

**DSK
PROFESSIONAL EMPLOYER
ORGANIZATION**

6715 W. GROVER CLEVELAND BLVD., HOMOSASSA, FL 34446
PHONE: 352.628.9800 TOLL FREE 1.888.556.5869
FAX: 352.628.5455

ENROLLMENT AGREEMENT FORM

***A COPY OF YOUR SOCIAL SECURITY CARD MUST ACCOMPANY THIS ENROLLMENT
FORM***

CLIENT COMPANY NAME: _____
(WORK SITE LOCATION)

FIRST NAME: _____ MI: _____ LAST NAME: _____

SECTION I: TO BE COMPLETED BY EMPLOYEE

This form must be completed in its entirety to be accepted. Forms that are not complete will be returned.

NOTICE TO APPLICANTS:

This employer is an equal opportunity employer, and will not discriminate against any employee with respect to their compensation, terms, conditions or privileges of employment because of race, color, religion, sex, national origin, marital status, disabilities or any other category protected by any applicable local, state or federal law.

Name: _____
(As it appears on your Social Security Card)

Address: _____
Street City State Zip

Phone: (_____) _____ Social Security Number _____ - _____ - _____

Driver's License #: _____ State _____ Exp. Date _____

E-mail address: _____

Do you work in a different state than your above address? Yes No Are you over the age of 18? Yes No

Have you, since the age of 18, ever been convicted of a misdemeanor or felony? (Note: A conviction will not necessarily bar you from employment.) Yes No

____ Yes, I would like to receive an electronic copy of my form W-2 instead of mailing a paper copy.

____ No, I would like to have a paper copy of my Form W-2 mailed to the address on file.

VOLUNTARY SURVEY:

Government agencies at times require periodic reports on the sex, ethnicity, handicapped, veteran and other protected status of applicants. This data is for analysis and possible affirmative action only. *Submission of information is voluntary.*

Check One: Male Female

Check One of the Following Race/Ethnic Groups:

Native American Caucasian African American Asian/Pacific Islander Hispanic

EMERGENCY INFORMATION:

Name Address Telephone Relationship

SECTION II: TO BE COMPLETED BY CLIENT ON-SITE SUPERVISOR

Client Company Name: _____

Hire Date with Client Company: _____ Rate of Pay: _____

Department: _____ Job Description: _____

Pay Type:

- Hourly
- Salaried
- Commission

Pay Cycle:

- Weekly Monthly
- Bi-Weekly Semi-Monthly
- Other _____

Status:

- Full-Time (30 hours a week or more)
- Part-Time (under 30 hours a week)

DSK / CLIENT / EMPLOYEE RELATIONSHIP

DSK is incorporated to provide administrative services for clients and employees. The following conditions exist between DSK and the employee:

1. The employee is a leased employee of DSK but is under the direct supervision of the client.
2. The employment is of mutual consent and is considered a relationship "at will" and does not constitute a contract of any specific duration. DSK, the client or the employee can terminate the employment relationship at any time.
3. Employee agrees to abide by the employment policies and standards of conduct set by DSK and the client.
4. New employees understand that from his/her hire date with DSK and client he/she will be on probation for up to 90 days of employment.
5. Employee may be required to submit to periodic drug/alcohol testing during the term of his/her employment.
6. Employee understands that during his/her employment, he/she may be subject to a background investigation including, but not limited to, criminal, credit or motor vehicle.

EMPLOYEE ACKNOWLEDGEMENT

I acknowledge by my signature below that I have been informed that I will be a co-employee of DSK and (worksite employer) _____ (now considered the client).

____ I understand that DSK is responsible for the payment of wages and payroll-related taxes. In the event my work site employer fails to meet their invoice obligation for any period(s), I understand that DSK's liability for that period(s) will be limited to paying me at the applicable minimum wage or the legally required minimum salary or overtime pay. Any and all other wages (including accrued sick or vacation pay, severance agreement and PTO) are the sole responsibility of my work site employer.

____ I have been informed, and I agree that if my assignment with any DSK client to which I am assigned ends for any reason, I must report back to DSK within seventy-two (72) hours for possible reassignment, and that unemployment benefits may be denied me if I fail to do so.

