

EMPLOYEE PACKET CHECKLIST

NAME: _____

HIRE DATE: _____

MANAGERS:

- BACKGROUND CHECK
- COPY OF SOCIAL SECURITY CARD
- COPY OF DRIVER LICENSE
- PAYROLL NOTICE/PAY PLAN

EMPLOYEES:

- 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
- REPUTATION AGREEMENT



Jim Glover Auto Family Texting Policy

I understand that texting with customers using one's personal phone number regarding company-related business is strictly prohibited. All texting interactions with customers must be done through the dealership texting application software.

Signature

Date

Printed Name

Jim Glover on the River

707 W 51st St Tulsa, OK 74107

(918) 446-2200

Jim Glover CDJRF

10505 N. Owasso Expressway Owasso, OK 74055

(918) 401-4600



CHRISTMAS SAVINGS PAY PLAN ADDENDUM

\$.50 per flag hour will be withheld from your check 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 weekly flag hours (excludes school time, holiday pay, vacation and any other non-flagged hours) 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 15th to receive the match. The average flag hours will be calculated from December 1st – November 30th, with the exception of the first year. For 2019, you must be employed on July 1st and the average flag hours will be calculated from July 1st – November 30th.

The match will be paid accordingly:

Under 40 flag hours = **50% match**

40 – under 50 flag hours = **75% match**

50+ flag hours = **100% match**

If at any time your employment is to terminate, then the \$.50 per flag hour withheld from your check will be payable to you on the 10th 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.

- I opt to participate.
- I opt NOT to participate and understand that I will not be eligible for a tenure bonus.

Technician Signature

Date

Technician Printed Name

PAYROLL NOTICE

EMPLOYEE NAME: _____

DATE OF HIRE: _____

ASSIGNED DEPARTMENT: _____

JOB CLASSIFICATION: _____

ADD TO PAYROLL AT \$ _____ HOUR \$ _____ COMMISSION

\$ _____ PER FLAT RATE HOUR \$ _____ MONTHLY

OTHER INFORMATION: _____

PAYROLL CHANGE TO CURRENT EMPLOYEE

EFFECTIVE DATE OF CHANGE: _____

PAY: _____ RAISE _____ DECREASE

FROM: \$ _____ HOUR \$ _____ COMMISSION

\$ _____ PER FLAT RATE HOUR \$ _____ MONTHLY

TO: \$ _____ HOUR \$ _____ COMMISSION

\$ _____ PER FLAT RATE HOUR \$ _____ MONTHLY

OTHER INFORMATION: _____

DEPARTMENT CHANGE FROM _____ TO _____

CLASSIFICATION CHANGE FROM _____ TO _____

REASON FOR CHANGE: _____

EMPLOYEE: _____ DATE: _____

MANAGER: _____ DATE: _____

DATE SUBMITTED TO PAYROLL DEPARTMENT: _____

JIM GLOVER AUTO FAMILY

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

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
2= BREAK OUT	5= MEAL IN
3= BREAK IN	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.



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 <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	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: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
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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 <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		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.

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

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

OMB No. 1545-0074

▶ **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.**

2022

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <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 estimator at www.irs.gov/W4App, 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 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 2022 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.)

Step 3: Claim Dependents	If your total 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	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. 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	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5: Sign Here

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

▶ _____ ▶

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

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
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General Instructions

Section references are to the Internal Revenue Code.

Future Developments

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

Purpose of Form

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

Exemption from withholding. You may claim exemption from withholding for 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 **and** you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2022 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 15, 2023.

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

Step 4 (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 2022 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.

- 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
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
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
c Add the amounts from lines 2a and 2b and enter the result on line 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.
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)

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



- 1 Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). 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
2 Enter: { \$25,900 if you're married filing jointly or qualifying widow(er), \$19,400 if you're head of household, \$12,950 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

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	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

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	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730

Oklahoma New Hire Reporting Form

OES112(12-04)

Please fill out completely and mail to: Oklahoma New Hire Reporting Center
(PRINT or TYPE Please!) PO Box 52003

