Date:_____

New Employee Enrollment Packet

GENERAL INFORMATION

Please provide your name as it appears on your Social Security Card

FIRST NAME:	LAST NAME:	MI:	
ADDRESS:	CITY:	STATE:	ZIP:

SOCIAL SECURITY NUMBER	DATE OF BIRTH	TELEPHONE NUMBER(S)

CLIENT COMPANY	POSITION	FULL TIME / PART TIME

HIRE DATE	RATE OF PAY	U.S. CITIZEN

EMPLOYEE EMAIL ADDRESS:

EMERGENCY CONTACT	EMERGENCY CONTACT RELATIONSHIP	EMERGENCY CONTACT PHONE

Have you previously agreed to not be reemployed with Integrity Employee Leasing?
_____ No
_____ Yes: If you answered yes, then you understand that you are NOT eligible for employment with Integrity Employee Leasing, Inc. and its client employers and that you will not be onboarded with Integrity Employee Leasing.

EEOC INFORMATION (VOLUNTARY)

In accordance with requirements by the U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION, employers are required to keep information related to their hiring and employment practices for individuals protected under anti-discrimination laws. Your voluntary completion of this section will assist us in complying with our reporting requirements. Integrity Employee Leasing adheres to a policy of providing equal employment opportunities without regard to race, color, sex, religion, national origin, disability/handicap, marital status and any other classification protected under applicable federal, state or local law.

Sex: Male_____ Female_____

Ethnicity: Caucasian __ African American _____ Asian _____ Pacific Islander _____

Other _____ Hispanic _____ American Indian _____ Alaskan Native _____

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.

OMB No. 1545-0074

2026

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		**Does your name match the name on your social security card?** If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to *www.ssa.gov*.
City or town, state, and ZIP code		

(c) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.

TIP: Consider using the estimator at *www.irs.gov/W4App* to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at *www.irs.gov/W4App*.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate . . . . . ☐

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

(a) Multiply the number of qualifying children under age 17 by $2,200 . . . . . **3(a)** $

(b) Multiply the number of other dependents by $500 . . . **3(b)** $

Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here . . . . . **3** $

Step 4: Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . **4(a)** $

(b) Deductions. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . **4(b)** $

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . . **4(c)** $

Exempt from withholding

I claim exemption from withholding for 2026, and I certify that I meet **both** of the conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027 . ☐

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.) **Date**

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to *www.irs.gov/FormW4*.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2026 if you meet both of the following conditions: you had no federal income tax liability in 2025 **and** you expect to have no federal income tax liability in 2026. You had no federal income tax liability in 2025 if (1) your total tax on line 24 on your 2025 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2026 tax return. To claim exemption from withholding, certify that you meet both of the conditions by checking the box in the *Exempt from withholding* section. Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2027.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at *www.irs.gov/W4App* if you:

1. Are submitting this form after the beginning of the year;

2. Expect to work only part of the year;

3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;

4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or

5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at *www.irs.gov/W4App* to figure the amount to have withheld.

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

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount of tax withheld will be larger the greater the difference in pay is between the two jobs.

Multiple jobs. *Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.*

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4.

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 15, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain deductions. For additional eligibility requirements, see Pub. 501.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe when you file your tax return.

Step 2(b)—Multiple Jobs Worksheet *(Keep for your records.)*

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than $120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at *www.irs.gov/W4App*.

1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 5. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** $ _____

2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

a Find the amount from the appropriate table on page 5 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** $ _____

b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 5 and enter this amount on line 2b . . . . . **2b** $ _____

c Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** $ _____

3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . **3** _____

4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (plus any other additional amount you want withheld) . . . . . **4** $ _____

Step 4(b)—Deductions Worksheet *(Keep for your records.)*

See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

1 Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.

