



Human Resources Forms
New Hire Packet

Hart Restaurant Management, Inc.

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Instructions for Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit www.justice.gov/crt/about/osc.

What Is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

General Instructions

Employers are responsible for completing and retaining Form I-9. For the purpose of completing this form, the term "employer" means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

Section 1. Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 **no later than the first day of employment**. Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

Name: Provide your full legal last name, first name, and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

Other names used: Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

Address: Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

Date of Birth: Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

U.S. Social Security Number: Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

E-mail Address and Telephone Number (Optional): You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.

All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

1. A citizen of the United States

2. A noncitizen national of the United States: Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

3. A lawful permanent resident: A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

4. An alien authorized to work: If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.

If you check this box:

- a. Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.
- b. Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CBP).
 - (1) If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).
 - (2) If you obtained your admission number from USCIS *within the United States*, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

Sign your name in the "Signature of Employee" block and record the date you completed and signed Section 1. By signing and dating this form, you attest that the citizenship or immigration status you selected is correct and that you are aware that you may be imprisoned and/or fined for making false statements or using false documentation when completing this form. To fully complete this form, you must present to your employer documentation that establishes your identity and employment authorization. Choose which documents to present from the Lists of Acceptable Documents, found on the last page of this form. You must present this documentation no later than the third day after beginning employment, although you may present the required documentation before this date.

Preparer and/or Translator Certification

The Preparer and/or Translator Certification must be completed if the employee requires assistance to complete Section 1 (e.g., the employee needs the instructions or responses translated, someone other than the employee fills out the information blocks, or someone with disabilities needs additional assistance). The employee must still sign Section 1.

Minors and Certain Employees with Disabilities (Special Placement)

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* on www.uscis.gov/I-9Central before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include (1) the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and (2) the employer writing "minor under age 18" or "special placement" under List B in Section 2.

Section 2. Employer or Authorized Representative Review and Verification

Before completing Section 2, employers must ensure that Section 1 is completed properly and on time. Employers may not ask an individual to complete Section 1 before he or she has accepted a job offer.

Employers or their authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, the employer must complete Section 2 by Thursday of that week. However, if an employer hires an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment. An employer may complete Form I-9 before the first day of employment if the employer has offered the individual a job and the individual has accepted.

Employers cannot specify which document(s) employees may present from the Lists of Acceptable Documents, found on the last page of Form I-9, to establish identity and employment authorization. Employees must present one selection from List A **OR** a combination of one selection from List B and one selection from List C. List A contains documents that show both identity and employment authorization. Some List A documents are combination documents. The employee must present combination documents together to be considered a List A document. For example, a foreign passport and a Form I-94 containing an endorsement of the alien's nonimmigrant status must be presented together to be considered a List A document. List B contains documents that show identity only, and List C contains documents that show employment authorization only. If an employee presents a List A document, he or she should **not** present a List B and List C document, and vice versa. If an employer participates in E-Verify, the List B document must include a photograph.

In the field below the Section 2 introduction, employers must enter the last name, first name and middle initial, if any, that the employee entered in Section 1. This will help to identify the pages of the form should they get separated.

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.
2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.
If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:
 - a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number); **and** the program end date from Form I-20 or DS-2019.
3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.
4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.
5. Sign and date the attestation on the date Section 2 is completed.
6. Record the employer's business name and address.
7. Return the employee's documentation.

Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they should be made for **ALL** new hires or reverifications. Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photocopy an employee's document(s). Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. Employers are still responsible for completing and retaining Form I-9.

Unexpired Documents

Generally, only unexpired, original documentation is acceptable. The only exception is that an employee may present a certified copy of a birth certificate. Additionally, in some instances, a document that appears to be expired may be acceptable if the expiration date shown on the face of the document has been extended, such as for individuals with temporary protected status. Refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* or I-9 Central (www.uscis.gov/I-9Central) for examples.

