REVISED 8/02

CASHIER'S AGREEMENT

EMPLOYEE NAME:_____

STORE LOCATION: **Eastway Save A Lot**

DATE:_____

1. I am an employee of Saver Tarheel, LLC., D/B/A "Save A Lot, at the above mentioned store, as a cashier. As such, a part of my responsibility and job description is to receive money from customers, and to make change as appropriate, and to take checks and other instruments of payment in accordance with company policy.

2. I further state that I have read the "Policy Manual" of Saver Tarheel, LLC., and that I understand that I am responsible for any money shortage as to my register for the period the register is operated by me. I further understand that I am responsible for any uncollected checks and other instruments of payment taken by me at my register in a manner contrary to the stated company policy. I fully understand these policies, and the reason for them, and accept them as a condition of my employment.

3. I agree to reimburse Saver Tarheel, LLC., for any such register shortages from my register during the times operated by me, such reimbursement to be made by me at the end of each pay period, upon receipt of my pay check. I further agree to reimburse Saver Group, Inc., as to any returned and uncollected checks and other instruments of payment taken by me contrary to Company Policy, upon request. I fully understand that failure to make reimbursement to Saver Tarheel, LLC., of such items shall be grounds for immediate termination of my employment, and that a termination of my employment, and that a termination shall be considered as being "for cause".

4. I understand that any employee caught selling tobacco products to minors will be subject to disciplinary actions up to and including termination. This is in addition to any fines imposed by governmental agencies.

_____
EMPLOYEE SIGNATURE

SAVER TARHEEL, LLC.
Direct Deposit Authorization Form

Name—Last, First & Middle Name	Employee Payroll No.
Social Security Number	Phone No.
Department & Shift	Title

Financial Institution Information

Name of the financial institution _____

Type of account

☐ Saving Account No. _____

☐ Checking Account No. _____

Transaction Information

☐ **Authorization**—I hereby authorize my employer to direct deposit in the bank account(s) listed below. I have attached a voided check or a written statement from the bank for each account specified above. This authorization will remain in full force until the company has received written notification from me of its termination.

☐ **Cancellation**—I hereby cancel the authorization for direct deposit of my salary.

☐ **Change**—I hereby request a change of the authorization for the deposit of my salary by electronic transfer.

☐ Change in account—New account No. _____

☐ Change in financial institution
Name of the bank _____
Account No. _____

Employee Signature	Date

ACKNOWLEDGEMENTS

EMPLOYEE HANDBOOK ACKNOWLEDGEMENT **Initial_____**

The employee handbook describes important information about Saver Tarheel, LLC. and I understand that I should consult the Human Resources Director regarding any questions not answered in the handbook.

I have entered into my employment relationship with Saver Tarheel voluntarily and acknowledge that there is no specified length of employment. Accordingly, either I or Saver Tarheel can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law. No one can alter my status as an at-will employee except in writing specifically referencing me, my employment and signed by the chief executive officer of Saver Tarheel.

Since the information, policies, and benefits described here are necessarily subject to change, I acknowledge that revisions to the handbook may occur, except to Saver Tarheel's policy of employment-at-will. All such changes will be communicated through official notices, and I understand that revised information may supersede, modify, or eliminate existing policies. Only the Chief Executive Officer and the Board of Directors of Saver Tarheel has the ability to adopt any revisions to the policies in this handbook.

Furthermore, I acknowledge that this handbook is neither a contract of employment nor a legal document. I have received notice that copies of the handbook will be kept in the break room and/or on the job site for my review and reading. If I desire a copy of the handbook, one will be supplied to me upon my request to the Human Resource Director, Sharon Perkins. I may call Mrs. Perkins at 1-800-999-2737. I understand that it is my responsibility to read and comply with the policies contained in this handbook and any revisions made to it.

ACKNOWLEDGEMENT OF CONFIDENTIALITY PROVISION: **Initial_____**

I understand that Saver Tarheel, LLC. has agreed to protect the confidentiality of all confidential, proprietary or trade secret information concerning the Save-A-Lot Program. As an employee of Saver Tarheel, I agree not to disclose any confidential, proprietary information or trade secret information with respect to the Save-A-Lot program to any third party. Confidential information may include, without limitation, procedures, operations and data used in the Program, know how, practices, methods of promotion, advertising and production, pricing and product information, forms, layout/design information, manuals, computer software and other technical information.

RETAIL PROCEDURE GUIDE ACKNOWLEDGEMENT: **Initial_____**

I have read and understand the material in the Retail Employee Policies and Procedures Guide concerning Saver Tarheel, LLC. policies and procedures.
I understand that a copy of this booklet is available in the store for my review.
I realize that policies may be added, modified or deleted from time to time and that I will be required to comply with new or revised policies and procedures upon oral or published notification.
I understand that violation of the Company's policies and procedures may result in discipline, up to and including termination, depending on the type and severity of the violation.

I HAVE READ THE ABOVE ACKNOWLEDGEMENT FORMS AND UNDERSTAND IT IS MY RESPONSIBILITY TO READ AND ABIDE BY THESE POLICIES.

EMPLOYEE'S NAME (printed): _____

Employee Signature: _____ Witness: _____
(Date)

RECEIVED COPY OF EMPLOYEE HANDBOOK: _____
(Month) (Day) (Year)

Employee Signature_____ Witness_____

OMB No. 1615-0047; Expires 08/31/12

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Instructions

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. 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 presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

When Should Form I-9 Be Used?