- **a** **Qualified tips.** If your total income is less than $150,000 ($300,000 if married filing jointly), enter an estimate of your qualified tips up to $25,000 . . . . . **1a** $
- **b** **Qualified overtime compensation.** If your total income is less than $150,000 ($300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to $12,500 ($25,000 if married filing jointly) of the "and-a-half" portion of time-and-a-half compensation . . . . . **1b** $
- **c** **Qualified passenger vehicle loan interest.** If your total income is less than $100,000 ($200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to $10,000 **1c** $

2 Add lines 1a, 1b, and 1c. Enter the result here . . . . . **2** $

3 **Seniors age 65 or older.** If your total income is less than $75,000 ($150,000 if married filing jointly):

- **a** Enter $6,000 if you are age 65 or older before the end of the year . . . . . **3a** $
- **b** Enter $6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment . . . . . **3b** $

4 Add lines 3a and 3b. Enter the result here . . . . . **4** $

5 Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information . . . . . **5** $

6 **Itemized deductions.** Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:

- **a** **Medical and dental expenses.** Enter expenses in excess of 7.5% (0.075) of your total income . **6a** $
- **b** **State and local taxes.** If your total income is less than $505,000 ($252,500 if married filing separately), enter state and local taxes paid up to $40,400 ($20,200 if married filing separately) . **6b** $
- **c** **Home mortgage interest.** If your home acquisition debt is less than $750,000 ($375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums) . . . . . **6c** $
- **d** **Gifts to charities.** Enter contributions in excess of 0.5% (0.005) of your total income . . . . **6d** $
- **e** **Other itemized deductions.** Enter the amount for other itemized deductions . . . . . **6e** $

7 Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here . . . . . **7** $

8 **Limitation on itemized deductions.**

- **a** Enter your total income . . . . . **8a** $
- **b** Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9 **8b** $

9 Enter:
- $768,700 if you're married filing jointly or a qualifying surviving spouse
- $640,600 if you're single or head of household
- $384,350 if you're married filing separately

. . . . . **9** $

10 If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here . . . . . **10** $

11 **Standard deduction.**

Enter:
- $32,200 if you're married filing jointly or a qualifying surviving spouse
- $24,150 if you're head of household
- $16,100 if you're single or married filing separately

. . . . . **11** $

12 **Cash gifts to charities.** If you take the standard deduction, enter cash contributions up to $1,000 ($2,000 if married filing jointly) . . . . . **12** $

13 Add lines 11 and 12. Enter the result here . . . . . **13** $

14 If line 10 is greater than line 13, subtract line 11 from line 10 and enter the result here. If line 13 is greater than line 10, enter the amount from line 12 . . . . . **14** $

15 Add lines 2, 4, 5, and 14. Enter the result here and in Step 4(b) of Form W-4 . . . . . **15** $

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(f)(2) 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 with no other entries on the form; 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 territories 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 nontax 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.

WORKERS' COMPENSATION QUESTIONNAIRE

		Yes	No
1.	Have you ever received treatment for a back, neck or knee condition or head injury?	[ ]	[ ]
2.	Do you now or have you ever suffered from aches or pains of the back?	[ ]	[ ]
3.	Have you ever had any surgery?	[ ]	[ ]
4.	Has any injury or illness ever prevented you from gainful employment?	[ ]	[ ]
5.	Have you ever had an injury on the job?	[ ]	[ ]
6.	Have you ever received a disability rating for any reason?	[ ]	[ ]
7.	Have you ever received compensation or medical benefits under workers' compensation?	[ ]	[ ]
8.	Do you have any limitation(s) which may affect your ability to safely or effectively perform the position which you have been offered?	[ ]	[ ]

Explain fully any YES answer (attach additional sheets if necessary).

_____.

I have been fully advised that if I am injured on the job, regardless of how minor the injury may seem, I am to report that injury immediately to my supervisor.

I certify that the above answers are true and correct. I understand that any false or misleading answers to these questions will be sufficient reason for denial of benefits under the Florida Workers' Compensation Act, and basis for termination of employment. I also understand that my answers may be verified by investigation.