Receipts

If an employee is unable to present a required document (or documents), the employee can present an acceptable receipt in lieu of a document from the Lists of Acceptable Documents on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employers cannot accept receipts if employment will last less than 3 days. Receipts are acceptable when completing Form I-9 for a new hire or when reverification is required.

Employees must present receipts within 3 business days of their first day of employment, or in the case of reverification, by the date that reverification is required, and must present valid replacement documents within the time frames described below.

There are three types of acceptable receipts:

1. A receipt showing that the employee has applied to replace a document that was lost, stolen or damaged. The employee must present the actual document within 90 days from the date of hire.
2. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual. The employee must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of issue.
3. The departure portion of Form I-94/I-94A with a refugee admission stamp. The employee must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security card within 90 days.

When the employee provides an acceptable receipt, the employer should:

1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.
2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.

By the end of the receipt validity period, the employer should:

1. Cross out the word "receipt" and any accompanying document number and expiration date.
2. Record the number and other required document information from the actual document presented.
3. Initial and date the change.

See the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* at www.uscis.gov/I-9Central for more information on receipts.

Section 3. Reverification and Rehires

Employers or their authorized representatives should complete Section 3 when reverifying that an employee is authorized to work. When rehiring an employee within 3 years of the date Form I-9 was originally completed, employers have the option to complete a new Form I-9 or complete Section 3. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the name change in Block A.

For employees who provide an employment authorization expiration date in Section 1, employers must reverify employment authorization on or before the date provided.

Some employees may write "N/A" in the space provided for the expiration date in Section 1 if they are aliens whose employment authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau). Reverification does not apply for such employees unless they chose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expires. However, employers should not reverify:

1. U.S. citizens and noncitizen nationals; or
2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.

Reverification does not apply to List B documents.

If both Section 1 and Section 2 indicate expiration dates triggering the reverification requirement, the employer should reverify by the earlier date.

For reverification, an employee must present unexpired documentation from either List A or List C showing he or she is still authorized to work. Employers CANNOT require the employee to present a particular document from List A or List C. The employee may choose which document to present.

To complete Section 3, employers should follow these instructions:

1. Complete Block A if an employee's name has changed at the time you complete Section 3.
2. Complete Block B with the date of rehire if you rehire an employee within 3 years of the date this form was originally completed, and the employee is still authorized to be employed on the same basis as previously indicated on this form. Also complete the "Signature of Employer or Authorized Representative" block.
3. Complete Block C if:
 - a. The employment authorization or employment authorization document of a current employee is about to expire and requires reverification; or
 - b. You rehire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

To complete Block C:

- a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
 - b. Record the document title, document number, and expiration date (if any).
4. After completing block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

For reverification purposes, employers may either complete Section 3 of a new Form I-9 or Section 3 of the previously completed Form I-9. Any new pages of Form I-9 completed during reverification must be attached to the employee's original Form I-9. If you choose to complete Section 3 of a new Form I-9, you may attach just the page containing Section 3, with the employee's name entered at the top of the page, to the employee's original Form I-9. If there is a more current version of Form I-9 at the time of reverification, you must complete Section 3 of that version of the form.

What Is the Filing Fee?

There is no fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the "**USCIS Privacy Act Statement**" below.

USCIS Forms and Information

For more detailed information about completing Form I-9, employers and employees should refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)*.

You can also obtain information about Form I-9 from the USCIS Web site at www.uscis.gov/I-9Central, by e-mailing USCIS at I-9Central@dhs.gov, or by calling **1-888-464-4218**. For TDD (hearing impaired), call **1-877-875-6028**.

To obtain USCIS forms or the *Handbook for Employers*, you can download them from the USCIS Web site at www.uscis.gov/forms. You may order USCIS forms by calling our toll-free number at **1-800-870-3676**. You may also obtain forms and information by contacting the USCIS National Customer Service Center at **1-800-375-5283**. For TDD (hearing impaired), call **1-800-767-1833**.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from the USCIS Web site at www.dhs.gov/E-Verify, by e-mailing USCIS at E-Verify@dhs.gov or by calling **1-888-464-4218**. For TDD (hearing impaired), call **1-877-875-6028**.