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

Filling Out Form I-9

Section 1, Employee

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

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.

Employers should note the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present in Section 2 evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

Preparer/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer

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. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed 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. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers* (Form M-274). You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

Section 3, Updating and Reverification

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.

B. If an employee is rehired within three 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 (updating), complete Block B and the signature block.

C. If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B; and:

1. Examine any document that reflects the employee is authorized to work in the United States (see List A **or** C);
2. Record the document title, document number, and expiration date (if any) in Block C; and
3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3.**

What Is the Filing Fee?

There is no associated filing 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 Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, you can download them from our website at www.uscis.gov/forms or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at www.uscis.gov or by calling 1-888-464-4218.

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 our website at www.uscis.gov/e-verify or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at www.uscis.gov.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

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

Privacy Act Notice

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

This information is for employers to verify the eligibility of individuals 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.

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 form will be kept by the employer and made 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.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

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 12 minutes per response, including the time for reviewing instructions and completing and submitting 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 Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

OMB No. 1615-0047; Expires 08/31/12

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

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 *(Street Name and Number)*		Apt. #	Date of Birth *(month/day/year)*
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 *(month/day/year)*

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 *(Street Name and Number, City, State, Zip Code)*	Date *(month/day/year)*

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 *(if any)*:					
Document #:					
Expiration Date *(if any)*:					

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 *(Street Name and Number, City, State, Zip Code)*		Date *(month/day/year)*

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

A. New Name *(if applicable)*	B. Date of Rehire *(month/day/year) (if applicable)*

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 *(if any)*: _____

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 *(month/day/year)*

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. 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		1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)				2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		2. 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		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		3. School ID card with a photograph		
		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form		5. U.S. Military card or draft record		
		6. Military dependent's ID card		
		7. U.S. Coast Guard Merchant Mariner Card		5. Native American tribal document
		8. Native American tribal document		6. U.S. Citizen ID Card (Form I-197)
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
6. 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		10. School record or report card		8. Employment authorization document issued by the Department of Homeland Security
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

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

Form
NC-4
Web
10-03

Employee's Withholding Allowance Certificate

North Carolina Department of Revenue

PURPOSE. Complete Form NC-4 so that your employer can withhold the correct amount of State income tax from your pay. **EXEMPTION FROM WITHHOLDING.** Read line 6 of the certificate below to see if you can claim exempt status. If exempt, only complete the certificate; but do not complete lines 4 and 5. No State income tax will be withheld from your pay.

BASIC INSTRUCTIONS. If you are not exempt, complete the Personal Allowances Worksheet. An additional worksheet is provided on page 2 for employees to adjust their withholding allowances based on itemized deductions, adjustments to income, or tax credits. The worksheets will help you figure the number of withholding allowances you are entitled to claim. However, you may claim fewer allowances if you wish to increase the tax withheld during the year. If your withholding allowances decrease, you must file a new NC-4 with your employer within 10 days after the change occurs except that a new NC-4 is not required until the next year in the followng cases:

1. When a dependent dies during the year.
2. When an individual ceases to be a dependent during the year and the support furnished will be the chief support for the year.
3. When an individual ceases to be head of household after maintaining the household for the major portion of the year.

HEAD OF HOUSEHOLD. Generally you may claim head of household 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. Note: "Head of Household" for State tax purposes is the same as for federal tax purposes.

QUALIFYING WIDOW(ER). You may claim qualifying widow(er) status only if your spouse died in either of the two preceding tax years and you meet the following requirements:

1. Your home is maintained as the main household of a child or stepchild for whom you can claim an exemption; and
2. You were entitled to file a joint return with your spouse in the year of your spouse's death.

Note: "Qualifying Widow(er)" for State tax purposes is the same as for federal tax purposes. Because the standard deduction used in the tax tables for married and qualifying widow(er) is $3,000 and you are entitled to a standard deduction of $6,000, you may elect to claim an additional personal withholding allowance on line C below to avoid having too much tax withheld.

MARRIED AND SPOUSE DOES NOT WORK OR HAS WAGE INCOME OF LESS THAN $3,500. The withholding tax tables are based on both spouses earning wages during the year. If your spouse does not work or will earn wages of less than $3,500 during the year, you may elect to complete line B below to avoid having too much tax withheld.

TWO JOBS. If you have more than one job, figure the total number of allowances you are entitled to claim on all jobs using only one form NC-4. This total should be divided among all jobs. Your withholding will usually be most accurate when all allowances are claimed on the NC-4 filed for the higher paying job and zero allowances are claimed for the other.

NONWAGE INCOME. If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form NC-40.

Personal Allowances Worksheet

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

IN ADDITION TO A. ABOVE:

B. Enter "1" if you are married and you expect your spouse's wages to be from $1,000 to $3,500.
Enter "2" if you are married and your spouse has no income or expects to earn less than $1,000 .... B. _____

C. Enter "1" if you are a qualifying widow(er). ..... C. _____

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

E. If you plan to itemize, claim adjustments to income, or have allowable tax credits and want to reduce your withholding, complete the Deductions, Adjustments, and Tax Credits Worksheet on page 2 and enter number from line 14 ..... E. _____

F. Add lines A through E and enter total here and on line 4 of your Employee's Withholding Allowance Certificate ..... F. _____

..... Cut here and give this certificate to your employer. Keep the top portion for your records .....

