

# SALES PACKET CHECKLIST

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NAME: \_\_\_\_\_

HIRE DATE: \_\_\_\_\_

## **MANAGERS:**

- BACKGROUND CHECK
- SALES LICENSE FORM
- COPY OF SOCIAL SECURITY CARD
- COPY OF DRIVERS LICENSE
- PAY PLAN

## **EMPLOYEE:**

- I9 EMPLOYMENT ELIGIBILITY VERIFICATION
- W4
- OK NEW HIRE REPORTING
- EMPLOYEE INFO
- ETHNIC INFO
- ALCOHOL/DRUG POLICY
- HARRASSMENT GUIDELINES
- PRIVACY ACT PROCEDURES
- SECTION 125
- INFO ABOUT EMPLOYEE BENEFITS
- ACCIDENT MEMO
- CLOCKING IN AND OUT POLICY (2)
- DEMO AGREEMENT
- CASH REPORTING
- SALES DEPARTMENT POLICIES
- RECORDING ACKNOWLEDGEMENT
- IPAD AGREEMENT
- NEW & USED CAR KEY FINE
- REPUTATION FORM
- CHRISTMAS SAVINGS BONUS ADDENDUM

**ALL ITEMS MUST BE SUBMITTED IN PACKET BEFORE SENDING TO PAYROLL**

# JIM GLOVER AUTO FAMILY

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Here are some highlights from the employee handbook that may answer a few of your questions. Please ask HR or your manager for a copy of the handbook to get more detailed information.

Welcome to Jim Glover Auto Family!

## **Anniversary Date**

The first day that you report to work as a full-time employee will become your Anniversary Date at Jim Glover. This date is used to calculate your benefits and other conditions of your employment.

## **Holidays**

Jim Glover provides employees with paid holidays as follows, upon successful completion of 90 days with the company. Please see the handbook for the complete explanation and rules regarding holidays.

New Year's Day\*                  Memorial Day\*                  Independence Day\*                  Labor Day\*  
Thanksgiving Day                  Christmas Day

\*Member of the Sales Staff may be required to work on these days, and do not receive holiday pay for them.

## **Vacation**

Vacation time is earned by employees, according to their length of service with Jim Glover. This paid time off is available to all full-time employees, once they have successfully complete one (1) year with the company. Employees wishing to make use of the earned vacation time must request that time off in advance and have the vacation approved in advance.

<u>Years of Service</u>	<u>Paid Time Off</u>
0-1	None
1-2	1 Week
After 2	2 Weeks

Vacation days are earned on your anniversary date and must be taken within that year. Employees cannot rollover days for use in future years. However, employees may receive pay for up to 1 week of vacation in lieu of actually taking the vacation time off.

# TIMECLOCK

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**PLEASE KEEP THIS FORM FOR YOUR RECORDS.**

**YOUR EMPLOYEE # AND PASSWORD WILL BE CREATED BY HR. UNTIL YOU ARE ABLE TO CLOCK IN AND OUT THROUGH THE ERA SYSTEM, KEEP A WRITTEN RECORD OF YOUR TIME WORKED TO BE TURNED IN TO HR.**

EMPLOYEE: \_\_\_\_\_

EMPLOYEE #: \_\_\_\_\_

PASSWORD:     Last 4 of Soc Sec#    

**TO ENTER YOUR DAILY TIME:**

1. ACCESS THE EMPLOYEE CLOCK IN/OUT SCREEN
  - a. 1361 (IF YOU DO NOT HAVE ACCESS SEE b)
  - b. IN ERA SIGN IN AS **TIMECLOCK** WITH PASSWORD **APRIL2010**
2. ENTER YOUR EMPLOYEE NUMBER
3. ENTER YOUR PUNCH TYPE

1= CLOCK IN	4= MEAL OUT
<del>2= BREAK OUT</del>	5= MEAL IN
<del>3= BREAK IN</del>	6= CLOCK OUT
4. ENTER **E** TO SAVE YOUR ENTRIES AND EXIT THE SCREEN

**IF YOU HAVE MISSED A PUNCH, PLEASE SEE YOUR MANAGER TO HAVE YOUR TIME CORRECTED.**

# LOGIN INFORMATION:

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PLEASE KEEP THIS FORM FOR YOUR RECORDS. LOGIN INFORMATION WILL BE PROVIDED TO YOU BY HR OR YOUR MANAGER.