____ In recognition of the fact that any work-related injuries which might be sustained me, are covered by state workers' compensation statutes, and to avoid the circumvention of such state statutes which may result from suits against the customers or clients of DSK based on the same injury or injuries, and to the extent permitted by law; I hereby waive and forever release any rights I might have to make claims or bring suit against any client or customer of DSK for damages based upon injuries which are covered under such workers' compensation statutes.

____ I also agree that at any time during my employment, I am involved in any employment dispute, or am subjected to any type of discrimination, including discrimination because of race, sex, age, religion, color, national origin, disability, marital or veteran status, or if I am subjected to any type of harassment including sexual harassment, I will immediately contact DSK's Human Resource Department at (352) 628-9800, 6715 W. Grover Cleveland Blvd., Homosassa, FL 34446, to obtain assistance in the resolution of such matters.

____ For the period of my employment with DSK, I hereby authorize blood, breath and urine testing for alcohol and/or drug use, and I agree to allow such samples and testing to be completed at a time and place to be chosen by DSK. I further authorize the results of such samples and/or testing to be released to DSK, any other joint employer, appropriate insurance carriers and Governmental Agencies for the purposes of determining the validity of compensation claims. I will hold all parties harmless, including DSK and/or its affiliates, from any liabilities due to my refusal to test and/or the reporting of any results of such test. This policy and authorization has been explained to me in a language I understand. Any questions regarding this policy or my test results will be answered by a representative of DSK and/or its affiliates. Because DSK and/or the client company are incurring all costs for testing, I understand this is a legally binding document.

Name _____
Please Print

Employee Signature: _____ Date: _____

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2025

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 surviving spouse <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.)		

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

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

Step 2: Multiple Jobs or Spouse Works

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

Do **only one** of the following.

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

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

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

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

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. 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 unless otherwise noted.

Future Developments

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

Purpose of Form

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

Exemption from withholding. You may claim exemption from withholding for 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 **and** you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), 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 2025 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 17, 2026.

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

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

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

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

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

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

Specific Instructions

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

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

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

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount 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 2025 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. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

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

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 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 2025 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: { \$30,000 if you're married filing jointly or a qualifying surviving spouse; \$22,500 if you're head of household; \$15,000 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 territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

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	\$0	\$700	\$850	\$910	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	700	1,700	1,910	2,110	2,220	2,220	2,220	2,220	2,220	2,220	3,220
\$20,000 - 29,999	700	1,700	2,760	3,110	3,310	3,420	3,420	3,420	3,420	3,420	4,420	5,420
\$30,000 - 39,999	850	1,910	3,110	3,460	3,660	3,770	3,770	3,770	3,770	4,770	5,770	6,770
\$40,000 - 49,999	910	2,110	3,310	3,660	3,860	3,970	3,970	3,970	4,970	5,970	6,970	7,970
\$50,000 - 59,999	1,020	2,220	3,420	3,770	3,970	4,080	4,080	5,080	6,080	7,080	8,080	9,080
\$60,000 - 69,999	1,020	2,220	3,420	3,770	3,970	4,080	5,080	6,080	7,080	8,080	9,080	10,080
\$70,000 - 79,999	1,020	2,220	3,420	3,770	3,970	5,080	6,080	7,080	8,080	9,080	10,080	11,080
\$80,000 - 99,999	1,020	2,220	3,420	4,620	5,820	6,930	7,930	8,930	9,930	10,930	11,930	12,930
\$100,000 - 149,999	1,870	4,070	6,270	7,620	8,820	9,930	10,930	11,930	12,930	14,010	15,210	16,410
\$150,000 - 239,999	1,870	4,240	6,640	8,190	9,590	10,890	12,090	13,290	14,490	15,690	16,890	18,090
\$240,000 - 259,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$260,000 - 279,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$280,000 - 299,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$300,000 - 319,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,170	19,170
\$320,000 - 364,999	2,040	4,440	6,840	8,390	9,790	11,100	12,470	14,470	16,470	18,470	20,470	22,470
\$365,000 - 524,999	2,790	6,290	9,790	12,440	14,940	17,350	19,650	21,950	24,250	26,550	28,850	31,150
\$525,000 and over	3,140	6,840	10,540	13,390	16,090	18,700	21,200	23,700	26,200	28,700	31,200	33,700