North Carolina Department of Revenue

Form **NC-4**

Employee's Withholding Allowance Certificate

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)

City or town, state, and ZIP code

3 Marital Status { ☐ Single ☐ Married or Qualifying Widow(er) ☐ Head of Household

4 Total number of allowances you are claiming *(from line F above)* ..... **4** _____

5 Additional amount, if any, you want deducted from each pay period (*Enter whole dollars only)* ..... **5** $

6 I claim exemption from withholding and I certify that I meet **ALL** of the following conditions for exemption:

- Last year I was entitled to a refund of **ALL** State income tax withheld because I had **NO** tax liability; **AND**
- This year I expect a refund of **ALL** State income tax withheld because I expect to have **NO** tax liability.

If claiming exempt, the statement is effective for one calendar year only and a new statement must be completed and given to your employer by next February 15.

If you meet all of the above conditions, enter the year effective and write "Exempt" here ..... **6** 20 ____

7 Are you a full-time student? (**Note:** *Full-time students are not automatically exempt)* ..... **7** ☐ Yes ☐ No

I certify, under penalties provided by law, that the withholding allowances claimed on this certificate do not exceed the amount to which I am entitled.

Employee's signature **Date** , 20 ____

8 Employer's name and address (**Employer:** Complete 8 and 9 **only if sending to NCDR**) | **9** FEIN

Deductions, Adjustments, and Tax Credits Worksheet

1. Additional withholding allowances may be claimed if you expect to have allowable itemized deductions exceeding the standard deduction. Enter an estimate of the total itemized deductions to be claimed on your federal tax return less the amount of any State income tax included in your federal deductions ..... 1. _____

2. Enter
   - $4,400 if head of household
   - $3,000 if single
   - $3,000 if married filing separately
   - $6,000 if married filing jointly or qualifying widow(er) ..... 2. _____

3. Subtract line 2 from line 1, enter the result here ..... 3. _____

4. Enter an estimate of your federal adjustments to income and your State deductions from federal taxable income ..... 4. _____

5. Add lines 3 and 4 ..... 5. _____

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

7. Enter an estimate of your State additions to federal taxable income (do not enter the addition for state income tax or the additions for the standard deduction and personal exemption inflation adjustment) ..... 7. _____

8. Add lines 6 and 7 ..... 8. _____

9. Subtract line 8 from line 5 ..... 9. _____

10. Divide the amount on line 9 by $2,500 ($2,000 if you expect your income from all sources for the year to equal or exceed the following amounts for your filing status: $60,000 - single; $80,000 - head of household; $50,000 - married or qualifying widow(er)) and enter the result here. Drop any fraction ..... 10. _____

11. If you are entitled to tax credits, for each $175 ($140 if you expect your income from all sources for the year to equal or exceed the following amounts for your filing status: $60,000 - single; $80,000 - head of household; $50,000 - married or qualifying widow(er)) of tax credit, enter “1” additional allowance ..... 11. _____

12. Add lines 10 and 11 and enter total here ..... 12. _____

13. If you completed this worksheet on the basis of married filing jointly, enter the number from line 12 that your spouse will claim ..... 13. _____

14. Subtract line 13 from line 12 and enter the total here and on line E of the Personal Allowances Worksheet ..... 14. _____

If you furnish an employer with an **Employee’s Withholding Allowance Certificate** that contains information which has no reasonable basis and results in a lesser amount of tax being withheld than would have been withheld had you furnished reasonable information, you are subject to a penalty of 50% of the amount not properly withheld.

Orientation Checklist

Name_____

Position/Location: _____

Hire Date: _____

Introduction to Saver Tarheel, LLC.

[ ] Company Mission & Values
[ ] Orientation DVD
[ ] Retail Employee's Guide
[ ] Harassment Training

New Employee Paperwork

[ ] I-9
[ ] W-4
[ ] State Form NC-4 (South Carolina does not require a state form)
[ ] Personnel Action Request Form
[ ] Application
[ ] Acknowledgments Form
[ ] Job Description
[ ] Cashier's Agreement
[ ] Dress Code
[ ] Pallet Jack Procedure Form
[ ] Health Status Reporting
[ ] Sexual Harassment Form
[ ] Employee Purchase Policy
[ ] Cash Till Procedures
[ ] Loss Prevention Form
[ ] Meat Safety Policy (Meat Dept. Only)

Benefits and Compensation

[ ] Health, Vision, Dental and Life Insurance
[ ] Retirement (401K & ESOP)
[ ] Educational Assistance
[ ] Pay Procedures
[ ] Performance Review Process
[ ] Incentive/Bonus Programs (If applicable)
[ ] Paid and Unpaid Leave (Vacations)

Date Completed: _____

By: _____

To be filed in employee's personnel file upon completion.