_____ _____

Employee Signature Date

PERSONAL DATA

Are any of the following situations applicable to you?

- Convicted of, or pled guilty or "no contest" to, a misdemeanor or felony
- Arrested and charged with any misdemeanor or felony
- Sued in a civil action regarding the death of/personal injury/intentional damage to any person

If yes, please provide details below concerning the nature of the incident:

_____

_____

_____

NOTE: Answering "Yes" to the previous questions is not an automatic bar to employment. Factors such as age at the time of the offense, seriousness and nature of the violations, relatedness to the job sought, and evidence of rehabilitation will be taken into account. However, please be advised that a misstatement or omission in answering these questions may be grounds for disciplinary action. Payroll will not be processed until this agreement is completed and received by INTEGRITY EMPLOYEE LEASING, INC.

WORKSITE AGREEMENT
(CLIENT RETAINED WORKERS' COMPENSATION/CARVE OUT)

I, the undersigned individual, in consideration of my being placed in a professional employer organization ("PEO") relationship with the Integrity Company, that is signatory to this Agreement as set forth on the signature page herein (hereafter referred to as "INTEGRITY") acknowledge and agree to the following:

Client (as defined below) has elected to utilize its own workers' compensation insurance policy and not the workers' compensation coverage of INTEGRITY. Accordingly, if you are injured on the job your workers' compensation claim will be handled exclusively by Client and Client's insurance carrier. By signing below you confirm that you understand and agree that at no time will you be covered by the workers' compensation insurance policy of INTEGRITY.

(1) At all times during my relationship with INTEGRITY, I understand and agree that I will remain an employee of the client company for which I am working ("Client") that has contracted with INTEGRITY regarding my services in a PEO relationship and, to the extent allowed by law, Client will continue to have sole and exclusive control over my day-to-day job duties and over the worksite(s) where I perform services. Additionally, to the extent allowed by law, Client will continue to provide all onsite supervision, including, but not limited to, determining my job assignments and training requirements and evaluating my performance. Also, to the extent allowed by law, Client will determine my job duties, rate of pay, hours worked, continued employment opportunities, and other terms and conditions of my employment;

(2) I understand and agree that my status with INTEGRITY is at-will and that either INTEGRITY or I can terminate our PEO relationship at any time. I further understand and agree that there is no contract of employment which exists between INTEGRITY and me and I understand and agree that INTEGRITY will not become a party to any contract of employment and/or any restrictive covenant/non-competition agreement which I have already entered into or which I may in the future enter into with Client. I agree that any such agreement and contract entered into with Client by me shall remain in full force and effect and are not affected by the professional employer organization relationship between Client and INTEGRITY. Additionally, I understand and agree my at-will status with INTEGRITY does not change the employment status I had with Client prior to the existence of the professional employer relationship between INTEGRITY and Client and that INTEGRITY is not responsible for any contractual obligations which may exist between Client and me;

(3) I understand and agree that I am performing services within a professional employer organization relationship where the duties and responsibilities applicable to me are set forth in a service agreement entered into between Client and INTEGRITY;

(4) I understand and agree that INTEGRITY has assumed such responsibility to pay me wages as is required by applicable law. I also understand and agree that, unless

otherwise required by law if INTEGRITY does not receive payment from Client for services which I perform as a utilized individual, INTEGRITY may, where allowed by law, pay me the applicable minimum wage (or the legally required minimum salary) for any such pay period, and I agree to this method of compensation. Additionally, I understand and agree that Client remains an employer of me during my PEO relationship with INTEGRITY and Client at all times ultimately remains obligated to pay me my regular hourly rate of pay if I am a non-exempt individual and to pay me my full salary if I am an exempt individual if INTEGRITY is not fully paid by Client for services that I render;