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	\$200	\$850	\$1,020	\$1,020	\$1,020	\$1,370	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040
\$10,000 - 19,999	850	1,700	1,870	1,870	2,220	3,220	3,720	3,720	3,720	3,720	3,890	4,090
\$20,000 - 29,999	1,020	1,870	2,040	2,390	3,390	4,390	4,890	4,890	4,890	5,060	5,260	5,460
\$30,000 - 39,999	1,020	1,870	2,390	3,390	4,390	5,390	5,890	5,890	6,060	6,260	6,460	6,660
\$40,000 - 59,999	1,220	3,070	4,240	5,240	6,240	7,240	7,880	8,080	8,280	8,480	8,680	8,880
\$60,000 - 79,999	1,870	3,720	4,890	5,890	7,030	8,230	8,930	9,130	9,330	9,530	9,730	9,930
\$80,000 - 99,999	1,870	3,720	5,030	6,230	7,430	8,630	9,330	9,530	9,730	9,930	10,130	10,580
\$100,000 - 124,999	2,040	4,090	5,460	6,660	7,860	9,060	9,760	9,960	10,160	10,950	11,950	12,950
\$125,000 - 149,999	2,040	4,090	5,460	6,660	7,860	9,060	9,950	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,090	5,460	6,660	8,450	10,450	11,950	12,950	13,950	15,080	16,380	17,680
\$175,000 - 199,999	2,040	4,290	6,450	8,450	10,450	12,450	13,950	15,230	16,530	17,830	19,130	20,430
\$200,000 - 249,999	2,720	5,570	7,900	10,200	12,500	14,800	16,600	17,900	19,200	20,500	21,800	23,100
\$250,000 - 399,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$400,000 - 449,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$450,000 and over	3,140	6,490	9,160	11,660	14,160	16,660	18,660	20,160	21,660	23,160	24,660	26,160

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	\$450	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870	\$1,870	\$1,870	\$1,890
\$10,000 - 19,999	450	1,450	2,000	2,200	2,220	2,220	2,220	3,180	4,070	4,070	4,090	4,290
\$20,000 - 29,999	850	2,000	2,600	2,800	2,820	2,820	3,780	4,780	5,670	5,690	5,890	6,090
\$30,000 - 39,999	1,000	2,200	2,800	3,000	3,020	3,980	4,980	5,980	6,890	7,090	7,290	7,490
\$40,000 - 59,999	1,020	2,220	2,820	3,830	4,850	5,850	6,850	8,050	9,130	9,330	9,530	9,730
\$60,000 - 79,999	1,020	3,030	4,630	5,830	6,850	8,050	9,250	10,450	11,530	11,730	11,930	12,130
\$80,000 - 99,999	1,870	4,070	5,670	7,060	8,280	9,480	10,680	11,880	12,970	13,170	13,370	13,570
\$100,000 - 124,999	1,950	4,350	6,150	7,550	8,770	9,970	11,170	12,370	13,450	13,650	14,650	15,650
\$125,000 - 149,999	2,040	4,440	6,240	7,640	8,860	10,060	11,260	12,860	14,740	15,740	16,740	17,740
\$150,000 - 174,999	2,040	4,440	6,240	7,640	8,860	10,860	12,860	14,860	16,740	17,740	18,940	20,240
\$175,000 - 199,999	2,040	4,440	6,640	8,840	10,860	12,860	14,860	16,910	19,090	20,390	21,690	22,990
\$200,000 - 249,999	2,720	5,920	8,520	10,960	13,280	15,580	17,880	20,180	22,360	23,660	24,960	26,260
\$250,000 - 449,999	2,970	6,470	9,370	11,870	14,190	16,490	18,790	21,090	23,280	24,580	25,880	27,180
\$450,000 and over	3,140	6,840	9,940	12,640	15,160	17,660	20,160	22,660	25,050	26,550	28,050	29,550

DSK 'S DRUG FREE WORKPLACE PROGRAM

____ I am hereby advised that if I am injured on the job, regardless of how minor the injury may seem, I am to immediately report that injury to my supervisor. I am hereby advised that DSK encourages a Drug Free Workplace to better ensure the safety of all employees and to control the cost of workers' compensation coverage.