## JOE VERDE:

USERNAME: \_\_\_\_\_

PASSWORD: \_\_\_\_\_

## DEALER SOCKET:

USERNAME: \_\_\_\_\_

PASSWORD: \_\_\_\_\_

## TIMECLOCK:

EMPLOYEE #: \_\_\_\_\_

PASSWORD: \_\_\_\_\_

## COMPLIANCE:

USERNAME: \_\_\_\_\_

PASSWORD: \_\_\_\_\_



**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ] - [ ][ ] - [ ][ ][ ][ ]		Employee's E-mail Address		Employee's Telephone Number	

**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 boxes):**

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

STOP **Employer Completes Next Page** STOP

## LISTS OF ACCEPTABLE DOCUMENTS

**All documents must be UNEXPIRED**

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

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	OR	<b>LIST B</b> <b>Documents that Establish Identity</b>	AND	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:                             <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                                     <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:                             <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**

# Employee's Withholding Certificate

Department of the Treasury  
Internal Revenue Service

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

**2020**

**Step 1:**  
**Enter Personal Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately		
<input type="checkbox"/> Married filing jointly (or Qualifying widow(er))		
<input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

**Step 2:**  
**Multiple Jobs or Spouse Works**

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

Do **only one** of the following.

- (a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3-4); or
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . .

**TIP:** To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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

<b>Step 3:</b> <b>Claim Dependents</b>	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$	_____	
	Multiply the number of other dependents by \$500 . . . . . ▶ \$	_____	
	Add the amounts above and enter the total here . . . . .	<b>3</b>	\$
<b>Step 4 (optional):</b> <b>Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$

<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ <b>Employee's signature</b> (This form is not valid unless you sign it.)		▶ <b>Date</b>

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

## General Instructions

### Future Developments

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

### Purpose of Form

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

**Exemption from withholding.** You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

**Your privacy.** If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

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

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

## Specific Instructions

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

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

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

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



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

**Step 3.** Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include other tax credits in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

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

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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



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



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

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

- 1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3 . . . . . **1** \$ \_\_\_\_\_
  
- 2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
  - a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** \$ \_\_\_\_\_
  - b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . **2b** \$ \_\_\_\_\_
  - c Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** \$ \_\_\_\_\_
  
- 3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . **3** \_\_\_\_\_
  
- 4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . **4** \$ \_\_\_\_\_

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



- 1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income . . . . . **1** \$ \_\_\_\_\_
  
- 2 Enter: {
  - \$24,800 if you're married filing jointly or qualifying widow(er)
  - \$18,650 if you're head of household
  - \$12,400 if you're single or married filing separately
 } . . . . . **2** \$ \_\_\_\_\_
  
- 3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-" . . . . . **3** \$ \_\_\_\_\_
  
- 4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information . . . . . **4** \$ \_\_\_\_\_
  
- 5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5** \$ \_\_\_\_\_

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and 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.

**Married Filing Jointly or Qualifying Widow(er)**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240



# EMPLOYEE INFORMATION

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NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

## EMERGENCY CONTACT:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE #: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

## DRIVER'S LICENSE INFORMATION:

NUMBER: \_\_\_\_\_

STATE ISSUED IN: \_\_\_\_\_ EXPIRES: \_\_\_\_\_

# ETHNIC INFORMATION

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NAME: \_\_\_\_\_

MALE: \_\_\_\_\_

FEMALE: \_\_\_\_\_

WHITE: \_\_\_\_\_

BLACK OR AFICAN AMERICAN: \_\_\_\_\_

NATIVE HAWAIIAN OR PACIFIC ISLANDER: \_\_\_\_\_

ASIAN: \_\_\_\_\_

AMERICAN INDAIN OR ALASKAN NATIVE: \_\_\_\_\_

HISPANIC OR LATINO: \_\_\_\_\_

TWO OR MORE RACES: \_\_\_\_\_

# ALCOHOL AND DRUG POLICY

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In order to promote the safety of Jim Glover Auto Family employees and to provide a safe work place, it is the policy of the company that employees shall not be involved with unlawful use, possession, sale or transfer of drugs or narcotics and further, that employees shall not possess, consume or be under the influence of alcoholic beverages in the workplace. The specific methods for maintaining a work environment free from the effects of drug and alcohol are outlined below:

## Policy Implementation

1. Employees are expected to report to work and remain at work in condition to perform assigned duties free from the effects of drugs and alcohol.
2. Any involvement with drugs or alcohol which affects an employee or the workplace will not be tolerated.
3. Absences directly or indirectly caused by use of drugs or alcohol will not be excused.
4. Illegal drugs are defined as illegal under federal, state, or local laws.
5. Employees taking prescription or non-prescription drugs must report this to the appropriate supervisory personnel if such use may affect the employee's ability to perform assigned duties. Failure to follow this instruction may subject the employee to disciplinary action, up to and including termination of employment.