Oklahoma City OK 73152-2003

OR FAX to: 1-800-317-3788 or OKC Metro Area (405) 557-5350

Download a copy of this form at:
<http://www.oesc.state.ok.us/newhire/>

Information Number: 1-800-317-3785 or OKC Metro Area (405) 557-7133

Employer Information

Federal Employer Identification Number

			-								
--	--	--	---	--	--	--	--	--	--	--	--

Company Name

--

Payroll Processing Address Line 1

--

Payroll Processing Address Line 2

--

Payroll Processing Address Line 3

--

Oklahoma Account Number

			-								
--	--	--	---	--	--	--	--	--	--	--	--

Payroll Processing Area Code, Phone Number

--

Extension

--

City

--

State

--	--

Country

--

ZIP Code

--

New or Rehired Employee Information

Social Security Number

			-			-					
--	--	--	---	--	--	---	--	--	--	--	--

First Name

Middle

Last Name

--

Mailing Address

--

City

--

State

--	--

ZIP Code

						-				
--	--	--	--	--	--	---	--	--	--	--

Date of Birth

Month

--	--

Day

--	--

Year

--	--

Occupation

--

Starting Salary

\$

--

Hour
 Month

Week
 Year

Commission / Other

New Hire

Recalled

State of Hire

--	--

Date Started to Work or Recalled

Month

--	--

Day

--	--

Year

--	--

Dependent health insurance available?

Yes

No

Is this person currently employed with your company?

Yes

No

EMPLOYEE INFORMATION

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

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: _____

JIM GLOVER AUTO FAMILY

ALCOHOL AND DRUG POLICY

In order to promote the safety of Jim Glover Auto Family employees and to provide a safe workplace, 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, illegal drugs or marijuana/THC in the workplace. The specific methods for maintaining a work environment free from the effects of drug and alcohol abuse 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 illegal drugs, and alcohol and marijuana/THC.
2. Any involvement with illegal drugs, or alcohol or marijuana/THC which affects an employee, or the workplace will not be tolerated.
3. Absences directly or indirectly caused by use of illegal drugs, or alcohol or marijuana/THC 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. **Illegal Drug Use Abuse** – The use, consumption, sale or personal possession of illegal drugs or marijuana/THC 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 during work hours (including rest periods and meal periods) or while on company property could 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, or the use of or marijuana/THC during working hours or while on

company property, but the employee is reasonably perceived to be under the influence of illegal drugs, or alcohol or marijuana/THC, the following will apply:

- a. Any employee, in any job, who is perceived to be under the influence of illegal drugs, and alcohol or marijuana/THC, will be immediately removed from the service. Management may take further disciplinary action based on medical information, 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, 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:
 - Excessive absenteeism or tardiness
 - Deterioration of job performance
 - Significant changes in personality, dramatic mood swings, abusive
 - Behavior or insubordination
 - Reliable reports from employees or other credible sources
 - Unusual, irrational, or erratic behavior
 - Difficulty in motor coordination, poor muscle control, unsteady walking, nervousness, slurred speech

- Direct observation of drug or alcohol use or discovery of evidence of drug or alcohol use in the employee's vicinity
 - Impaired short-term memory or logical thinking
- b. Post accident testing – The company may require a drug and alcohol test of any employee 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.
- c. Random testing – The company will require employees to submit to drug and alcohol testing to be conducted at the company's sole discretion.
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 Chevrolet has adopted a drug and alcohol policy applicable to all its employees. 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 Chevrolet Drug and Alcohol Policy and I further agree and consent to taking any drug or alcohol diagnostic tests as requested by the company as a part of continued employment examination or otherwise and authorize release of any test results to the company. I understand the following are

considered contrary to 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

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

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

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.

Employee Signature

Date

Section 125 Premium Only Plan

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

Employee Signature

Date

JIM GLOVER AUTO FAMILY

ACCIDENT PREVENTION POLICY

Jim Glover Auto Family is dedicated to providing a safe workplace and promoting safe and efficient operations. Jim Glover Auto Family has zero tolerance for not following safety and health requirements.

This policy applies to all locations or projects where any potential for an accident is present.

Implementation

Take all reasonable precautions to guard your health and well-being, as well as that of co-workers. Your cooperation and assistance are necessary for Jim Glover Auto Family to extend a safe work effort.