The policy of DSK is to maintain a drug and alcohol free work environment that is safe and productive for our employees and others conducting business with our company. To meet these objectives the following policy has been adopted:

The use, possession, purchase, sale, distribution or being under the influence of any illegal drug and/or the misuse of legal drugs or alcohol while on DSK or client premises or while performing services for DSK or client is strictly prohibited.

In order to ensure compliance with this policy, substance abuse screening may be conducted in the following situations:

- | | |
|-----------------------|---|
| Pre-employment: | As may be required/requested by DSK or clients |
| Post-Accident: | Any employee involved in an accident/injury while performing services for DSK or client that results in property damage or bodily injury, requiring medical treatment, will be required to submit to a substance abuse screening. |
| Reasonable Suspicion: | Testing may be conducted due to the suspicion that a substance problem exists. |
| Random: | Unannounced testing of randomly selected employees may be performed. |

Compliance with this policy is a condition of employment. Employees who test positive or who refuse to submit to substance abuse screening will be subject to termination.

Notwithstanding any provision herein, this policy will be enforced at all times in accordance with applicable State Law.

I certify that the answers given by me are true and correct without omissions of any kind whatsoever, and that intentional falsification of information given will be grounds for disciplinary action, up to and including termination. In addition, I certify that I have read, understand and agree to the requirements and conditions explained in the DSK / CLIENT / EMPLOYEE RELATIONSHIP, DRUG FREE WORKPLACE and EMPLOYEE ACKNOWLEDGEMENT sections. I hereby release DSK and respective agents, owners, officers, managers, employees and vendors (released parties) from any claims, causes of action, or liability from any damages that may or could result in furnishing or having knowledge of any information relating to paragraphs 5 and 6 on the DSK / CLIENT / EMPLOYEE RELATIONSHIP section, and all other information presented by the employee on this form.

Further, I certify that I have been fully advised that if I am injured on the job, regardless of how minor the injury may seem, I am to report that injury immediately to DSK. I understand that any false or misleading answers to these questions can be sufficient reason for denial of benefits under the prevailing State Workers' Compensation Act, and basis for termination of employment. I also understand that my answers will be researched and verified by investigation.

Name: _____
Please Print

Employee Signature: _____ Date: _____

WORKERS' COMPENSATION MANAGED CARE ARRANGEMENT

(EMPLOYEE INFORMATION)

In accordance with the Statute in which this agreement was executed, all medical treatment for work-related injuries and illnesses must be provided through a Managed Care Arrangement. Medical treatment in non-emergency situations must be provided through a certified provider in the managed care network. All medical treatment must be coordinated by a network "Medical Care Coordinator" (MCC) who is a primary care provider within the provider network. The MCC is responsible for managing medical care including determining other health care providers and health care facilities to which you will be referred for evaluation or treatment. A MCC shall be a physician licensed under the Statute in which this agreement was executed. Medical treatment in a non-emergency situation must be provided through a certified physician in the managed care network. If your injury requires ongoing medical treatment, you may be contacted by a Workers' Compensation Case Manager.

You may receive medical treatment from a doctor outside the network in the following situations:

- In emergency situations, go to the nearest hospital or call 911
- The MCC refers you to a physician outside the network when medically necessary treatment is not available and accessible in the provider network.

Your Rights and Responsibilities under the managed care arrangement

- You are allowed one change to another provider within the same specialty and provider network as the authorized treating physician during the course of your medical treatment for a work-related injury. Should you seek medical treatment outside the provider network, you may be held responsible for charges incurred.
- You are allowed one second medical opinion in the same specialty and within the provider network during the course of treatment for a work-related injury.
- There is an informal and formal grievance procedure that is available for anyone who has a complaint involving the managed care system.

This managed care arrangement is for benefits related to occupational injuries only and does not apply to or change your employee medical benefits in any way.

I have received and understand the information regarding the above Managed Care Arrangement:

Employee's Signature

Date

POST-HIRE MEDICAL QUESTIONNAIRE

This Medical Questionnaire and Authorization to Release Information Form is designed to gain information and enable DSK to utilize the "second injury fund" should you become injured on the job. The purpose of this questionnaire is to determine whether or not you have the physical or mental qualifications necessary to perform the job that has been offered and what accommodations may be necessary.

The information elicited below will not be used for any purpose not concerning work-related injuries. DSK does not discriminate in employment on the basis of handicap or on the basis of an individual's having filed a workers' compensation claim.

