

**POSTLER & JAECKLE**  
**SIGN-UP AND SAFETY ORIENTATION FOR "NEW EMPLOYEES"**

*(Please have employee complete in full, with ink and hand in with other forms and papers indicated below)*

NAME: _____	SS#: _____	DATE HIRED: _____
ADDRESS: _____	PHONE#: (____) _____	DATE OF BIRTH: _____
CITY: _____	STATE: _____	ZIP: _____

(Please check all that apply)

LOCAL UNION:  13  46  112  267 OTHER \_\_\_\_\_  JYN  APP  PRE APP. IF APP, YEAR \_\_\_\_\_

TRAVELER:  YES  NO IF YES, AFFILIATE UNION \_\_\_\_\_

HOME OFFICE:  ROCH  LYONS  SO TIER  ALB  SYR  BING  PA/NJ

<input type="checkbox"/> Male	<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Vietnam Era Veteran (V)	<input type="checkbox"/> Disabled Veteran
<input type="checkbox"/> Female	<input type="checkbox"/> Black	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Other Veteran (O)*	
	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other	<small>*see attached listing for qualifying campaigns</small>	
			<input type="checkbox"/> Newly Separated Veteran (O)	

**Emergency Contact Information-** NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DAY PHONE #:(\_\_\_\_) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ NIGHT PHONE #:(\_\_\_\_) \_\_\_\_\_

ACTIVITY	SUPERVISOR INITIAL HERE
1. W-4 Employee Withholding Allowance Certificate ( <i>hand in</i> )	_____
2. Employment Eligibility Verification (Form 1-9) ( <i>hand in</i> )	_____
3. Copy of Drivers License, 10hr OSHA card and Social Security card ( <i>hand in</i> )	_____
4. Equal Employment Opportunity Policy Statement ( <i>keep handout</i> )	_____
5. Employee Safety Orientation ( <i>keep handout and sign here</i> )	_____
6. Employee Safety Handbook ( <i>keep book hand in receipt page</i> ) & Safety Quiz ( <i>hand in</i> )	_____
7. Please indicate any previous safety training, OSHA cards, safety certificates or medical training you currently hold:	
<input type="checkbox"/> KODAK SAFETY ORIENTATION Date Taken: _____	<input type="checkbox"/> 40 HR HAZARDOUS WASTE TRAINING Date Taken: _____
<input type="checkbox"/> XEROX SAFETY ORIENTATION Date Taken: _____	<input type="checkbox"/> MOBIL CHEMICAL SAFETY Date Taken: _____
<input type="checkbox"/> OSHA 10 HR. TRAINING Date Taken: _____	<input type="checkbox"/> PERSONAL LIFE TRAINING Date Taken: _____
<input type="checkbox"/> CPR TRAINING Date Taken: _____	<input type="checkbox"/> RESPIRATOR TRAINING Date Taken: _____
<input type="checkbox"/> CONFINED SPACE TRAINING Date Taken: _____	<input type="checkbox"/> FALL PROTECTION TRAINING Date Taken: _____
<input type="checkbox"/> FOREMAN SUPERVISORY TRAINING Date Taken: _____	<input type="checkbox"/> LIST OTHER: Date taken: _____
<input type="checkbox"/> LIST OTHER: Date Taken: _____	<input type="checkbox"/> LIST OTHER: Date Taken: _____
<input type="checkbox"/> LIST OTHER: Date Taken: _____	<input type="checkbox"/> LIST OTHER: Date Taken: _____

Is there any existing medical condition that would prevent you from performing your job?  YES  NO