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling **1-888-897-7781**. For TDD (hearing impaired), call **1-877-875-6028**.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided all sides are copied. The instructions and Lists of Acceptable Documents must be available to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer. Employers are required to retain the pages of the form on which the employee and employer enter data. If copies of documentation presented by the employee are made, those copies must also be kept with the form. Once the individual's employment ends, the employer must retain this form for either 3 years after the date of hire or 1 year after the date employment ended, whichever is later.

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

USCIS Privacy Act Statement

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

PURPOSE: This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

DISCLOSURE: Submission of the information required in this form is voluntary. However, failure of the employer to ensure proper completion of this form for each employee may result in the imposition of civil or criminal penalties. In addition, employing individuals knowing that they are unauthorized to work in the United States may subject the employer to civil and/or criminal penalties.

ROUTINE USES: This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The employer will keep this form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 35 minutes per response, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the 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 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 [][]-[][]-[][][][]	E-mail Address			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):

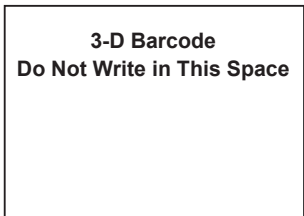
- A citizen of the United States
- A noncitizen national of the United States (*See instructions*)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (*See instructions*)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)

Signature of Employee:	Date (<i>mm/dd/yyyy</i>):
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Preparer and/or Translator Certification (*To be completed and signed if Section 1 is prepared by a person other than the employee.*)

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

Signature of Preparer or Translator:		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



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p>3-D Barcode Do Not Write in This Space</p> </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name)		Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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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 Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

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

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

Form W-4 (2013)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2013 expires February 17, 2014. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2013. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	<u> </u>
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child	G	<u> </u>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>
	For accuracy, complete all worksheets that apply. { <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 		

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2013</div>
1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	6 Additional amount, if any, you want withheld from each paycheck	5 <u> </u> 6 \$ <u> </u>
7 I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 <u> </u>
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2013 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1949) of your income, and miscellaneous deductions. For 2013, you may have to reduce your itemized deductions if your income is over \$300,000 and you are married filing jointly or are a qualifying widow(er); \$275,000 if you are head of household; \$250,000 if you are single and not head of household or a qualifying widow(er); or \$150,000 if you are married filing separately. See Pub. 505 for details	1	\$ _____						
2	Enter: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;">\$12,200 if married filing jointly or qualifying widow(er)</td> </tr> <tr> <td></td> <td>\$8,950 if head of household</td> </tr> <tr> <td></td> <td>\$6,100 if single or married filing separately</td> </tr> </table>	{	\$12,200 if married filing jointly or qualifying widow(er)		\$8,950 if head of household		\$6,100 if single or married filing separately	2	\$ _____
{	\$12,200 if married filing jointly or qualifying widow(er)								
	\$8,950 if head of household								
	\$6,100 if single or married filing separately								
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____						
4	Enter an estimate of your 2013 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____						
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2013 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____						
6	Enter an estimate of your 2013 nonwage income (such as dividends or interest)	6	\$ _____						
7	Subtract line 6 from line 5. If zero or less, enter “-0-”	7	\$ _____						
8	Divide the amount on line 7 by \$3,900 and enter the result here. Drop any fraction	8	_____						
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____						
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____						