August 2003

PALLET JACK SAFETY PROCEDURES

- Do **NOT** operate Pallet Jack (Manual or Electric) until trained and authorized by your supervisor.
- Always check Pallet Jack (Manual or Electric) to see that it is in good working order before attempting to handle a load.
- Notify your supervisor about any faulty equipment immediately.
- Always examine pallet before attempting to move it. Determine that load is not severely shifted or too tall to go through doorways.
- When pulling loads always be watchful for any overhead obstructions.
- Make sure Jack is in pallet straight and in the center of the pallet.
- Never attempt to lift load with one fork.
- Use both hands when jacking up a manual Pallet Jack to prevent muscle strain.
- When pulling Pallet Jack, make sure it is in the neutral position. This will reduce fatigue.
- When pulling heavy pallets, pulling on wet floor, or on a grade, have someone assist by pushing pallet or holding back on pallet, whichever is needed.
- Swing wide on corners to avoid hitting door frames, merchandise, and wing displays.
- Use **Extra** caution when operating jack on a grade. Never turn sharp on a grade.
- Use wall of truck bed as a brake along with helper to keep heavy loads at a controlled speed.
- **Always** let Jack down when stocking on the sales floor or anytime the Jack is left unattended.
- Do not bump or hit walls or counters when parking pallets. This can damage walls, knock counters out of alignment, and damage product with a only a slight bump.
- Make sure Pallet Jack is at a complete stop and in down position before releasing handle.
- Keep all body parts (hands, arms, feet, etc) from getting underneath a pallet when it is in a raised position.
- Pallet Jacks are for work only. Horseplay, including riding the jacks, is strictly prohibited.

I acknowledge I have read and understand I am to abide by these procedures and any other rule and procedures my supervisor may instruct me of during my training.

_____ _____

Employee Date Supervisor Date

REQUIRED HEALTH STATUS REPORTING FOR FOOD EMPLOYEES

All food employees must report to the person in charge information about their health and activities as they relate to diseases that are transmissible through food. All food handlers shall report the information in a manner that allows the person in charge to reduce risk of foodborne disease transmission, including providing necessary additional information, such as the date of onset of symptoms and an illness, or of diagnosis without symptoms, if the food employee:

1. Has the following symptoms:
a. Vomiting
b. Diarrhea
c. Jaundice
d. Sore throat with fever
e. A lesion containing pus, such as a boil, or infected wound that is open or draining and is:
 a. On the hands or wrists, unless an impermeable cover such as finger cot or stall protects the lesion and a single-use glove is worn over the impermeable cover,
 b. On exposed portions of the arms, unless the lesion is protected by an impermeable cover, or
 c. On other parts of the body, unless the lesion is covered by a dry, durable, tight fitting bandage;

2. Has an illness diagnosed by a health practitioner due to:
 1. Salmonella Typhi
 2. Shigella spp.
 3. Enterohemorrhagic or Shiga Toxin-Producing Escherichia Coli
 4. Hepatitis A virus
 5. Norovirus

Ohio Uniform Food Code adds these other pathogens:
 1. Salmonella spp.,
 2. Entomoeba histolytica,
 3. Campylobacter spp.,
 4. Vibrio cholera,
 5. Cryptosporidium,
 6. Cyslospora,
 7. Giardia,
 8. Yersinia

3. Had a previous illness, diagnosed by a health practitioner, within the past 3 months due to Salmonella Typhi, without having antibiotic therapy, as determined by a health practitioner;

4. Has been exposed to, or is the suspected source of, a confirmed disease outbreak, because the employee consumed or prepared food implicated inthe outbreak, or consumed food at an event prepared by a person who is infected or ill with:
 1. Salmonella Typhi within the last 14 days of the last exposure,
 2. Enterohemorrhagic or Shiga Toxin-Producing Escherichia Coli or Shigella spp. within the past 3 days of last exposure;
 3. Hepatitis A virus within the last 30 days of last exposure,
 4. Norovirus within the past 48 hours of last exposure
 5. Has been exposed by attending or working in a setting where there is a confirmed disease outbreak, or living in the same household as, and has knowledge about, an individual who works or attends a setting where there is a confirmed disease outbreak, or living in the same household as, and has knowledge about, an individual diagnosed with an illness caused by:
 1. Salmonella Typhi within the last 14 days fo the last exposure,
 2. Enterohemorrhagic or Shiga Toxin-Producing Escherichia Coli or Shigella spp. within the past 3 days of last exposure;
 3. Hepatitis A virus within the last 30 days of last exposure,
 4. Norovirus within the past 48 hours of last exposure

The person in charge is required by law to report the food employee's illnesses resulting from the following pathogens to the local health department and exclude them from the establishment: Norovirus, Salmonella typhi, Shigella spp., Shiga toxin-producing E. coli, Hepatitis A virus.
I have read and understand the actions required of me in the Required Health Status Reporting for Food Employees and agree to comply with the reporting requirements specified above. I also understand that should I experience one of the above symptoms or high risk conditions, or should I be diagnosed with one of the above illnesses, I may be asked to stop working until such symptoms or illness have resolved, I understand that failure to comply with the terms of this agreement could lead to action by the regulatory authority that may jeopardize my employment and may involve legal action against me..

Employee Name (print) _____

Employee Signature_____ Date _____

Employer's Name (print) _____

Employer's Signature _____ Date _____

Effective January, 2008

Saver Tarheel, LLC
Employee Dress Code

Saver Tarheel, LLC. and its Save A Lot stores strive to provide an attractive, pleasant and professional environment for both our employees and our customers. Just as we always expect our shelves, racks, coolers and freezers to look clean and attractive, we expect every employee to always look professional as well.

With the above in mind**, effective January, 2008,** the following employee dress code will be implemented in order to achieve uniformity and professionalism at each store.

I. Saver Tarheel Required Dress and Appearance:

- Employees will be issued either two (2) company shirts, vests, or smocks at the time of hire. The company will provide one (1) new item of apparel each year per employee.
- Company issued apparel must be worn **with a name badge** at all times while working in the store.
- One Save A Lot cap will be provided for each meat & produce department employee. All employees while working in the meat & produce departments must wear caps or hairnets. Save A Lot caps will be available for other employees who wish to wear them while working in the store.
- Employees will be responsible for keeping their apparel clean and neat at all times.
- Additional apparel may be purchased at the **employee's expense** including lost or torn items.