Would you be interested in direct deposit for a method of payment?  YES  NO

Orientation conducted by: \_\_\_\_\_ Date: \_\_\_\_\_

# Form W-4 (2009)

**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 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

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

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

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

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

**Nonwage income.** If you have a large amount of nonwage income, such as interest or

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

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

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	_____
<b>B</b>	Enter "1" if: <div style="display: flex; align-items: center;"> <div style="font-size: 3em; margin-right: 10px;">{</div> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul> </div>	<b>B</b>	_____
<b>C</b>	Enter "1" for your <b>spouse</b> . 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.) . . . . .	<b>C</b>	_____
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	_____
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	_____
<b>F</b>	Enter "1" if you have at least \$1,800 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b>	_____
<b>(Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)			
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three or more eligible children.</li> <li>• If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" <b>additional</b> if you have six or more eligible children.</li> </ul>	<b>G</b>	_____
<b>H</b>	Add lines A through G and enter total here. <b>(Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	_____
For accuracy, <b>complete all worksheets that apply.</b> <div style="display: flex; align-items: center;"> <div style="font-size: 3em; margin-right: 10px;">{</div> <ul style="list-style-type: none"> <li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul> </div>			

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

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>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.</b></p>	OMB No. 1545-0074  <div style="font-size: 2em; font-weight: bold; margin: 0;">2009</div>
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____ 6 \$ _____
7 I claim exemption from withholding for 2009, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶		7 _____
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)



# Certificate of Exemption from Withholding

New York State • New York City • Yonkers

# IT-2104-E

This certificate will expire on April 30, 2010.

To claim exemption from withholding for New York State personal income tax (and New York City and Yonkers personal income tax, if applicable), you must meet **all** of the following conditions:

- you must be under age 18, or over age 65, or a full-time student under age 25; **and**
- you did **not** have a New York income tax liability for 2008; **and**
- you do **not** expect to have a New York income tax liability for 2009.

If you **do not meet all** of the above conditions, **stop**; you cannot claim exemption from withholding.

<b>Print or type</b>	First name and middle initial	Last name	Social security number	Filing status: Mark an <b>X</b> in only one box
	Mailing address (number and street or rural route)	Apartment number	Date of birth (mm-dd-yyyy)	A Single <input type="checkbox"/> B Married <input type="checkbox"/>
	City, village, or post office	State	ZIP code	C Qualifying widow(er) with dependent child, or head of household with qualifying person <input type="checkbox"/>
			Are you a full-time student? Yes <input type="checkbox"/> No <input type="checkbox"/>	
I certify that the information on this form is correct and that, for the year 2009, I expect to qualify for exemption from withholding of New York State income tax under section 671(a)(3) of the Tax Law. I will notify my employer within 10 days of any change requiring revocation of the exemption from withholding as explained in the instructions.				Employee's signature
				Date
Employer name and address (Employer: complete this section only if you must send a copy to the NYS Tax Department; see instructions)			Employer identification number	Mark an <b>X</b> if a newly hired employee <input type="checkbox"/>

----- Cut here and give the above certificate to your employer -----

## Instructions

### Employee

**Who qualifies** — You may claim exemption from withholding if: (1) you are under age 18, over age 65, or a full-time student under age 25, **and** (2) you had no New York income tax liability for 2008, **and** (3) expect none for the year 2009. (For this purpose, you have a tax liability if your return shows tax before the allowance of any credit for income tax withheld.)

If you meet these conditions, file this certificate, Form IT-2104-E, with your employer. Otherwise, your employer must withhold New York State income tax (and New York City and Yonkers personal income tax, if applicable) from your wages. Do not send this certificate to the Tax Department.

Generally, as a resident, you are required to file a New York State income tax return if you are required to file a federal income tax return, or if your federal adjusted gross income plus your New York additions is more than \$4,000, regardless of your filing status. However, if you are single and can be claimed as a dependent on another person's federal return, you must file a New York State return if your federal adjusted gross income plus your New York additions is more than \$3,000.

If you are a nonresident and have income from New York sources, you must file a New York return if the sum of your federal adjusted gross income and New York additions to income is more than your New York standard deduction.

A penalty of \$500 may be imposed for furnishing false information that decreases your withholding amount.