## Consequences of Drug or Alcohol Abuse

1. **Drug Abuse:** The use, consumption, sale or personal possession of illegal drugs while on the job (including rest periods and meal periods) or while on company property will result in termination of employment.
2. **Alcohol Abuse:** The use, consumption, sale or personal possession of alcohol while on the job (including rest periods and meal periods) or while on company property will result in termination of employment.
3. **Under the Influence:** Where there is no evidence of the use of illegal drugs or the consumption of alcohol during working hours or while on company property, but the employee is perceived to be under the influence of drugs or alcohol the following may apply:
  - a. Any employee, in any job, who is perceived to be under the influence of drugs or alcohol, will be immediately removed from the service. Management may take further disciplinary action based on medical information, past history or other relevant factors such as performance, record of disciplinary actions, etc.

## Special Action

In order to protect the interest of the company, its employee and the public, the company may take reasonable measures to find out if illegal drugs or alcohol are located or being used or

consumed on company property or during working hours. The measures taken may include at the discretion of management, but shall not be limited to the following:

1. **Testing of Applicants-** A drug testing procedure may be employed as a routine part of post-offer/pre-employment process for all job applicants who have otherwise been approved for employment process for all job applications who have otherwise been approved for employment, but before hire. If the drug testing procedure indicates the presence of illegal drugs or if the applicant refuses to submit to the drug test, his or her offer will be rescinded.
2. **Testing of Employees-** The company reserves the right as a condition of continued employment to require employees to submit to a drug or alcohol test in any one or more of the following circumstances:
  - a. **Reasonable suspicion testing-** The company may require a drug and alcohol test of any employee who the company reasonably suspects of using or being under the influence of illegal drugs or alcohol during working hours or while on company property. Factors which may establish reasonable suspicion include but are not limited to:
    - i. Excessive absenteeism or tardiness
    - ii. Deterioration of job performance
    - iii. Significant changes in personality, dramatic mood swings, abusive
    - iv. Behavior or insubordination
    - v. Reliable reports from employees or other credible sources
    - vi. Unusual, irrational or erratic behavior
    - vii. Difficulty in motor coordination, poor muscle control, unsteady walking, nervousness, slurred speech
    - viii. Direct observation of drug or alcohol use or discovery of evidence of drug or alcohol use in the employee's vicinity
    - ix. Impaired short term memory or logical thinking
  - b. **Post-accident testing-**The company may require a drug and alcohol test of any employees involved in an injury, accident or near accident (one in which safety procedures were violated and/or unusually careless acts were performed) in the workplace or during work hours.
3. **Searches and Inspections-** Reasonable searches of company property, facilities or equipment may be conducted by authorized personnel. If there is reason to suspect violations of this policy are occurring, the company may require employees, upon the company's request, to submit to an inspection of any vehicle brought onto company premises. Refusal to submit to any requested search or inspection may result in disciplinary action up to and including termination of employment.

Employees are expected to abide by this testing policy. If an employee refuses to participate in a requested test or where a confirmed positive test indicates illegal drug use or the presence of alcohol, the employee will be subject to disciplinary action up to and including termination.

### **Employee Statement**

As a company dedicated to providing quality services, Jim Glover Auto Family has adopted a drug and alcohol policy applicable to all of its employees. A copy of this policy has been provided to you. A copy of this policy has been provided to you.

Please read and sign below:

I certify that I have read and understand the Jim Glover Auto Family Drug and Alcohol Policy and I further agree and consent to taking any drugs or alcohol diagnostic test as requested by the company as a part of continued employment examination or otherwise and authorize release of any test results to the company policy and will require disciplinary actions up to and including termination:

- a) Failure to consent to testing
- b) Discovery of any evidence which in the opinion of the company or testing laboratory indicates that the sample taken has been altered, substituted or tampered with in any way
- c) Failure to report for testing by end of business day as requested

I also understand that if I fail to pass a test for any of the prohibited or illegal substances, the company will impose disciplinary actions up to and including termination. I hereby give my consent to any drug or alcohol testing as may be required by company, and authorize release of any such test results to company.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Name (please print)



# Harassment Compliant Investigation Guidelines

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## **Purpose:**

To outline Jim Glover Auto Family's process for handling complaints of sexual or other forms of harassment, Jim Glover Auto Family will not tolerate employee's harassment of any form and is committed to providing its employees with a harassment-free work environment. Jim Glover Auto Family will therefore take the following steps if a complaint of harassment is received.

1. The supervisor or manager who receives the complaint will notify the dealer or general manager immediately. Supervisors and managers should not attempt to handle the situation themselves nor should employees involved be asked or allowed to try to work out the problem among themselves.
2. Unless otherwise directed by legal counsel, the complaining party should be asked to write down everything that happened, providing as much as possible with respect to dates, times, exact things that were said and/or done, and any witnesses. At the end of the written statement, the following declaration should be made. "I declare, under penalty of perjury, that the foregoing is true and correct". The complaining party should then sign and date the statement.
3. The person making the complaint should be assured that a full investigation will be conducted, the no retaliation will be taken against him or her for making the complaint, and that the complaint will be kept as confidential as possible consistent with the need to conduct a full investigation.
4. Any witnesses to the incident should be asked to write down what they saw and heard, again providing as much detail as possible. At the end of the written statement, the following language should be written: "I declare, under penalty of perjury, that the foregoing is true and correct". The witness should then sign and date the statement. The witness should also be asked to keep the matter confidential.
5. After statements have been taken from the complaining party and all witnesses, the dealer or general manager will contact legal counsel for advice on how to proceed next. Generally, the accused employee should be presented with the written statements from the other employees and given a chance to admit the conduct or tell his or her version of events.