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3”	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note. If line 1 is less than line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2013. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2013. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$72,000	\$590	\$0 - \$37,000	\$590
5,001 - 13,000	1	8,001 - 16,000	1	72,001 - 130,000	980	37,001 - 80,000	980
13,001 - 24,000	2	16,001 - 25,000	2	130,001 - 200,000	1,090	80,001 - 175,000	1,090
24,001 - 26,000	3	25,001 - 30,000	3	200,001 - 345,000	1,290	175,001 - 385,000	1,290
26,001 - 30,000	4	30,001 - 40,000	4	345,001 - 385,000	1,370	385,001 and over	1,540
30,001 - 42,000	5	40,001 - 50,000	5	385,001 and over	1,540		
42,001 - 48,000	6	50,001 - 70,000	6				
48,001 - 55,000	7	70,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 75,000	9	95,001 - 120,000	9				
75,001 - 85,000	10	120,001 and over	10				
85,001 - 97,000	11						
97,001 - 110,000	12						
110,001 - 120,000	13						
120,001 - 135,000	14						
135,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

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

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

▶ See separate instructions.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ▶ _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

- 1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2 Check here if **any** of the following statements apply to you.
- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a** Received SNAP benefits (food stamps) for the past 6 months, **or**
 - b** Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6 Check here if you are a member of a family that:
- Received TANF payments for at least the past 18 months, **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ▶ _____

Date _____

For Employer's Use Only

Employer's name Hart Restaurant Management, Inc. Telephone no. (361) 882-4100 EIN ▶ 75 2879771

Street address 108 N. Mesquite St.

City or town, state, and ZIP code Corpus Christi, TX 78401

Person to contact, if different from above Nakia Souders Telephone no. _____

Street address _____

City or town, state, and ZIP code _____

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6) ▶ _____

Date applicant:

Gave information _____ Was offered job _____ Was hired _____ Started job _____

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature ▶ _____ **Title** _____ **Date** _____

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. 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 section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

Recordkeeping . . . 6 hr., 27 min.

Learning about the law or the form 30 min.

Preparing and sending this form to the SWA 37 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:M:S, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224.

Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.



**Individual Characteristics Form (ICF)
Work Opportunity Tax Credit**

1. Control No. (For Agency use only)		APPLICANT INFORMATION (See instructions on reverse)	2. Date Received (For Agency Use only)
EMPLOYER INFORMATION			
3. Employer Name Hart Restaurant Management, Inc.	4. Employer Address and Telephone 108 N. Mesquite St., Corpus Christi, TX 78401 (361) 882-0708	5. Employer Federal ID Number (EIN) 75-2879771	
APPLICANT INFORMATION			
6. Applicant Name (Last, First, MI)	7. Social Security Number	8. Have you worked for this employer before? Yes ___ No ___ If YES, enter last date of employment: _____	
APPLICANT CHARACTERISTICS FOR WOTC TARGET GROUP CERTIFICATION			
9. Employment Start Date	10. Starting Wage	11. Position	
12. Are you at least age 16, but under age 40? If YES, enter your <i>date of birth</i> _____		Yes ___ No ___	
13. Are you a Veteran of the U.S. Armed Forces? If NO, go to Box 14. If YES, are you a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (Food Stamps) for at least 3 months during the 15 months before you were hired? If YES, enter name of <i>primary recipient</i> _____ and <i>city and state</i> where benefits were received _____. OR, are you a veteran entitled to compensation for a service-connected disability? If YES, were you discharged or released from active duty within a year before you were hired? OR, were you unemployed for a combined period of at least 6 months (whether or not consecutive) during the year before you were hired?		Yes ___ No ___ Yes ___ No ___ Yes ___ No ___ Yes ___ No ___	
14. Are you a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (Food Stamps) for the 6 months before you were hired? OR, received Food Stamps for at least a 3-month period within the last 5 months But you are no longer receiving them? If YES to either question, enter name of <i>primary recipient</i> _____ And <i>city and state</i> where benefits were received _____.		Yes ___ No ___ Yes ___ No ___	
15. Were you referred to an employer by a Vocational Rehabilitation Agency approved by a State? OR, by an Employment Network under the Ticket to Work Program? OR, by the Department of Veterans Affairs?		Yes ___ No ___ Yes ___ No ___ Yes ___ No ___	