Full Name: _____

Social Security Number: _____ Drivers License Number: _____

Home Address: _____ Length of time at this address: _____

Do you have/have you ever had or been treated for any of the following conditions, ailments or diseases? Please respond with YES or NO answers. Explain fully all YES answers to questions 1-75. Include diagnosis, treatments, results, duration's and names and addresses of all doctors and hospitals (attach separate sheet(s) if necessary).

- | | | |
|--|---|--|
| <p>1. Allergy _____</p> <p>2. Anemia _____</p> <p>3. Asthma _____</p> <p>4. Black-Out Spells _____</p> <p>5. Bladder Trouble _____</p> <p>6. Brain Tumor _____</p> <p>7. Bronchitis _____</p> <p>8. Cancer or Tumor of any kind _____</p> <p>9. Cerebral Palsy _____</p> <p>10. Chest Pain _____</p> <p>11. Chronic Bone Infection _____</p> <p>12. Chronic Fatigue _____</p> <p>13. Carpal Tunnel Syndrome _____</p> <p>14. Chronic Bowel Trouble _____</p> <p>15. Diabetes, Thyroid or other endocrine disorder _____</p> <p>16. Disorder of Eyes, Ears, Nose Throat or Sinus _____</p> <p>17. Emphysema _____</p> <p>18. Epilepsy _____</p> <p>19. Frequent Hoarseness _____</p> <p>20. Fainting or Dizziness _____</p> <p>21. Frequent Colds _____</p> <p>22. Frostbite _____</p> <p>23. Goiter (Thyroid) _____</p> <p>24. Gonorrhoea _____</p> <p>25. Headaches (Frequent) _____</p> <p>26. Hemorrhoids _____</p> <p>27. Hemophilia _____</p> <p>28. Hernia _____</p> <p>29. Heat Stroke _____</p> <p>30. High Blood Pressure, Stroke Or other disease(s) of the Heart or Blood Vessels _____</p> <p>31. Jaundice _____</p> <p>32. Kidney or Urinary Disorder _____</p> <p>33. Lung or Respiratory Disorder _____</p> <p>34. Malar _____</p> <p>35. Multiple Sclerosis _____</p> <p>36. Muscular Dystrophy _____</p> <p>37. Mononucleosis _____</p> <p>38. Migraine Headaches _____</p> | <p>39. Parkinson's Disease _____</p> <p>40. Pleurisy _____</p> <p>41. Pneumoconiosis _____</p> <p>42. Pneumonia _____</p> <p>43. Polio _____</p> <p>44. Phlebitis of a vein _____</p> <p>45. Persistent Cough _____</p> <p>46. Rheumatic Fever _____</p> <p>47. Rheumatism _____</p> <p>48. Silicosis/Asbestosis _____</p> <p>49. Stress _____</p> <p>50. Skin Disease _____</p> <p>51. Syphilis _____</p> <p>52. Thrombophlebitis _____</p> <p>53. Ulcer, disorder of the stomach, intestines, liver, gallbladder _____</p> <p>54. Varicose Veins _____</p> <p>55. Do your teeth need repair or replacement? _____</p> <p>56. Arthritis, Gout or disorder of the muscles or bones, including the spine, back or joints, deformity, lameness or amputation? _____</p> <p>57. Do your feet give you trouble when you walk or stand for long periods at a time? _____</p> <p>58. If female, have you ever had any disorder of menstruation, female organ or breasts? _____</p> <p>59. Have you ever had trouble with neck or shoulder? _____</p> <p>60. Have you ever worn a back brace or support? _____</p> <p>61. In the past 10 yrs have you consulted any other doctor or have been treated for any other causes not named above? _____</p> <p>62. Have you ever had any chronic back problems or back injuries? _____</p> | <p>62. Have you ever been re-fused employment because of your health? _____</p> <p>63. Have you ever been advised to have or do you contemplate surgery? _____</p> <p>64. Have you ever received treatment for emotional problems? _____</p> <p>65. Have you ever been treated for excessive use of alcohol or drugs? _____</p> <p>66. Do you wear glasses or hearing aid? _____</p> <p>67. Has your weight changed more than 15lbs. in the last two years? _____</p> <p>68. Are you allergic to chemicals, dust, sunlight or medication? _____</p> <p>69. Have you had any serious illness? _____</p> <p>70. Are you now receiving or do you contemplate receiving treatment for an injury, sickness or disability? _____</p> <p>71. In the past 10 yrs. have you been in a hospital, clinic, or institution for examination diagnosis, operation or treatment? _____</p> <p>72. Have you ever requested or received a pension or benefit or payment because of any injury, sickness, or disability? _____</p> <p>73. Do you smoke or use any tobacco? _____</p> <p>74. Do you use drugs? _____</p> <p>75. In the past 10 yrs. have you consulted any other doctor or have been treated for any other causes not named above? _____</p> |
|--|---|--|