(5) I also understand and agree that, unless otherwise required by law, where payment for the following items have not been received by INTEGRITY from Client, INTEGRITY does not assume responsibility for payment of bonuses, commissions, severance pay, deferred compensation, profit sharing, vacation, sick, or other paid time off pay, compensation, benefit, or for any other payment not required by law, in any form, or for any other similar type of payment (except as provided at paragraph (4) above), unless INTEGRITY has specifically, in a written agreement entered into with me, adopted Client's obligation to pay me such compensation or benefit (INTEGRITY does assume this responsibility where such payment has been received from Client encompassing such items regarding me);

(6) In recognition of the fact that any work-related injuries which might be sustained by me are covered by state workers' compensation statutes, and to avoid the circumvention of such state statutes which may result from suits against the customers or clients of INTEGRITY or against INTEGRITY based on the same injury or injuries, and to the extent permitted by law, I hereby waive and forever release any rights I might have to make claims or bring suit against any client or customer of INTEGRITY and/or against INTEGRITY for damages based upon injuries which are covered under such workers' compensation statutes. In the event of a work-related injury, I understand and agree that, to the extent allowed by law, my sole remedy lies in coverage under Clients workers' compensation policy;

(7) I understand and agree that if I am injured on the job, even if the injury is minor or even if I do not want treatment, I must still immediately report it to my supervisor. I also agree to comply with any lawful drug testing policy which may be adopted, and I specifically agree to post-accident drug testing in any situation where it is allowed by law;

(8) In addition, I also agree that if at any time during my employment at Client I am subjected to any type of discrimination, including discrimination because of race, sex, sexual orientation, harassment of any type, disability, color, age, genetic information, national origin, citizenship status, religion, retaliation, veteran status, military status, or union status, or if I am subjected to any type of retaliation or harassment including sexual harassment, I will immediately contact an appropriate person of Client. In most instances, this appropriate person will be the President of Client. Should I choose not to contact Client for any reason, I may contact INTEGRITY's Human Resources Director at 1-941-625-0623 for the limited purpose of having INTEGRITY, at its option, and not as an employer, but as a possible facilitator, try in its sole discretion, to attempt to facilitate a

resolution if requested and agreed to by all parties;

(9) I understand and agree that Client has sole and exclusive control over my day-to-day job duties and Client has sole and exclusive control over the job site at which, or from which, I perform my services and that INTEGRITY only reserves and retains such rights and authority as is required by applicable law. I agree that INTEGRITY does not have actual control over my workplace and, as such, is not in a position to end or remediate any discrimination, harassment, unsafe working condition, retaliation, or wrongdoing which may be occurring. The responsibility to resolve and/or end such inappropriate conduct or unsafe working condition rests with Client, however, INTEGRITY may attempt to facilitate a resolution;

(10) I understand and agree that due to licensure and workers' compensation restrictions applicable to professional employer organizations, if I am accepted as a utilized individual of INTEGRITY, I am expressly prohibited from performing any work outside the state in which I am currently performing services for Client ("Home State") during my status as a utilized individual except as may be allowed pursuant to the workers' compensation policy provided to me by Client or except as may be allowed in writing by Client and the applicable workers' compensation carrier;

(11) If I work outside the Home State for Client or for anyone else without first securing this approval as set forth at (10), I understand and agree that I will no longer be in a professional employer organization relationship my professional employer organization relationship with INTEGRITY will be considered immediately terminated upon commencement of my trip outside the Home State to perform work where prior approval has not been received as set forth herein;

(12) I understand and agree that, to the extent allowed by law, any obligation of INTEGRITY ceases when INTEGRITY's professional employer organization agreement with Client terminates;

(13) I understand and agree if I am eligible for any benefits it is my responsibility (and the responsibility of any family members/ dependents who wish to participate) to timely submit all required forms and information;

(14) I understand and agree that any person who has previously agreed not to be reemployed with INTEGRITY is not eligible for employment. If I have previously agreed to not be reemployed with INTEGRITY, then I acknowledge and agree that agreement remains valid and in place and if I was hired, that was done in error, and that I will be immediately terminated in accordance with that agreement.