After the accused employee has been interviewed, he or she should be asked to put his or her side of the story in writing. If the accused employee admits the conduct charged, or his or her version of events does not seem credible, then appropriate action should be taken. This may involve termination of employment, or some lesser discipline such as suspension or written reprimand. No discipline should be imposed however, without first checking with legal counsel.

## **"No Harassment" Policy/ Procedure**

Jim Glover Auto Family does not and will not tolerate harassment of our employees. The term "harassment" includes, but is not limited to slurs, jokes and other verbal, graphic, or physical conduct relating to an individual's race, color, sex, religion, national origin, citizenship, age or disability.

**"Harassment" also includes sexual advances, requests for sexual favors, unwelcome or offensive touching, and other verbal, graphic or verbal, graphic or physical conduct of a sexual nature.**

**Violation of this policy/procedure will subject an employee to disciplinary action up to and including immediate discharge**

**If you feel that you are being harassed in any way by another employee or by a customer or vendor, you should make your feeling known to your supervisor immediately. The matter will be thoroughly investigated, and where appropriate, disciplinary action will be taken. If you do not feel that you can discuss the matter with your supervisor or if you are not satisfied with the way your complaint has been handled, please contact the General Manager, the Controller or Jim Glover. You will not be penalized in any way for reporting such conduct concerning yourself or another person.**

**Do not assume that the company is aware of your problem. It is your responsibility to bring your complaints and concerns to our attention so that we can help resolve them.**

**Employee Acknowledgement of Receipt**

**As an employee at Jim Glover Auto Family, I acknowledge receipt of the attached copy of Jim Glover Auto Family's Harassment Compliant Investigation Guidelines. I understand that the company can held responsible for any acts of harassment I commit and I can be sued personally for any such act also. I further understand that if I know of, or have reason to know of acts of harassment by employees of the company against other company employees or harassment of employees by customers or suppliers, the company, and possibly myself, may be placed in jeopardy. I therefore, will report any acts of harassment to my supervisor, the general manager, the controller or to Jim Glover including the existence of a hostile, intimidating or offensive work environment, which may come to my attention.**

\_\_\_\_\_

**Print Full Name**

\_\_\_\_\_

**Employee Signature**

\_\_\_\_\_

**Date**

# **Privacy Act and Safeguard Policy and Procedures**

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Identity theft is possibly the fastest growing crime in the United States. Because we routinely collect, process, disclose, administer and archive confidential personal information about our customers, they could be vulnerable to this type of activity.

Confidential personal information is defined as personal information about a customer that is not available to the general public. Such information includes bank account and credit card numbers, personal income and debtor information. Information of this type is routinely provided on credit applications and other documents produced by the Finance Department and processed by personnel in the accounting office.

Effective May 23, 2003, the Federal Trade Commission began enforcing the Safeguards Rules, which requires that we establish procedures to protect our customer's personal information. Jim Glover Auto Family conducted a risk assessment and adopted the following policies and procedures:

1. The accounting office, F&I offices and archive storage are designated as Secure Document Areas. Only trained personnel will have access to these areas. This will limit the number of personnel with access to customer information. These individuals will be briefed on their duties. No employees are allowed into these areas without authorization.
  - a. The accounting office will be locked at all times. Access is only allowed through the front door. The file cabinets located in the accounting department are to remain locked at all times during and after business hours.
  - b. If you need information from a deal jacket, an accounting employee will pull the jacket and determine if the information is available to you.
  - c. Each finance office will remain locked at any time the manager is away from the office. No paperwork will be left on top of the desks. When files are completed, they are to be sent to the accounting department.
2. Computer access will be handled on a need basis and controlled with secure passwords. Employees that do not need access to personal information will not be allowed access.
3. All credit bureaus are to be printed in the manager's office and viewed only by authorized personnel. The signed application obtained by the sales person need to be attached immediately.