II. The following is required for Saver Tarheel, LLC. Save A Lot employees:

1. Pressed/Ironed company shirt, vest, or smock.
2. Clean modest shirt with collar under the vest.
3. Regular fitted pants worn at or near the waistline.
4. Save A Lot caps for meat/produce employees.

Note: Management reserves the right to determine dress that is appropriate and/or inappropriate for all employees.

III. Employees of Saver Tarheel, LLC. Save A Lot stores WILL NOT BE ALLOWED to wear the following:

1. Patched, baggy and/or low hanging pants.
2. Sleeveless shirts, T-shirts, belly shirts or tank tops.
3. Shorts of any type.
4. Apparel with "off color" quotations, sayings or advertising.
5. Open toed footwear of any type including sandals.
6. Facial jewelry or tongue rings.
7. Bandanas worn around the head, arms or legs.
8. Sweat pants.
9. Non-Save A Lot caps or hats.
10. Short skirts or short dresses.

I have read and understand the Saver Tarheel, LLC. Dress Code and hereby agree to comply with these requirements.

_____ _____

Employee Date Manager Date

Loss Prevention Awareness

Saver Tarheel LLC is an equal opportunity employer that strives to provide a safe and secure working environment for all of its associates.

It is the responsibility of each and every associate of Saver Tarheel LLC to do their part to help protect the assets of the Company. These assets include, but are not limited to, the Company's money, merchandise, property, and most importantly, the associates themselves.

Unfortunately, you may sometimes encounter other employees (including your Store Manager or Assistant Manager) and/or customers engaging in dishonest activities within your store. These employees and/or customers may attempt to convince you to become involved in these dishonest and illegal activities.

We take these incidents very seriously and reserve the right to prosecute any associate or customer that violates our Loss Prevention policies.

Below is a summary of some of the policies and procedures that are utilized by the Company to protect our assets and our associates. This is not an exhaustive list of what is done by the Company to protect its assets and prevent theft.

Please take the time to read these policies and procedures, and initial by each of them, indicating that you have read and are aware of them.

You will also receive a packet today that will explain a number of these items in more detail.

1. **_____ All register Transactions such as refunds, voids, order cancels, etc. are monitored by the system, which produces the Cashier Performance Report in your store and at our corporate office. Unusual register activity will be noticed quickly by your Store Manager and your Operational Supervisor.**
2. **_____The Store Manager or Assistant Manager must approve all refund transactions. Many of these refund transactions will be verified through phone calls to the customer.**
3. **_____ All associates are required to have their packages and bags checked or inspected by the Store Manager or Assistant Manager when departing the store. In the case of a Store Manager or Assistant Manager's package or bag, another associate should perform the inspection.**
4. **_____ Associates are not allowed to have a cell phone when working at the register. Cell phones should be kept in the associate's locker or in their vehicle.**
5. **_____ Many locations have camera systems installed, both covert and overt, to view associate and customer activity. These systems are designed to provide a safe work environment and serve as a deterrent to internal and external theft. The Assistant & Store Manager, Operations Supervisor, as well as other supervisors will review these videos on a regular basis.**
6. **_____ The Company employs "Plain Clothes Surveillance Teams" and Mystery Shoppers that assist in monitoring activity in stores based on associate or customer feedback. These "teams" will monitor opening activity, closing activity, basic operations, and make purchases to ensure Company policies and procedures are being followed.**
7. **_____All transactions are time and date stamped in our registers. This allows a Store Manager, Assistant Manager or Loss Prevention to check register activity/history through a detailed transaction report of all register transactions.**
8. **_____We have available for all employees a confidential hotline that is monitored by the upper management of our company only. This allows you to confidentially report integrity issues (such as theft) and other issues that may concern you.**
9. **_____Giving away merchandise without charging the customer or associate receiving the merchandise (also known as "Sweethearting," "Sliding," and "Hooking Up") is stealing. You will be terminated and/or prosecuted if it is found that you engaged in this activity.**

Our company is serious about protecting our associates and our assets. We reserve the right to terminate / prosecute any associate or customer that violates our Loss Prevention policies.

I, _____ commit that I will follow the Company's Loss Prevention policies in order to help prevent losses to the Company.

_____ _____

Associate - Date **Store Manager – Date**

Store Manager- Please File In Store Employee File After This Has Been Reviewed and Signed

MEAT DEPARTMENT SAFETY POLICY

SAVER GROUP, INC. WANTS TO PROVIDE A SAFE WORKING ENVIRONMENT FOR ALL EMPLOYEES. THEY WILL PROVIDE ALL SAFETY EQUIPMENT NECESSARY. IT IS THE RESPONSIBILITY OF THE STORE MANAGERS, MEAT MANAGERS, AND SUPERVISORS TO SEE THAT OUR SAFETY POLICIES AND PROCEDURES ARE FOLLOWED. FAILURE TO COMPLY WITH THESE RULES WILL LEAD TO DISCIPLINARY ACTION UP TO AND/OR INCLUDING TERMINATION OF EMPLOYMENT.