INSTRUCTIONS FOR COMPLETING THE INDIVIDUAL CHARACTERISTICS FORM (ICF), ETA 9061. This form is used together with IRS Form 8850 to help state workforce agencies (SWAs) determine eligibility for the Work Opportunity Tax Credit (WOTC) Program. The form may be completed, on behalf of the applicant, by: 1) the employer or employer representative, the SWA, a participating agency, or 2) the applicant directly (if a minor, the parent or guardian must sign the form) and signed by the individual completing the form. This form is required to be used, without modification, by all employers (or their representatives) seeking WOTC certification. Every certification request must include an IRS Form 8850 and an ETA Form 9061 or 9062, if a Conditional Certification was issued to the individual pre-certifying the new hire as "eligible" under the requested target group.

Boxes 1 and 2. **SWA.** For agency use only.

Boxes 3-5. **Employer Information.** Enter the name, address including ZIP code, telephone number, and employer Federal ID number (EIN) of the employer requesting the certification for the WOTC. Do not enter information pertaining to the employer's representative, if any.

Boxes 6-11. **Applicant Information.** Enter the applicant's name and social security number as they appear on the applicant's social security card. In Box 8, indicate whether the applicant previously worked for the employer, and if Yes, enter the last date or approximate last date of employment. This information will help the "48-hour" reviewer to, early in the verification process, eliminate requests for former employees and to issue denials to these type of requests, or certifications in the case of "qualifying rehires" during valid "breaks in employment" (see pages III-12 and III-13, Nov. 2002, Third Ed., ETA Handbook 408) during the first year of employment.

Boxes 12-21. **Applicant Characteristics.** Read questions carefully, answer each question, and provide additional information where requested.

Box 22. **Sources to Document Eligibility.** The applicant or employer is requested to provide documentary evidence to substantiate the **YES answers** in Boxes 12 through 21. List or describe the documentary evidence that is attached to the ICF or that will be provided to the SWA. Indicate in parentheses next to each document listed whether it is attached (A) or forthcoming (F). Some examples of acceptable documentary evidence are provided below. A letter from the agency that administers a relevant program may be furnished specifically addressing the question to which the applicant answered YES. For example, if an applicant answers YES to either question in Box 14 and enters the name of the primary recipient and the city and state in which the benefits were received, the applicant could provide a letter from the appropriate Food Stamp agency stating to whom Food Stamp benefits were paid, the months for which they were paid, and the names of the individuals included on the grant for each month. SWAs will use this box to document the sources used when verifying target group eligibility, followed by their initials and the date the determination was completed.

Examples of Documentary Evidence and Collateral Contacts. Employers/Consultants: You may check with your SWA to find out what other sources you can use to prove target group eligibility. (You are encouraged to provide copies of documentation or names of collateral contacts for each question for which you answered **YES.**)

QUESTION 17

QUESTION 12³

- Birth Certificate
- Driver's License
- School I.D. Card¹
- Work Permit¹
- Federal/State/Local Gov't I.D.¹
- Copy of Hospital Record of Birth

- Parole Officer's Name or Statement
- Correction Institution Records
- Court Records Extracts

QUESTION 18

QUESTION 13

- DD-214 or Discharge Papers
- Reserve Unit Contacts or Letters of Separation
- Letter Issued only by the Department of Veterans Affairs (VA) on DVA Letterhead or bearing the Agency Stamp Certifying the Veteran status or the Veteran Has a Service-Connected Disability. Letter should be signed by the person who verified the disability.