The following is not an inclusive list, but reflects the conduct required for employees to perform their jobs safely:

1. Use necessary safety equipment as required based on the tasks performed.
2. Keep walkways and work areas clear.
3. Make sure there is no horseplay.
4. Cooperate in any accident or incident investigation.
5. Wear seat belts while operating any vehicle while on Jim Glover Auto Family business.

If you have questions about workplace hazards or concerns, contact your supervisor.

Procedure

1.0 Safety

A. Safety is a primary concern while performing your duties; this is especially true while you are “on the road.”

1. Our workplace includes vehicles, public streets, and highways.
 2. Employees are expected to comply with traffic regulations, laws, and ordinances in the operation of motor vehicles while engaged in the furtherance of Jim Glover Auto Family business.
 3. Courtesy should be practiced while driving.
 4. Jim Glover Auto Family assumes no liability for bodily injury or property damage when a private vehicle is used for business purposes.
 5. If you operate a vehicle to transact Jim Glover Auto Family business, immediately report the following to your supervisor:
 - a) Any and all traffic infractions and accidents of which you are ticketed during working hours.
 - b) All traffic infractions for which you are convicted or plead guilty or no contest.
 - c) Any change in driver’s license status, including suspension, revocation, or restriction.
 - d) Any lapse, change, or termination of automobile insurance coverage.
 - e) Any incident involving the use of a vehicle while working, whether or not it results in any injury to any person or damage to any vehicle or property, and regardless of whom is at fault.
- B. Cellular phone safety
1. Employees are to comply with traffic regulations, laws, and ordinances in the operation of motor vehicles while using cellular telephones when traveling.
 2. At no time shall cellular telephones or other similar devices be used when operating a vehicle.

Employee Responsibilities for Injuries and Accidents

- A. Jim Glover Auto Family also has reporting procedures for all work-related injuries and unsafe conditions, as well as Near Misses.
1. A Near Miss is a situation that could have resulted in an injury but did not.
 2. These procedures are mandatory; not following these procedures will result in disciplinary action:
 1. Knowingly disregarding a safety procedure is grounds for immediate termination.
 - a) All injuries must be reported immediately to your supervisor.
 - b) If your injury requires medical care, you will receive treatment, and if needed we will transport you or meet you at the treating physician.
 - c) When necessary, temporarily modified duties will be provided by the doctor, and we will help you get back to work immediately.
 - d) All work related injuries will be reviewed by management.
 - e) Any unsafe conditions noted are to be reported to management.
 2. It is your responsibility to remain within any physical limitations established by your treating physician while working in a light duty capacity.
 - a) Failure to do so may result in disciplinary action up to and including termination.
 - b) It is your responsibility to notify your supervisor immediately of all changes in your medical condition, physical limitations, etc.
 - c) All communication and contact should be performed in accordance with established Jim Glover Auto Family policies and procedures.

Employee Signature

Date

Employee Name (please print)

Clocking In & Out Policy

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.

Employee Name

Employee Signature

Date

CLOCKING IN AND OUT POLICY

Employee Name _____ **(please print)**

This explanation/review must be done by your manager.

The Jim Glover Auto Family "Clocking In & Out" policy and "Reputation" policy has been explained and reviewed with me by _____ . I fully understand these policies and know that I must abide by them at all times.

_____ **Employee**

Date

_____ **Manager**

Date

Company Vehicle (Demonstrator Agreement) For All Drivers With Demos

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 policies 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 Statutes. 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

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

Employee Signature

* Optional

JIM GLOVER AUTO FAMILY DIRECT DEPOSIT

Please complete the account information below **LEGIBLY**. It is the responsibility of the employee to inform payroll of any changes in writing at least 7 days before the scheduled pay date.

Company Name: _____

I hereby authorize _____, hereinafter called **COMPANY**, to initiate credit entries to my ___ Checking Account / ___ Savings Account indicated below at the depository financial institution named below, hereafter called **DEPOSITORY**, and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I acknowledge that it is my responsibility to provide accurate and updated information to the **COMPANY** at least 7 days before my next scheduled pay date.

Depository (Bank) Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effect until **COMPANY** has received written notification from me of its termination at least 7 days before my next scheduled pay date.

Name: _____ Employee Number: _____

Signature: _____ Date: _____