4. All employees need to keep documents containing confidential information or files that contain such information in a secure location when not in use. Sales people need to keep confidential personal information of our potential customers and current customers, such as credit applications, credit reports, copies of driver's license or other such documents are NOT to leave the manager's office (where there is a locked file cabinet provided for such items) until a member of our finance team is ready for them. Nothing should be inside or on top of your desk except what you are working on at that time and NOTHING is to be out overnight.
5. All "dead deal" documents are to remain in the manager's office until the end of the day when they are to be transferred to the accounting office.
6. Employees are not to use any consumer information obtained from anywhere other than Jim Glover Auto Family. Any employee found using such information or found having possession of such information on the property of Jim Glover Auto Group, will be subject to disciplinary action up to and including termination.
7. Sales people are to accompany each customer on a test drive. Copies of customer's driver's license and insurance verification are to be given to the sales manager who will place these in a locked box. These items will be removed and shredded weekly. If the person purchases a vehicle, then these items will be placed in the deal jacket.
8. Any sales lists with customer information, addresses, phone numbers and type of vehicle purchased will be handled in a confidential manner as well.
9. You are asked to be alert for documents containing information or files that contain such information, if found in an unsecured area, please return to the accounting department. You are also asked to be on alert for any suspicious activity on the part of a person asking that you provide confidential information to them. This is never allowed and should be reported to the General Manager. All customer information is the property of Jim Glover Auto Family. Any employee found releasing this information to any individual or company for gain or not will be subject to disciplinary action up to and including termination as well as any required legal filings.

You also need to understand that violations of the privacy act can result in unlimited fines to the dealership as well as to the employee responsible for the violation.

By signing below, I have read and understand the above information.

Employee Name	Employee Signature	Date

# Section 125 Premium Only Plan

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## Election to Participate Form

Employer Name: Jim Glover Auto Family

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

Employee Social Security Number: \_\_\_\_\_

As an eligible employee in the above plan, I acknowledge that I have received the Summary Plan Description and understand the benefits available to me as well as the other rights and obligations which I have under the plan.

In accordance with my rights under the plan, I elect the following benefits and designate the following amounts for each benefit I have selected for the plan year specified above. The employer and I agree that my cash compensation will be redirected by the amounts set forth below for each pay period and plan year (or during such portion of the year as remains after the date of this agreement).

### Election for Benefits

On the appropriate benefit enrollment form(s), I have enrolled for certain insurance coverages. I elect to receive the following coverage under the Cafeteria Plan.

**I understand that the coverage can only be terminated in the case of a qualifying life event.**

\_\_\_\_\_ Health

\_\_\_\_\_ Group Term Life

\_\_\_\_\_ Group Dental

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Employee Signature

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Date

## IMPORTANT INFORMATION ABOUT EMPLOYEE BENEFITS

Jim Glover Auto Family offers all fulltime employees the opportunity to elect benefits. We offer a variety of benefits including health, dental, group term life, and other voluntary lines of coverage.

You will become eligible for benefits on the first day of the month following 60 days of employment. It is important to elect these benefits when you first become eligible. If you do not choose to enroll in benefits upon this first eligibility period, you could be subject to limitations in benefits for a period of time if you decide to enroll later.

This is particularly true with your Delta Dental benefits:

Any eligible person failing to enroll or waiving coverage at the time of initial eligibility, or any enrolled person who voluntarily discontinues coverage, is classified as a "Late Enrollee" upon enrollment and may be subject to limited benefits. During the first 12 months a late enrollee is covered, benefits to a late enrollee shall be limited to only Class 1 (diagnostic and preventive) dental services.

If you choose to waive election of benefits, you will be required to sign a waiver form. You do have the option of enrolling in benefits during the open enrollment for the upcoming plan year.

*After you elect or waive coverage during your initial eligibility, you cannot change your enrollment until open enrollment for the new plan year, unless you have a qualifying event including, but not limited to, marriage, divorce, birth or death of the employee or dependent.*

If you have any questions about whether or not you have a qualifying event, please contact your benefit administrator as soon as the event occurs.

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Employee Signature

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Date

# ACCIDENT MEMO

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**TO: JIM GLOVER AUTO FAMILY EMPLOYEES**

**FROM: GENERAL MANAGER**

Any accident that occurs in a Jim Glover Auto Family vehicle **MUST** be reported to the Controller or the Office Manager within 24 hours of the incident. All paper work must include:

- **Police Report**
- **Incident Investigation**
- **Supervisor's Accident Report**
- **Report by Eyewitness**
- **Report by injured employee**
- **Workers Compensation Coding Sheet**

It is Jim Glover Auto Family policy that anyone who damages a new/used vehicle is responsible for the damages or the deductible, whichever is less. If damage is not reported and the surveillance cameras have been reviewed, the individual found guilty of the damage and not reporting it will be subject to termination.

By signing below, I agree that I have read and understand the above statements and that I am responsible for any damages I cause to a vehicle.

---

Employee

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Date

# Clocking In & Out Policy

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It is required by law that all employees must clock in and out daily as your shift starts and ends, as well as your lunch breaks. Please note that if you do not have a complete time sheet for each pay period, your check cannot be processed. No exceptions!