**When to claim exemption from withholding** — File this certificate with your employer if you meet all the conditions listed above. **You must file a new certificate each year if you wish to continue to claim the exemption.**

**Liability for estimated tax** — If, as a result of this exemption certificate, your employer does not withhold income tax from your wages and you later fail to qualify for exemption from tax, you may be required to pay estimated tax and be subject to penalty if it is not paid. For further information, see Form IT-2105, *Estimated Income Tax Payment Voucher for Individuals*.

**Multiple employers** — If you have more than one employer, you may claim exemption from withholding with each employer as long as your total expected income will not cause you to incur a New York income tax liability for the year 2009 and you had no liability for 2008.

**Revocation by employee** — You must revoke this exemption certificate (1) within 10 days from the day you expect to incur a New York income tax liability for the year 2009, or (2) on or before December 1, 2009, if you expect to incur a tax liability for 2010.

If you are required to revoke this certificate, if you no longer meet the age requirements for claiming exemption, or if you want income tax withheld from your pay (because, for example, you expect your income to exceed \$3,000), you **must** file Form IT-2104, *Employee's Withholding Allowance Certificate*, with your employer. Follow the instructions on Form IT-2104 to determine the correct number of allowances to claim for withholding tax purposes.

**Filing status** — Mark an **X** in one box on Form IT-2104-E that shows your present filing status for federal purposes.

**Need help?** — If you need help completing this form, call toll free 1 800 225-5829 (for employees) or 1 877 698-2910 (for employers). From areas outside the U.S. and outside Canada, call (518) 485-6800.

### Employer

Keep this certificate with your records. If an employee who claims exemption from withholding on Form IT-2104-E usually earns more than \$200 per week, you **must** send a copy of that employee's Form IT-2104-E to: **NYS Tax Department, Income Tax Audit Administrator, Withholding Certificate Coordinator, W A Harriman Campus, Albany NY 12227.**

The Tax Department will not accept this form if it is incomplete. We will review these certificates and notify you of any adjustments that must be made.

Due dates for sending certificates received from employees who claim exemption and earn more than \$200 per week are:

Quarter	Due date	Quarter	Due date
January – March	April 30	July – September	October 31
April – June	July 31	October – December	January 31

**Revocation by employer** — You must revoke this exemption within 10 days if, on any day during the calendar year, the date of birth stated on the certificate filed by the employee indicates the employee no longer meets the age requirements for exemption. The revocation must be in the form of a written notice to the employee.

**New hires** — If you are submitting a copy of this form because you are choosing to use this form to comply with New York State's New Hire Reporting Program, mark an **X** in the box and mail a copy of the completed form, within 20 days of hiring, to:

**NYS TAX DEPARTMENT, NEW HIRE NOTIFICATION  
PO BOX 15119, ALBANY NY 12212-5119**

To report newly-hired employees online go to [www.nynewhire.com](http://www.nynewhire.com).

**Privacy notification** — The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 5-a, 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Director of Records Management and Data Entry, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the United States and outside Canada, call (518) 485-6800.

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 documents have a future expiration date may also constitute illegal discrimination.**

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

Print Name: Last	First	Middle Initial	Maiden Name
Address <i>(Street Name and Number)</i>		Apt. #	Date of Birth <i>(month/day/year)</i>
City	State	Zip Code	Social Security #

**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 #) \_\_\_\_\_
- An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year)

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

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

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

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____

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

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address <i>(Street Name and Number, City, State, Zip Code)</i>		Date <i>(month/day/year)</i>

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

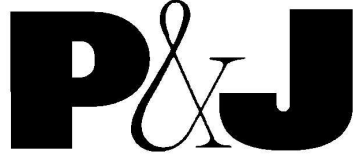
A. New Name <i>(if applicable)</i>	B. Date of Rehire <i>(month/day/year)</i> <i>(if applicable)</i>
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment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

Document Title: _____	Document #: _____	Expiration Date <i>(if any)</i> : _____
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**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.**

Signature of Employer or Authorized Representative	Date <i>(month/day/year)</i>
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POSTLER & JAECKLE CORP.