Policies

- **Only Authorized Personnel are allowed in the Meat Department.**
- **Meat Department Employees must be 18 years of age.**
- **No horseplay, loud music or disturbing noises are allowed.**
- **All new or inexperienced meat employees must be trained and fully educated on the proper use of equipment and protective devices.**
- **All meat personnel will use all safety equipment/materials provided by Saver Tarheel, LLC.**
- **All defective equipment must be reported to the Meat Supervisor immediately.**

Body Mechanics and Housekeeping

- **LIFT WITH YOUR LEGS not your back—if necessary wear a back brace or support belt.**
- **USE a cart to move heavy boxes from the cooler or truck to the cutting room.**
- **Floors should be free of holes, tripping hazards, boxes, etc.**
- **Cooler and cutting room floors should be free of trash, water and meat trimmings.**
- **If there is an injury, proper procedures must be used to clean the area of any Blood.**

Protection

- ***A CUT RESISTANT MESH GLOVE WILL BE WORN ON THE NON-CUTTING HAND WHILE CUTTING MEAT.***

- **ALWAYS**
  1) **Use the Protective Push Guard when using the meat saw.**
  2) **Use the Protective Cover when using the meat tenderizer.**
  3) **Use the Protective Guard- NEVER push meat on the meat slicer with your hand.**
  4) **Keep your knives sharpened. Dull knives cut more people than sharp knives.**
  5) **If you drop a knife, let it fall.**
  6) **Put unused knives back into the rack.**
  7) **Carry knives with the blade pointing down to avoid cutting someone else.**
  8) **Make sure when you are using the saw that the floor is dry to ensure good footing.**
  9) **Wear clothes that are not loose fitting.**
  10) **WHEN CLEANING equipment and knives- UNPLUG all equipment and WEAR protective gloves on BOTH hands.**
- **NEVER**
  1) **SPLIT TURKEYS, TURKEY BREASTS, OR HAM HOCKS ON THE MEAT SAW.** ***This is extremely dangerous and is against the Health Laws.***
  2) **Take a knife onto the Sales Floor.**
  3) **Store boxed meat more than FIVE boxes high. Keep storage at eye level—Maximum weight 40 lbs.**

MAKE SAFETY A PRIORITY!
NO PIECE OF MEAT IS WORTH YOUR HAND!

I acknowledge I have read and understand I am to abide by these procedures and any other rule and procedures my supervisor may instruct me of during my training.

_____ _____
Employee Date Supervisor Date

January 2005

Form W-4 (2012)

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 2012 expires February 18, 2013. 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 $950 and includes more than $300 of unearned 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 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 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, 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. 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 2012. See Pub. 505, especially if your earnings exceed $130,000 (Single) or $180,000 (Married).

Future developments. The IRS has created a page on IRS.gov for information about Form W-4, at *www.irs.gov/w4*. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

Personal Allowances Worksheet (Keep for your records.)

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

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.

. . . **B** _____

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.) . . . . . **C** _____

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

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

F Enter "1" if you have at least $1,900 of **child or dependent care expenses** for which you plan to claim a credit . . . **F** _____
(**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 $61,000 ($90,000 if married), enter "2" for each eligible child; then **less** "1" if you have three to seven eligible children or **less** "2" if you have eight or more eligible children.
- 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 . . . **G** _____

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.) ► **H** _____

For accuracy, **complete all 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.** ----------

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

► **Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.**

OMB No. 1545-0074
2012

1 Your first name and middle initial	Last name	**2 Your social security number**
Home address (number and street or rural route)	**3** ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate. **Note.** 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.** ► ☐	

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

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

7 I claim exemption from withholding for 2012, 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 . . . . . ► **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
(This 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)

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

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 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	$
2	Enter: { $11,900 if married filing jointly or qualifying widow(er) / $8,700 if head of household / $5,950 if single or married filing separately }	2	$
3	**Subtract** line 2 from line 1. If zero or less, enter "-0-"	3	$
4	Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505)	4	$
5	**Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2012 Form W-4* worksheet in Pub. 505.)	5	$
6	Enter an estimate of your 2012 nonwage income (such as dividends or interest)	6	$
7	**Subtract** line 6 from line 5. If zero or less, enter "-0-"	7	$
8	**Divide** the amount on line 7 by $3,800 and enter the result here. Drop any fraction	8	
9	Enter the number from the **Personal Allowances Worksheet,** line H, page 1	9	
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	10	

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**)	1	
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"	2	
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	3	

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	4	
5	Enter the number from line 1 of this worksheet	5	
6	**Subtract** line 5 from line 4	6	
7	Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here	7	$
8	**Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	$
9	Divide line 8 by the number of pay periods remaining in 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	$

Table 1

Married Filing Jointly		All Others	
If wages from **LOWEST** paying job are—	Enter on line 2 above	If wages from **LOWEST** paying job are—	Enter on line 2 above
$0 - $5,000	0	$0 - $8,000	0
5,001 - 12,000	1	8,001 - 15,000	1
12,001 - 22,000	2	15,001 - 25,000	2
22,001 - 25,000	3	25,001 - 30,000	3
25,001 - 30,000	4	30,001 - 40,000	4
30,001 - 40,000	5	40,001 - 50,000	5
40,001 - 48,000	6	50,001 - 65,000	6
48,001 - 55,000	7	65,001 - 80,000	7
55,001 - 65,000	8	80,001 - 95,000	8
65,001 - 72,000	9	95,001 - 120,000	9
72,001 - 85,000	10	120,001 and over	10
85,001 - 97,000	11		
97,001 - 110,000	12		
110,001 - 120,000	13		
120,001 - 135,000	14		
135,001 and over	15		

Table 2

Married Filing Jointly		All Others	
If wages from **HIGHEST** paying job are—	Enter on line 7 above	If wages from **HIGHEST** paying job are—	Enter on line 7 above
$0 - $70,000	$570	$0 - $35,000	$570
70,001 - 125,000	950	35,001 - 90,000	950
125,001 - 190,000	1,060	90,001 - 170,000	1,060
190,001 - 340,000	1,250	170,001 - 375,000	1,250
340,001 and over	1,330	375,001 and over	1,330

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 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 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.

