



**Employee Rehire Form**

Current Client Company: \_\_\_\_\_ Date of Last Payroll: \_\_\_\_\_

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Has your address or phone number changed since your last payroll? **Circle One**: YES NO

If yes, please update: \_\_\_\_\_

Has your I-9 information changed? **Circle One**: YES NO. If yes, please complete a new I-9.

Brief Job description: \_\_\_\_\_

Have you had any injuries, work related or non-work related, since the date of the last check you received from Matrix Employee Leasing? **Circle One**: YES NO. If yes, please explain: \_\_\_\_\_

Have you witnessed any injuries by your fellow workers during the period that you were not co-employed by Matrix? **Circle One**: YES NO. If yes, please explain: \_\_\_\_\_

Have you applied for unemployment compensation? **Circle One**: YES NO.

If yes, are you still receiving unemployment compensation benefits? **Circle One**: YES NO

Please complete the attached forms:

- W-4
- Employee Acknowledgement Form

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Witnesses Name: \_\_\_\_\_

# Form W-4 (2010)

**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 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

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

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-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 may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

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

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

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

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

**Nonresident alien.** If you are a nonresident alien, see 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. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## 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: } } **B** \_\_\_\_\_

- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.

**C** Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . **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 \$1,800 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 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 plus "1" **additional** if you have six or more eligible children. **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 have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$18,000 (\$32,000 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.

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

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b></p>	OMB No. 1545-0074  <span style="font-size: 2em; font-weight: bold;">2010</span>
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____ 6 \$ _____
6 Additional amount, if any, you want withheld from each paycheck		
7 I claim exemption from withholding for 2010, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶		7 _____
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)

### 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 2010 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: 

{	\$11,400 if married filing jointly or qualifying widow(er)	}	. . . . .	<b>2</b>	\$	_____
	\$8,400 if head of household					
	\$5,700 if single or married filing separately					
- 3 **Subtract** line 2 from line 1. If zero or less, enter “-0-” . . . . . **3** \$ \_\_\_\_\_
- 4 Enter an estimate of your 2010 adjustments to income and any additional standard deduction. (Pub. 919) . . . . . **4** \$ \_\_\_\_\_
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 6* in Pub. 919.) . . . . . **5** \$ \_\_\_\_\_
- 6 Enter an estimate of your 2010 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 \$3,650 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 4–9 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 2010. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2009. 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**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$7,000 -	0	\$0 - \$6,000 -	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
7,001 - 10,000 -	1	6,001 - 12,000 -	1	65,001 - 120,000	910	35,001 - 90,000	910
10,001 - 16,000 -	2	12,001 - 19,000 -	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
16,001 - 22,000 -	3	19,001 - 26,000 -	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 27,000 -	4	26,001 - 35,000 -	4	330,001 and over	1,280	370,001 and over	1,280
27,001 - 35,000 -	5	35,001 - 50,000 -	5				
35,001 - 44,000 -	6	50,001 - 65,000 -	6				
44,001 - 50,000 -	7	65,001 - 80,000 -	7				
50,001 - 55,000 -	8	80,001 - 90,000 -	8				
55,001 - 65,000 -	9	90,001 -120,000 -	9				
65,001 - 72,000 -	10	120,001 and over	10				
72,001 - 85,000 -	11						
85,001 -105,000 -	12						
105,001 -115,000 -	13						
115,001 -130,000 -	14						
130,001 - and over	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 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 using it 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.

**SECTION 1: ACKNOWLEDGEMENT**

I understand that Matrix Employee Leasing ("Matrix") provides workers' compensation insurance and is the administrative employer, and that the client named on the first page of this Employee Enrollment Form is the worksite employer. I agree and understand that there will be a 90-day probationary period. I also agree that while I am a leased employee of Matrix, if Matrix does not receive payment from the worksite employer to which I am leased for services that I perform as a leased employee, Matrix still pay me the applicable minimum wage (or the legally required salary or overtime pay in a work week in which I have worked overtime) for any such period and I agree to this method of compensation. AS A LEASED EMPLOYEE, I AGREE AND UNDERSTAND THAT UPON THE CONCLUSION OF EACH JOB ASSIGNMENT, REGARDLESS OF DURATION, I MUST CONTACT MATRIX FOR REASSIGNMENT WITHIN 48 HOURS FOLLOWING THE CONCLUSION OF SUCH ASSIGNMENT. MY FAILURE TO DO SO MAY RESULT IN THE DENIAL OF UNEMPLOYMENT BENEFITS. I understand that any misrepresentations, omissions of fact, or incomplete information discovered after my employment has begun may be grounds for disciplinary action, up to and including termination of employment. I agree to abide by the rules of Matrix. I understand that either Matrix or I may terminate this employment relationship at any time, with or without notice or cause, and that I will be an at-will leased employee of Matrix. I understand that no person, including the worksite employer, has the authority to enter into any agreement to the contrary. I also agree to fully release Matrix and its officers, owners, and employees from any liability associated with providing a factually correct employment reference to any employer. I understand and agree that, if applicable, Matrix may allocate tips when necessary, on the basis of "hours worked." Tip allocation becomes necessary when total reported tips for the worksite employer store are less than 8% of store sales. I understand that, if I am a tipped employee, Matrix is taking a tip credit on my hourly rate of pay as permitted by law.