- Driver's License
- Work Permit
- Utility Bills
- W-4
- Lease Papers
- Library Card²
- Selective Service Registration Card
- Voter Registration Mark
- Food Stamp Award Letter

QUESTIONS 14 & 16

- TANF/SNAP (Food Stamp) Benefit History
- Signed Statement from Authorized Individual with Specific Description of the Months Benefits Were Received
- Case Number Identifier

To determine if a Designated Community Resident lives in a RRC, visit the site: www.usps.com. **Click on Find Zip Code; Enter & Submit Address/Zip Code; Click on Mailing Industry Information; Download and Print the Information,** then compare the county of the address to the list on the January 2012 Instructions to IRS form 8850.

QUESTION 15

- Vocational Rehabilitation Agency Contact
- Veterans Administration for Disabled Veterans
- Signed Letter from Authorized Individual on DVA Letter Head or Agency Stamp with Specific Description of Months Benefits Received
- **For SWAs:** To determine *Ticket Holder* (TH) eligibility, Fax page 1 of Form 8850 to MAXIMUS at 703-683-1051 to verify if applicant: 1) is a TH, and 2) has an Individual Work Plan from an Employment Network.

QUESTION 19

- SSI Record or Authorization
- SSI Contact
- Evidence of SSI Benefits

Notes. 1. Where a Federal/State/Local Gov't., School I.D. Card, or Work Permit does not contain age or birth date, another valid document must be obtained to verify an individual's age.
 2. Where a Library Card does not contain the holder's address, another document issued showing the jurisdiction where the RRC is located must be obtained showing the holder's address.
 3. ESPL No. 05-98, dated 3/18/98, officially rescinded the authority to use Form I-9 as proof of age and residence. **Therefore, the I-9 is no longer a valid piece of documentary evidence.**

QUESTIONS 20 and 21

- Unemployment Insurance (UI) Claims Records
- UI Wage Records

Box 23. **Signature.** The person who completes the form signs the signature block. **Options:** (a) Employer or Authorized Representative, (b) SWA staff, (c) Participating Agency staff, or (d) Applicant (If applicant is a minor, the parent or guardian must sign).

Box 24. **Date.** Enter the month, day and year when the form was completed.

Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. Respondent's obligation to reply to these questions is required to obtain and retain benefits per law 104-188. Public reporting burden for this collection of information is estimated to average 20 minutes per response including the time for reading instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden to the U.S. Department of Labor, Employment and Training Administration, Division of National Programs, Tools, and Technical Assistance, 200 Constitution Ave., NW, Room C-4510, Washington, D.C. 20210 (Paperwork Reduction Project Control No. 1205-0371).

..... ✂
(Cut along dotted line and keep in your files)

TO: THE JOB APPLICANT OR EMPLOYEE,

Privacy Act Statement: *The Internal Revenue Code of 1986, Section 51, as amended and its enacting legislation, P.L. 104-188, specify that the State Workforce Agencies are the "designated" agencies responsible for administering the WOTC certification procedures of this program. The information you have provided completing this form will be disclosed by your employer to the State Workforce Agency. Provision of this information is voluntary. However, the information is required for your employer to receive the federal tax credit. IF THE INFORMATION YOU PROVIDE IS ABOUT A MEMBER OF YOUR FAMILY, YOU SHOULD PROVIDE HIM/HER A COPY OF THIS NOTICE.*

Hart Restaurant Management, Inc. Handbook and Policies Acknowledgement Form

I have received a copy of the Hart Restaurant Management, Inc. Employee Handbook Including Store Policies and Procedures, Field Staff Edition 2008 / Pub. Date: October 2008.

I understand that I have reviewed this document and by my signatures below, have agreed with everything that is contained within this document. If I have any questions regarding this document or anything contained within it, I am to bring it to the attention of my management.

Initial

I have received and agree to the Hart Restaurant Management, Inc. Employee Handbook Including Store Policies and Procedures, Field Staff Edition / Pub. Date: October 2008.

I have received and agree to the following policies set forth within the Hart Restaurant Management, Inc. Employee Handbook Including Store Policies and Procedures, Field Staff Edition / Pub. Date: October 2008.