(15) Should I sign this form and/or complete INTEGRITY's utilized individual paperwork and never be accepted as a utilized individual of INTEGRITY, this form shall be null and void.

(16) I and INTEGRITY and Client agree, to the fullest extent of applicable law, that any claim or legal dispute between me and INTEGRITY and/or between me and Client arising out of or relating to my employment, including the voluntary or involuntary termination of my employment for whatever reason and including all claims or actions brought pursuant to local, state and/or federal law regarding payment of wages, tort, discrimination of any

type, harassment, and retaliation, except where specifically prohibited by law, shall be submitted by the aggrieved party to the American Arbitration Association, for final and binding resolution through arbitration by a single arbitrator. This Agreement covers all claims and legal disputes but does not apply to those that cannot under applicable law be resolved in arbitration, including employee benefit claims under workers' compensation laws (although retaliation claims are covered by this Agreement), claims for unemployment benefits, and claims brought under the National Labor Relations Act. The parties expressly consent to having the arbitrator resolve all aspects of the dispute, including any questions relating to arbitrability or jurisdiction. Unless both parties agree to another location, all arbitration hearings will take place in the ADR location nearest to my place of current or former employment. All arbitration hearings will be confidential and subject to the rules and procedures of the Employment Law Arbitration Rules of the American Arbitration Association. INTEGRITY or Client shall pay the cost of any filing fees and the arbitrator's fee, but each side shall be responsible for their own costs and attorneys' fees involving the arbitration issues, unless otherwise provided in the arbitrator's decision or unless otherwise required by law. The arbitrator shall have authority to grant the same remedies as may be available under applicable local, state and/or federal, law—including authority to grant attorneys' fees and costs to the prevailing party as would be allowed under such law—and will render a reasoned written decision based on the evidence and the law, which shall not be subject to an appeal or judicial proceedings except as allowed by the Federal Arbitration Act. However, the parties may seek judicial intervention in aid of enforcement of this Agreement or any final decision rendered by the arbitrator. I understand that nothing in this section is intended to discourage or prohibit voluntary mediation of any dispute. I further understand and agree that there is no right to a trial by jury or to litigate in court with respect to any claim or legal dispute covered under this Agreement, such rights being waived by me under this Agreement.

(17) Additionally, I agree that I have no right or authority and I hereby waive any right or authority for any claim and/or legal dispute within the scope of this Agreement to be brought, heard, or arbitrated as a class or collective action, or in a representative or private attorney general capacity on behalf of a class of persons or the general public (even if those claims are similar or related in time or scope to mine). Thus, I understand that my signature on this Agreement will be considered, to the fullest extent of the law, a waiver by me of all class action claims which I would have been entitled to bring or participate in, absent this Agreement. I understand that nothing in this Agreement prevents me from filing a complaint with or participating in any investigation involving any governmental agency, or from exercising rights granted to me under Section 7 of the National Labor Relations Act and/or other applicable law.

_____ _____

DATE SIGNATURE OF UTILIZED INDIVIDUAL

Early W-2 Election – Electronic W-2 Consent

Early W-2 election is a newly available program from Integrity Employee Leasing that allows employees to receive their Form W-2 directly from the Employee Portal as soon as they become available. This option is more secure; no more lost mail, incorrect addresses or accidently discarded W-2's! Download and print at your convenience!

Disclosure Notices: An employee who consents to receiving their Form W-2 electronically will not receive a paper copy of their W-2 in the mail. If an employee does not consent, they will continue to receive a paper copy of their W-2. Once you have elected to receive your form W-2 electronically your consent will stay in effect until revoked in writing.