MECHANICAL CONTRACTORS

September 16, 2002

To: All Employees/Applicants

From: Dominick Mancini

Subject: Equal Employment Opportunity Policy Statement

It is the policy of Postler & Jaeckle Corp. to afford equal employment opportunity to all qualified persons without regard to race, color, religion, sex, physical impairment, national origin or status as a disabled veteran or veteran of the Vietnam Era.

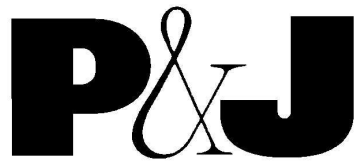
This includes, but is not limited to the following:

- Hiring, placement, upgrading, transfer, promotion or demotion;
- Recruiting, advertising or solicitation for employment;
- Treatment during employment;
- Rates of pay or other forms of compensation;
- Selection of training, including apprenticeship;
- Layoff or termination.

Dominick Mancini is appointed the Equal Employment Officer for Postler & Jaeckle Corp.; 615 South Ave.; Rochester, NY 14620; 585-546-7450. He will handle all complaints which allege discrimination because of race, color, religion, sex, physical or mental handicap, or status as a veteran or veteran of the Vietnam Era

We shall pursue enforcement of this program with the same vigor, determination, imagination and resourcefulness that we have always given to the programs we undertake at Postler & Jaeckle Corp.

It is the policy of this company to cooperate to the fullest extent with the applicable regulations of the Civil Rights Act and the Executive Orders on Equal Employment Opportunity. I have instructed my directors and staff to assist in every way possible to ensure that our policy is adhered to. We would hope that each and every employee would do his or her utmost to provide both the spirit and the letter of this policy.



POSTLER & JAECKLE CORP.

MECHANICAL CONTRACTORS

**AMENDMENT TO POSTLER & JAECKLE CORP.'S  
FIELD EMPLOYEE HEALTH & SAFETY HANDBOOK**

**POLICY STATEMENT:**

POSTLER & JAECKLE CORP. is committed to providing a work environment which is free from harassment based on an individual's sex, race, color, religion, sexual orinetatin, national origin, ancestry, disability or age. Harassment in all of these forms is unlawful and violates the rights of the individual and undermines the integrity of the employment relationship, which can destroy the morale and commitment of the individuals involved.

Any employee, who believes he or she has been subjected to harassment, or is aware of harassment to others in the workplace, should report the incident to their supervisor or any member of management.

**POSTLER & JAECKLE CORP. DIRECT DEPOSIT AUTHORIZATION FORM:**

I hereby consent to and Authorize Postler & Jaeckle Corp., to deposit my NET WAGES into the account in my name, at the bank indicated below, and authorize bank to credit such amounts to:

**INDICATE TYPE OF ACCOUNT:**      \_\_\_\_\_ CHECKING      \_\_\_\_\_ SAVINGS

\_\_\_\_\_  
**NAME OF BANK OR SAVINGS ASSOCIATION:**

\_\_\_\_\_  
**BRANCH:**

\_\_\_\_\_  
**CITY/STATE/ZIP:**

|: \_\_\_\_\_|:

**BANK ROUTING AND TRANSIT NUMBER**

(this is the 9-digit number btw the |: symbols prior to the account # at the bottom of check)

| \_\_\_\_\_|

**ACCOUNT NUMBER**

My company is authorized to make withdrawal on this account to adjust any over-deposit which it has caused to be made. This authorization is to remain in full force and effect for the duration of my employment, or until the company may wish to discontinue the service, or until company has received written notification from me of its termination in such time and manner as to afford company and bank a reasonable opportunity to act on it.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Employee Name (Print)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Employee #**

**STAPLE VOIDED CHECK OR DEPOSIT TICKET HERE**