If your time sheet needs to be adjusted, you must see your manager and your manager must correct your time in the system. Hand written time sheets are not acceptable.

Unless you are a manager, NO employee is exempt from clocking in and out. This will be strictly enforced by your manager and the accounting office.

By signing below, you certify that you have been informed of this policy, understand it completely and realize that your compliance with this policy is a requirement for continued employment.

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Employee Name

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Employee Signature

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Date





# Company Vehicle (Demonstrator Agreement) For All Drivers With Demos

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I, \_\_\_\_\_, accept and assume responsibility for any and all items listed below pertaining to each and every Jim Glover Auto Family vehicle that I may drive. This agreement constitutes the understanding between myself and Jim Glover Auto Family. Pursuant to this agreement, I am authorized to drive a company demonstrator vehicle. I will receive this privilege in accordance with the company policy in strict compliance with the foregoing rules and regulations and for so long as the company continues its "demo policy" as stated herein.

1. Each employee will be taxed for the benefit of use of vehicle using the IRS daily inclusion amount under the annual lease value.
2. I understand that the vehicle I drive is to be selected by the dealership General Manager or General Sale Manager; any additional equipment to be installed on a demo is prohibited unless authorized by the General Manager.
3. If I drive a new vehicle I understand that the vehicle must be grounded at 5,000 miles.
4. I understand that neither I nor any passenger may carry, store, conceal, transport or be in possession of any illegal drugs, alcohol, firearms, or any other weapons within the subject vehicle.
5. I understand that I must abide by all Federal, State, and Local traffic laws and/or regulations (speed limit, safe driving, no drinking and driving, careless driving, etc.). If I am convicted of any infraction, misdemeanor or felony then I accept and assume any responsibility for any and all legal and/or financial obligations and consequences.
6. I understand that I cannot smoke nor may any passenger smoke in the vehicle provided to me.
7. I understand that I must abide by all company policies and understand that these policies may change at any time.
8. I understand that I am responsible for maintaining the cleanliness, routine service work, and operation of my demo. This vehicle is always available to be sold.

9. I understand that if I damage or put unusual wear and tear on the vehicle in any way, that I am responsible for the total insurance deductible and/or any costs that may arise in the repair for the vehicle that the dealership insurance company does not pay or cover.
10. I understand that I cannot store any personal belongings in the vehicle.
11. I understand that no family member or friend may drive this vehicle. The restriction as to friend may be waived on a limited basis if the friend is a bona fide potential customer. Such waiver must be in writing, signed by the undersigned employee's supervisor.
12. I understand that the vehicle cannot be driven outside the normal selling area of the dealership. Out of town travel for vacations is strictly prohibited unless authorized by the General Manager in writing.
13. I understand that I am responsible for paying any State or Federal taxes imposed as a result of my usage of the vehicle(s) subject to this agreement.
14. I understand that myself and any other company approved driver must be approved by our insurance carrier to drive a company provided vehicle. A regular review of the driver's driving record will be conducted and failure to pass this review will result in a driver losing approval to drive a company provided vehicle.

Fulltime salespersons may be provided with the use of a demonstration vehicle. We want you to be aware of the restrictions on the use of demonstration vehicles and how fulltime salespersons that use demonstration vehicles will be taxed on the use.

Restrictions on use of demonstration vehicles:

1. The vehicle must be available for test drives by customers during normal working hours of the employee to whom the vehicle is assigned. No personal possessions can be stored in the vehicle.
2. The vehicle is provided so that the employee can become familiar with the features of the vehicle we sell. Only the employees to whom the vehicle is assigned may use the vehicle outside normal working hours. It may not be used by family, friends or neighbors.
3. The demonstrator vehicle is part of our inventory and must be available for sale to customers. It may not be used for vacation travel unless authorized by the General Manager.
4. Any fulltime employee who meets all of the above requirements will have \$21.29 per day included in wages for each day on which the salesperson was assigned a new demonstrator

vehicle. Income tax, social security tax, Medicare tax and state tax on this amount will be withheld from wages paid to salespersons.

5. Any fulltime employee who meets all of the above requirements will have \$6.00 per day included in wages for each day on which the salesman was assigned a used demonstration vehicle. Income tax, social security tax, Medicare tax and state tax on this amount will be withheld from wages paid to salespersons.

I have read fully and understand the foregoing agreement, rules and regulations and will abide to each of the terms set forth herein. I understand my demo (company provided vehicle) is subject to random inspection at any time. I also understand that if I do not abide by any and all provisions of this agreement, my company vehicle benefits may be terminated immediately. I understand that use of a demo (company provided vehicle) is an additional benefit and not a part of my pay plan. The plan may be changed or limited by the company, unilaterally, at any time and in accordance with a change in company policy.

