card</td>
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<td></td>
<td>(1) The same name as the passport; and</td>
<td>8.</td>
<td>Native American tribal document</td>
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<td></td>
<td>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</td>
<td>9.</td>
<td>Driver's license issued by a Canadian government authority</td>
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<tr>
<td>6.</td>
<td>Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</td>
<td>10.</td>
<td>School record or report card</td>
<td></td>
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<tr>
<td></td>
<td>For persons under age 18 who are unable to present a document listed above:</td>
<td>11.</td>
<td>Clinic, doctor, or hospital record</td>
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<td></td>
<td>10.</td>
<td>School record or report card</td>
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<td>11.</td>
<td>Clinic, doctor, or hospital record</td>
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<td></td>
<td>12.</td>
<td>Day-care or nursery school record</td>
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<tr>
<td></td>
<td>11.</td>
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<td></td>
<td>12.</td>
<td>Day-care or nursery school record</td>
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</tbody>
</table>

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.