**SECTION 2: POLICY ON UNLAWFUL DISCRIMINATION OR HARASSMENT IN THE WORKPLACE**

It is the policy of Matrix to provide a work environment that is free of unlawful discrimination and harassment. Various federal, state and local laws prohibit such conduct, including discrimination or harassment based on race, color, sex, religion, national origin, age and disability/handicap. Any employee who believes that unlawful discrimination or harassment has occurred in the workplace should immediately inform their worksite employer and the Human Resource Director of Matrix at (904) 739-2722 or (866) 453-2722. All such complaints will be promptly investigated and appropriate corrective action will be taken according to the specific circumstances of the situation. I understand that failure to promptly report allegations of unlawful discrimination or harassment may affect my ability to pursue legal remedies in the future. Applicable laws prohibit retaliation against an employee for making a good faith complaint alleging unlawful discrimination or harassment in the workplace, and my worksite employer will not permit such retaliation.

**SECTION 3: ACKNOWLEDGEMENT OF THE DRUG FREE WORKPLACE PROGRAM; AGREEMENT TO SUBMIT TO DRUG TESTING AGREEMENT TO RELEASE DRUG TEST**

I understand that Matrix maintains a Drug Free Workplace Policy requiring all employees to report to work in a substance free condition. I specifically understand that if I am injured on the job and either refuse to be tested or test positive for drugs or alcohol, I forfeit eligibility for all workers' compensation medical and indemnity benefits. I understand that as a condition of my initial and/or continued employment, as a part of initial and routinely scheduled fitness for duty physical examinations when required by the worksite employer, random (if applicable), and where reasonable suspicion of drug use exists, the Company will require me to undergo substance screening by urinalysis, blood (for alcohol), hair follicle or other testing procedure and I hereby agree to submit to such tests including follow up to rehabilitation testing and the required post accident testing. I further consent to the results of any such drug screens being released to the the authorized representatives of Matrix and worksite employer by the Medical Review Officer (MRO), and understand that I am authorized to receive a copy of this consent form if requested. The results will not be released to any additional parties without my written authorization except that Matrix/worksite employer, their agents, and the testing laboratory will have access to the drug test results and may disclose such results to their attorneys in connection with workers' compensation proceedings, and may use the test results when relevant to their defense in other civil or administrative matters. I release any testing facility personnel and/or any physicians who have tested me from any liability arising from a release or use of any and all test results, written reports, medical records and data concerning my tests to the appropriate Matrix/worksite employer officials. I further release Matrix/worksite employer officials from liability arising from the release or use of the results. I understand that the Drug Free Workplace Policy and related documents are not intended to constitute a contract between Matrix/worksite employer and me. I have read, or had read to me, a copy of this policy and I understand the consequences of violating the policy, including my obligation under the Drug Free Workplace Act (Sections 440.09 and 440.102, Florida Statutes). If I did not understand this summary, I asked for and received an explanation. I am aware that the complete Drug Free Workplace Policy is available to me upon request. I acknowledge receipt of a copy of this policy summary contained within the Employee Handbook.

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

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

\_\_\_\_\_  
**Social Security No.**

\*By signing, I acknowledge that I have read and fully understand and agree to all of the terms and statements, including the Drug Free Policy, contained in Section 1, 2 and 3 above.

**SECTION 4: ACKNOWLEDGEMENT OF LEASED EMPLOYEE STATUS AND RECEIPT OF EMPLOYEE HANDBOOK**

I ACKNOWLEDGE THAT I HAVE BEEN INFORMED THAT I AM A LEASED EMPLOYEE OF MATRIX EMPLOYEE LEASING. I acknowledge that I have received, read, and had ample time and opportunity to understand the contents of the Matrix employee handbook. I understand that the handbook does not establish any contractual relationship; that its provisions, including wages, hours, benefits, and terms and conditions of employment, may be changed at any time; and that the handbook is not a guarantee of future or present employment policies. I further understand that neither the handbook nor any verbal or written statement by any supervisory or managerial official of Matrix or the worksite employer is an employment contract or offer of contract and that either Matrix or I can terminate our employment relationship at any time as I am an at-will employee of Matrix. I also agree that I will comply with any drug testing policy implemented by Matrix and I agree to be drug tested following a workers' compensation injury within 24 hours following the injury. Furthermore, I agree that if at any time during my employment I am subjected to any type of discrimination, including discrimination because of race, color, religion, national origin, age, sex, or disability/handicap, or if I am subjected to harassment (sexual or otherwise), I will immediately notify Matrix at (904) 739-2722 or (866) 453-2722 to obtain assistance in resolution of such matters. I understand that additional copies of the employee handbook are available by calling Matrix at (866) 453-2722 or online at www.matrixpeo.com.

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

\_\_\_\_\_  
**Printed Name**

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