\_\_\_\_\_  
Name and Title of Driver

\_\_\_\_\_  
Signature of Driver

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved by

\_\_\_\_\_  
Date

# Cash Reporting and Money Laundering Policy

I, \_\_\_\_\_, understand that Jim Glover Auto Family will comply with all cash reporting laws and regulations as required by 26USC 60501.

I agree to abide by the following policies and procedures:

1. I will attend all meetings concerning cash reporting education conducted by dealership management.
2. I will not discuss cash reporting laws with customers. All customer questions concerning this matter should be referred to the Dealer or General Manager.
3. I will NEVER structure payments with a customer in such a way as to avoid cash reporting requirements. I understand that structuring transactions may constitute violation of federal law, which could result in a felony conviction. Violation of these polices and procedures may lead to disciplinary action up to and including termination.
4. I will NEVER take money from a customer that I know is derived from illegal activities as this may violate Federal Money Laundering Statues. The policy of the dealership is to never accept any funds derived from illegal activities.
5. I understand that any violation of this policy will result in termination.

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

\_\_\_\_\_  
Date

# SALES DEPARTMENT POLICIES AND PROCEDURES

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1. All employees are required to clock in and out every day to receive pay for their time here. If you fail to clock in or out it is your responsibility to let your manager know to adjust your time.
2. All employees are required to be at work on/before the start of their shift. If you are going to be late, then you must notify the manager on duty. All employees are required to check out with a manager before they leave for lunch or at the end of their shift.
3. All sales personnel should walk the lot at the beginning of their shift to familiarize themselves with any new inventory that has arrived, including the service and overflow area by used cars.
4. All employees are responsible for helping keep the lot clean. If you see trash on the lot, pick it up. Employees are not to leave water bottles, cups, or any other drink container around the building, in any vehicle or the golf carts.
5. All sales personnel are required to get a manager to T.O. for all customers that do not purchase a vehicle. There are NO EXCEPTIONS!
6. All sales personnel must log their customers at the respective sales tower and in Dealer Socket. All UPS, whether a phone up, walk-in or internet, they must be logged.
7. All sales personnel are responsible for stocking in their trade-ins at the time of the sale. There are to NO trades left by the building or along the fence. All trades go to the bullpen and the key go to used cars.
8. Any sold unit that rolls back is to be inspected by the sales manager before the customer is released. Inspect for damage or excessive wear and tear. It is the salesperson's responsibility to stock the vehicle back in with the MSRP and stock tag. If the vehicle needs to be cleaned, the sales manager is responsible for taking the vehicle to detail for a wash and vacuum.
9. All sales personnel need to follow up with customers that have visited the store. Customers that have purchased a vehicle need to be contacted within 48 hours of leaving the dealerships. Sales personnel should be sending thank you cards to all customers that have purchased. FOLLOW UP IS YOUR NUMBER ONE PRIORITY AFTER THE SALE. Dealer Socket is a great tool for assisting you in this matter.
10. All sales personnel should familiarize themselves with the CSI survey and make sure you are covering all items listed during the selling process. This is your report card as well as the dealerships. Anything less than "Completely Satisfied" is unacceptable.

11. All paperwork needs to be completed before you bring your deal to the desk such as four square, bid slip (if there is a trade), subject to appraisal or STA (if the trade is not here), and credit application.
12. All credit applications and bureaus will be stored in the sales tower and the sales person's name must be typed in the "Requested By" box. There is to be NO CREDIT INFORMATION in any office. The manager working the deal will review the credit and hold the bureau at the desk. THERE WILL BE NO TOLERANCE! You and the dealership may face heavy fines for non-compliance.
13. All sales personnel need to wear proper attire to work. Men will wear shirt and ties or an approved polo with the Jim Glover logo. Women will wear clothing that represents them in a professional manner. NO white tennis shoes will be allowed. Solid black leather tennis shoes are the ONLY tennis shoes allowed.
14. All sales managers and sales personnel will participate in chargebacks (items provided to customers after the sale that were not worked into the deal, including but not limited to differences on "we owes"). Commissions will be adjusted at the percentage paid and adjusted commission vouchers will be given to the salesperson reflecting the amount and reason for the chargeback. Please note that any mini-commission will not be charged back.
15. Misstating equipment or "power booking" is strictly prohibited and will NOT be tolerated. Any chargeback amount assessed to Jim Glover Auto Family from a lender due to incorrect equipment listed on the vehicle will be charged 100% to the individual salesperson responsible for the error. In the event of repossession or a complete buy back request from the lender, the salesperson will be charged up to \$1,000, as well as disciplinary action up to and including termination.
16. Each key checked out of the key tracking system must be returned and check back in before the close of business the same day. NO keys are to be checked out of the key tracking system overnight. Keyper system will be checked every morning for missing keys. Any key checked out in your name and not returned to the Keyper system will be considered missing. Sold units not delivered need to remain in the key tracking system. Any employee or manager who has checked out a key from the previous day and not returned it will be charged a \$100 fee for cutting a duplicate fee. These charges will not be reimbursed if the key is turned in later. This is a no tolerance policy. I have read and understand that I will be charged \$100.00 for every set of keys I have checked out and are not returned to the Keyper system on the same day.