Name & Address of Personal Physician: _____

Signature: _____ Date: _____

Agreement

I, the undersigned employee, in consideration of my hiring by DSK as an at-will leased employee of DSK, acknowledge and agree to the following: I have been hired as an at-will employee of DSK which is an employee leasing company, there is no contract of employment which exists between me and the client to which I have been assigned, nor between DSK and me and DSK has no liability with regard to any employment agreement. I understand and agree that either DSK or I can terminate our employment relationship at any time as I am an at-will employee. I also agree that while I am a leased employee of DSK, if DSK does not receive payment from client for services which I perform as a leased employee, DSK will still pay me the applicable minimum wage (or the legally required minimum salary) for any such pay period, and I agree to this method of compensation. I understand and agree that DSK has no obligation to pay me any other compensation or benefit unless DSK has specifically, in a written agreement with me, adopted the client's obligation to pay me such compensation or benefit. I understand that the client to which I am assigned at all times remains obligated to pay me my regular hourly rate of pay if I am a non-exempt employee and to pay me my full salary if I am an exempt employee even if DSK is not paid by the client to which I am assigned. I understand and agree that DSK does not assume responsibility for payment of bonuses, commissions, severance pay, deferred compensation, profit sharing, vacation, sick, or other paid time off pay, or for any other payment, where payment for such items has not been received by DSK from the client to which I am assigned. I have been informed and I agree that if my assignment with any DSK client to which I am assigned ends for any reason, I must report back to DSK within seventy-two (72) hours for possible reassignment and that unemployment benefits may be denied me if I fail to do so. I have also been informed that workers' compensation coverage will be provided by a policy issued to the client to which I have been assigned and I agree to this. In recognition of the fact that any work-related injuries which might be sustained by me are covered by state workers' compensation statutes, and to avoid the circumvention of such state statutes which may result from suits against the customers or clients of DSK or against DSK based on the same injury or injuries, and to the extent permitted by law, **I hereby waive and forever release any rights I might have** to make claims or bring suit against any client or customer of DSK or against DSK for damages based upon injuries which are covered under such workers' compensation statutes. I also agree to comply with any drug testing policy which DSK may adopt, and I specifically agree to post-accident drug testing in any situation where it is allowed by law. In addition, I also agree that if at any time during my employment I am subjected to any type of discrimination, including discrimination because of race, sex, marital status, age, religion, color, retaliation, national origin, handicap, or disability, or if I am subjected to any type of harassment including sexual harassment, I will immediately contact DSK's human resources director at 1-888-556-5869 in order to obtain assistance in the resolution of such matters.

Date

Signature

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

CLIENT
NAME: _____ SS# _____

EMPLOYEE
NAME: _____

I (we) hereby authorize _____,
hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and
adjustments for any credit entries in error to my (our) account indicated below and the depository named
below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY NAME: _____

BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

ACCOUNT 1

ACCOUNT 2

Account #: _____

Account #: _____

Transit/ABA #: _____

Transit/ABA #: _____

Type: C S (Checking/Savings)

Type: C S (Checking/Savings)

Amount: _____

Amount: _____

***Please attach a sample check. We cannot process your direct deposit
without a sample check. Note: There is a .30 cent charge per direct deposit. Thank you.***

This authority is to remain in full force and effect until COMPANY has received written notification
from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and
DEPOSITORY a reasonable opportunity to act on it.

NAMES): _____ SS# _____
(PLEASE PRINT)

NAME (S): _____
(PLEASE PRINT)

SIGNED:x _____ DATE: _____

SIGNED:x _____