NORTH CAROLINA DEPARTMENT OF LABOR
YOUTH EMPLOYMENT CERTIFICATE

Please Type or Print Clearly

Name of Youth:			
Date of Birth: (mo/da/yr)	Age:	Sex:	Area Code Phone ( )
Complete Mailing Address:			
City	State	Zip Code	
Job Description: (Please be as complete as possible)			
Company Name:		Type of Business:	***ABC ON-PREMISES PERMIT?** ☐ **Yes** ☐ **NO**
Complete Mailing Address:			
City:	State:	Zip Code	Area Code Phone ( )

SIGNATURES & IMPORTANT INFORMATION BELOW

1. **Minimum Age for Employment**: Fourteen (14) for non-farm work with limited exceptions. Proof of age includes birth certificate, driver's license or DMV issued identification card, school records, insurance records, or other documentary evidence approved by the Department of Labor.
2. ***ABC On-premises Permit Restrictions**: Youth under age 18 may **not** prepare, dispense, serve, or sell alcoholic beverages for any reason even if employed by their parents. Youth 16-17 may be employed in the premises to perform other duties including waitperson and cashier as long as youth is not serving, taking orders or ringing up on-premises alcoholic beverages. Youth under age 16 may **not** work in the premises for any reason. A limited exception exists for youth under age 16 who are employed by their parents to work in the premises to perform other duties. Youth 14-15 may work on the outside grounds to perform other duties with parent/guardian written permission (permit signature is acceptable).
3. **Rest Breaks**: No youth under age 16 may be employed for more than 5 consecutive hours without an interval of at least 30 minutes for rest (applies to employers who are subject to state labor law only).
4. **Hours Restrictions (14-15 year olds):** Only between 7 am and 7 pm (except until 9 pm during the summer when school is not in session); only outside school hours; no more than 3 hours per day or 18 hours per week when school is in session; and, no more than 8 hours per day or 40 hours per week when school is not in session.
5. **Hours Restrictions (16-17 year olds)**: If regularly enrolled in grades 12 or lower, cannot be employed between 11pm and 5 am when there is school the next day for the youth **unless** the employer receives written permission from the parent/guardian **and** the principal or principal's designee. This restriction does not apply to youth enrolled in GED programs or who have dropped out of school.
6. **Permitted Occupations (14-15 year olds)**: Can only work in office or clerical occupations, in retail sales or service occupations including food service and gasoline service stations. **Cannot** work in manufacturing, construction, or occupations involving the use of power-driven machinery including lawn mowers.
7. **Hazardous/Detrimental Occupations (Not Permitted For Youth Under Age 18) [*Limited apprenticeship/student learner exemptions]:**
   - Manufacturing or storing explosives
   - Motor vehicle driving (limited exemption) and outside helper
   - Logging and sawmilling
   - Power-driven woodworking machines*
   - Power-driven metal forming, punching, shearing*
   - Mining
   - Slaughtering, meat packing, processing or rendering*
   - Power-driven bakery machines
   - Power-driven paper products machines*
   - Manufacturing brick or tile
   - Power-driven circular saws, band saws, or guillotine shears*
   - Wrecking, demolition and shipbreaking operations
   - Roofing operations*
   - Excavation operations*
   - Welding, brazing and torch cutting*
   - Any process where quartz or any other form of silicon dioxide or asbestos silicate are present in powdered form*
   - Any work involving exposure to lead or any of its compounds in any form*
   - Any work involving exposure to benzene or any benzene compound which is volatile or can penetrate the skin*
   - Occupations in canneries, seafood and poultry processing which involve cutting or slicing machines, or freezing or packaging activities*
   - Any work which involves the risk of falling a distance of 10 feet or more, including ladders and scaffolds*
   - Any work as an electrician or electrician's helper*
   - Any work in confined spaces*
   - Occupations requiring the use of respirators*

****NOTE: For more details on child labor/youth employment, go to: http://www.nclabor.com/wh/joint_state_fed.htm**

The undersigned individuals certify that the above information is correct; the youth will not be employed in a hazardous, prohibited, or detrimental occupation; will only be employed during legal hours; and, will be employed only in a permitted occupation.

Employer's Signature: _____

Parent/Guardian/Custodian's Signature: _____

Youth's Signature: _____
(Youth must present proof of age and must sign in the presence of the issuing officer)

DSS/Designee's Signature: _____
County Designee ID Number

Procedures for Obtaining a Youth Employment Certificate

1. Download and print a blank Youth Employment Certificate (work permit) from the following internet sites:

   http://www.nclabor.com/wh/yec.pdf

   http://www.nclabor.com/wh/yec.doc

   Computer access may be available at the potential employer, schools, public libraries or at home. As a last resort, you may call the Wage and Hour Bureau at either 919-807-2796 (Raleigh) or toll-free (NC only) 1-800-NC-LABOR (1-800-625-2267) to get a blank copy.