- 17. Any unit taken off line and not returned will cost you a \$10 fine. Sold units that are not delivered should be placed on sold row. I have read and understand that I will be charged \$10.00 for every unit taken off line and not returned.
- 18. Gas tickets are to be used for sold vehicles only. If a gas ticket is to be used for another reason, it must be signed off on by the GM or GSM. Any gas tickets that are used for other reasons will be charged to you and could result in termination. Once a gas ticket has been used, it is to be turned into the receptionist along with the receipt. If they are not turned in with a receipt, they will be charged to you.

**Violations of any or all of these procedures will result in a written warning to be retained in your employee file. A second violation will result in termination. Management reserves the right to terminate an employee at their discretion.**

**Management reserves the right to amend these policies as necessary.**

\_\_\_\_\_  
Employee Name

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager Name

\_\_\_\_\_  
Manager Signature

\_\_\_\_\_  
Date



I, \_\_\_\_\_ acknowledge that Jim Glover Auto Family, eBay, and any third party service provider that Jim Glover Auto Family chooses may listen and/or record my phone calls for safety and training purposes.

\_\_\_\_\_

Employee Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Manager Signature

\_\_\_\_\_

Date

# *Jim Glover* AUTO FAMILY

## IPAD AGREEMENT

*Regarding my use of an iPad from Jim Glover Auto Family, I understand and agree to the following:*

The iPad is to be checked out and turned back in on a daily basis and it is my sole responsibility to do so.

If I do not turn in an iPad that I checked out on the same day, I agree that \$500 will be charged to my AVR the next day and will be taken from my next paycheck.

The iPad is for business use only and is to always be used in a professional manner and with a degree of care as if it were my own.

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EMPLOYEE SIGNATURE

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EMPLOYEE PRINTED NAME

## **NEW & USED CAR KEY FINE**

Keyper system will be checked every morning for missing keys. Any key checked out in your name and not returned to the Keyper system will be considered missing. Sold units not delivered need to remain in the Keyper system.

For every key you have checked out and not returned will cost you an automatic \$100.00 per key charged to your Employee AVR. This is a NO tolerance policy.

Also, any unit taken off line and not returned will cost you a \$10 fine. This applies to sold units not delivered.

I have read and understand that I will be charged \$100.00 for every set of keys I have checked out and are not returned to the Keyper system on the same day and \$10 for every unit taken off line and not returned.

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Printed Name

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Signature

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Date

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Manager

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Date

# *Jim Glover* AUTO FAMILY

Jim Glover Auto Family recognizes and supports our employees' right of freedom of speech and expression of opinion.

We ask that each employee recognizes the unfavorable impression to the dealership your speech or expression may create to those who do not share your opinion.

Jim Glover Auto Family will not tolerate any employee who, while presenting himself as affiliated with Jim Glover Auto Family, either verbally, while wearing company logos, or engaging in social media, engages in controversial conversation. This includes racial matters, religious expression, sexually suggestive comment, or generally unacceptable social expression.

We have one reputation and the business has one reputation. We need to work together to protect ours and our company's reputation.

By signing below, I understand appropriate action will be taken. This may involve termination of employment, or some lesser discipline such as suspension or a written reprimand. Any such behavior will be considered as grounds for termination.

Jim Glover  
President

\_\_\_\_\_  
Printed Employee Name

\_\_\_\_\_  
Printed Employee Name



### **Christmas Savings Bonus ADDENDUM to Pay Plan**

\$10 per unit that you sell will be withheld from your commission and go into an account for you. In December of that year, you will receive your money back all together for Christmas. Plus, based on your average monthly sales volume over the course of the year, Jim Glover Auto Family will match the money in your account! You must be employed at least 6 months and still employed on December 15<sup>th</sup> to receive the match. The average number of units will be calculated from December 1st – November 30<sup>th</sup>, with the exception of this first year. For 2019, you must be employed on July 1<sup>st</sup> and the average number of units will be calculated from July 1<sup>st</sup> – November 30<sup>th</sup>.

**The match will be paid accordingly:**

1 – 9.5 units = **50% match**

10 – 14.5 units = **75% match**

15 – 19.5 units = **100% match**

20+ units = **150% match**

If at any time your employment is to terminate, then the \$10 per unit that has been withheld from your commission will be payable to you on the 10<sup>th</sup> of the month following your termination, however, the match will NOT be paid.

\*This replaces the tenure bonus that has been paid in the past.

\_\_\_\_\_  
Salesperson Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Salesperson Printed Name