An employee who chooses to receive their Form W-2 electronically can revoke their consent up until December 31st. If the Early W-2 program election period has expired, you can elect to join the following year after March 31st. Consent can be revoked by emailing your request to: CSC@IntegrityEL.com or mailing your request to: Integrity Employee Leasing, PO Box 496454, Port Charlotte FL 33949. Revocation of consent must be received prior to the Early W-2 election periods expiration date of December 31st.

If you choose to receive your Form W-2 electronically it will become available in the Employee Portal. You are required to have Employee Portal credentials which can be obtained at the following web address: https://iel.prismhr.com/iel/auth/#/login?lang=en and selecting "Register". Requirements for accessing your Form W-2 electronically include having Worksite Employee credentials, an internet connection to access the Employee Portal and the ability to download the pdf generated. The Employee Portal can be accessed at the following web address: https://iel.prismhr.com/iel/auth/#/login?lang=en. If you need assistance with the Employee Portal please contact Client Services at 941-625-0623 or email CSC@IntegrityEL.com

If you elect to participate in Integrity Employee Leasing's Early W-2 (E-W2) program you will not receive a paper copy of your W-2.

[ ] I hereby provide my consent to Integrity Employee Leasing to deliver my Form W-2 electronically

First/Last Name:_____

Signature:_____

Last Four SSN:_____ Cell Phone:_____

Email Address:_____

Client Company:_____

Internal Use Only

Worksite Employee User Id

_____

Updated PrismHR

_____

INTEGRITY
Employee Leasing

DIRECT DEPOSIT AUTHORIZATION – FOR EMPLOYEE USE

A VOIDED CHECK OR BANK VERIFICATION MUST BE ATTACHED TO THIS FORM

THERE MAY BE A ONE WEEK PRE-NOTE FOR ALL DIRECT DEPOSITS

EMPLOYEE INFORMATION: ____Cancel

Name:_____

SSN:_____-_____-_____ Client Company: _____

Name of Banking Institution	Checking ___ Savings ___
Account Number	Dollar Amount $
Routing Number	Percentage %
Name of Banking Institution	Checking ___ Savings ___
Account Number	Dollar Amount $
Routing Number	Percentage %

I hereby authorize INTEGRITY EMPLOYEE LEASING, hereinafter called INTEGRITY, to initiate credit entries to the account indicated above at the depository named above, hereinafter called DEPOSITORY. In the event that INTEGRITY deposits funds erroneously into my DEPOSITORY, I authorize INTEGRITY to debit my DEPOSITORY for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until INTEGRITY has received written notification from me of its termination in such time and manner as to afford INTEGRITY and the DEPOSITORY reasonable opportunity to act upon it.

_____ _____

Employee Signature Date

Please Note: Funds transferred by electronic transmission normally post to accounts on your normal payday. Employee remains responsible for verifying that the funds are deposited, cleared and are available prior to writing checks or debiting account versus any automatically transmitted amount.

FOR INTERNAL USE ONLY

1) Signature of Entry _____ Initials __/__/__ Date
2) Double Checked _____ Initials __/__/__ Date

INTEGRITY
Your Payroll Solution

New Hire Exception Letter

I attest that_____was hired by_____Owner/Manager of_____and up to his/her date of enrollment with Integrity Employee Leasing Inc and/or its subsidiaries, he/she has had no accidents or work-related injuries. He/she understands any workplace injuries prior to his/her enrollment with Integrity Employee Leasing, Inc and/or its subsidiaries will be not covered and he/she will not be enrolled with Integrity Employee Leasing, Inc and/or its subsidiaries until this form is returned and signed by Owner/Manager and Employee.

By signing this letter, I verify that this statement is true and correct.

Employee's Signature	Employee Printed Name	Date
Owner/Manager Signature	Owner/Manager Printed Name	Date

Failure to comply with this procedure frequently by having an employee perform work duties prior to the enrollment form being in the possession of Integrity Employee Inc and its subsidiaries, may result in a fee.