2. The youth should complete the top sections from "Name" down through "Zip Code".

3. The employer should complete the remaining sections from "Job Description" down through "Area Code and Phone Number" **and** sign the form. ***Note:** Employer must appropriately mark the "ABC ON-PREMISES PERMIT?" section.

4. Obtain the signature of a parent, guardian, custodian, or person standing in place of a parent as defined in 29 Code of Federal Regulation (CFR) 570.126. Note: This signature is not required for a youth who has been issued a final decree of emancipation by a court of competent jurisdiction pursuant to Chapter 7B, Article 35 of the N.C. General Statutes.

5. Take the completed certificate **along with a "proof of age" document** (birth certificate, driver's license, learner's permit, state-issued ID, passport, etc.) to the local Department of Social Services (DSS) office or location of an approved designee. Once the information has been verified, the youth will be asked to sign the form in the presence of the issuing officer. Web site to get all county DSS offices: http://www.dhhs.state.nc.us/dss/local/

6. Provide a copy of the "issued" certificate to your employer on or before the first day of work. The employer is required to maintain this certificate on file.

If you have questions about this form or youth employment restrictions, please contact the Wage and Hour Bureau at (919) 807-2796 (Raleigh) or toll-free (NC only) 1-800-NC-LABOR (1-800-625-2267). Our Call-Center is open from 8:00 am to 5:00 pm, Monday thru Friday.

NOTE: Governmental (Public), Agricultural, and Domestic employers are **not** required to obtain state youth employment certificates in order to employ youths under 18 as these employers do **not** come under any of the state youth employment provisions. Therefore, the North Carolina Department of Labor will **not** allow the issuance of youth employment certificates for youths under 18 employed by any of these employers. These employers may still be subject to the federal child labor provisions of the Fair Labor Standards Act (FLSA) and may have to comply with its age verification requirements. For questions on the federal child labor requirements, contact the United States Department of Labor's Wage and Hour Division's national call-center at 1-866-4-USWAGE (toll-free). Web site: http://www.dol.gov/esa/whd/

(Revised 07/08/2004)

EMPLOYEE PURCHASE POLICY

The purpose of this policy is to ensure there are clear guidelines to all employee purchases that protect The Saver Group, & Saver Tarheel LLC from any unnecessary monetary loss.

1. **All purchases are to be made while the employee is off the clock. This means prior to clocking in, while on break, lunch, or after you have clocked out for the day.**
2. **The receipt for your purchase or purchases should be attached to the actual product.**
3. **No merchandise can be consumed prior to paying for it.**
4. **No product is allowed to be store expensed for your consumption at anytime. For example we do not allow store expensed coffee, coffee filters, cups, plates, sugar, creamer, etc. These must be purchased and the receipt must be attached.**
5. **At no time is anyone allowed to accept Out Of Date merchandise from any vendor for consumption or any other reason.**
6. **At no time is it allowed that merchandise be marked down for an employee without store manager approval; IE close dated, out of date merchandise.**

Any violation of the above mentioned policy can result in disciplinary action up to and including discharge and or legal action being taken.

Employee Signature_____ Date_____

Personnel Action Request

Employee Type ☐ New Hire ☐ Re-Hire ☐ Current Employee

Position: _____ ☐ Full -Time ☐ Part-Time

Store Location: Eastway

Employee Name: _____
Last **First** **Middle**

Address: _____

City: _____ **State:** _____ **Zip:** _____

County: _____ **Local School District:** _____

Telephone Number: ( ) _____ **Social Security No:** _____

Emergency Contact: **Name:** _____ **Phone Number:** _____ **Relationship:** _____

Section 1: NEW EMPLOYEES ONLY:

Pay Rate: _____ ☐ Hourly ☐ Salary

Hire Date: _____ **Birth Date:** _____

Federal Tax Status: ☐ Single ☐ Married ☐ Married filing at Single Rate

Number of Exemptions: Federal: _____ State: _____

Additional Withholding: Federal: $ _____ State: $ _____

Section 2: CURRENT EMPLOYEES ONLY: **Eligible for Rehire**

( ) Termination Date: _____ ☐ Voluntary ☐ Involuntary ☐ Yes ☐ No

Explanation: _____

( ) Pay Rate Change: From: _____ To: _____

Effective Date: _____

( ) Department Change: Current: _____ New: _____

(X) Store Transfer: Current: _____ New: _____

( ) Employee Status: Current: _____ New: _____

( ) Change of Address: (indicate new information in the top section).

( ) Change in other Personal Information: (indicate new information in Section 1).

Store Manager's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

National Origin: _____ Received by Personnel: _____

Cash Till Accountability Procedures

1. All Cashiers are must verify till count is accurate prior to starting their shift.

2. Each cashier is responsible for their till from the beginning of the shift to the end of the shift. At no time are two or more people to be operating on the same cash till. Any shortages are subject to the "Cashier Agreement Policy".

3. If during breaks, the cashiers register is needed (During busy sales days) Management will have the cashier pull their till, and walk them to the safe where they will deposit their till until the end of their breaks

4. All Cashiers must count down their tills at the end of their shift, verifying with a Member of Management. Note: Cashiers should NOT be running "X Reads" to compare their counts against

5. Each Member of Management will have their own till to place into a register and they will be the only ones to be using this till

6. Members of management are responsible for ensuring the integrity of all Single Accountability tills.

I acknowledge I have read and understand I am to abide by these procedures and any other rule and procedures my supervisor may instruct me of during my training.

_____ _____

Employee Date Supervisor Date