Dress Code Policy _____ [initial]
Cash Handling and Void Policy _____ [initial]
Employee Meal Policy _____ [initial]
Closing and Cleaning Policy _____ [initial]
Acceptable Usage Policy _____ [initial]
Emergency Procedures Policy _____ [initial]
Family Hiring & Employment Policy _____ [initial]
Payroll Schedule _____ [initial]
ADA Business Brief _____ [initial]

Initial

I have attended and agree to adhere to the **HRMI New Crew Training Program [including Fire Prevention, Safety Training and A.S.S.I.S.T. Training]** presented to me at my New Hire Orientation by a Hart Restaurant Management, Inc. Training Representative.

Name _____ Signature _____ Date _____

District Manager _____ Signature _____ Date _____

Hart Restaurant Management Inc.

CASHIER CASH HANDLING POLICY

1. When you receive your cash drawer, insure it is the correct amount
2. When your cash drawer is assigned, it is only assigned to you. Anyone using someone else's drawer will be disciplined. You need to be present at the time your drawer is counted and cash is pulled.
3. If you are over/short more than 1% of sales, you will be written up. If you are written up 3 times in a month you could be removed from cash handling or terminated.
4. Voids will be treated as cash. If you lose or misplace a void, voids will be disciplined. All voids must have your initials as well as the floor manager in charge. You must **keep the corrected ticket**, and write C.T. on it.
5. All bills from \$20.00 and up need to be verified with a counterfeit pen. All \$50.00 and \$100.00 bills must be checked by a member of management. The manager in charge must break the \$50.00 or \$100.00 bills for the cashier.
6. All customers, front counter, and driver thru must get a receipt with their order. No exceptions!

If you agree with the following policies and procedures, please acknowledge by signing below.

CASHIER: _____ **DATE:** _____

MANAGER: _____ **DATE:** _____



Hart Restaurant Management, Inc.
NEW HIRE CHECKLIST

Employee Name: _____

Social Security Number: _____

Date of Hire: _____

Restaurant #: _____ Location: _____

Job/Position: _____ Rate of Pay: _____

	YES	NO
Application for Employment Completed & Signed	_____	_____
Pre-Employment Inquiry Authorization Release	_____	_____
Pre-Employment Training on Safety/Security, Customer Service & Food Safety Completed	_____	_____
Form I-9 Completed Verified and Signed by Employee & Manager	_____	_____
• Copy of Identification Documents See pg. 9 (MUST BE UNEXPIRED)	_____	_____
Form W-4 Completed & Signed by Employee	_____	_____
Form 8850 pg. 1	_____	_____
Form 8850 pg. 2	_____	_____
ETA Form 9061 pg. 1	_____	_____
ETA Form 9061 pg. 2	_____	_____
Employee Handbook & Policy Given to Employee	_____	_____
Handbook & Policy Acknowledgement Form Signed by Employee & Manager	_____	_____
Cashier Cash Handling Policy	_____	_____
Food Handler Permit Current	_____	_____
• Copy of Current Food Handler Permit	_____	_____
• Expiration Date: _____	_____	_____

Explain reason for any missing items:

	<u>Date Uniform Items Issued</u>	<u>Date Uniform Items Returned</u>
One Cap:	_____	_____
One Polo Shirt:	_____	_____
One Name Tag:	_____	_____

 Signature of Manager Certifying All Items Complete

 Date

Originals to Hart Restaurant Management Main Office

Copy in Employee Folder

Hart Restaurant Management, Inc.

Employee Handbook

Including:

Store Policies & Procedures

Field Edition

Pub. Date: October 2008

FORWARD

Hart Restaurant Management, Inc. believes in keeping employees fully informed about its policies, procedures, practices, benefits, expectations from the company and obligations assumed as an employee. This practice is designed to provide fair treatment of employees. We urge employees to become familiar with the policies, procedures, practices, and benefits of Hart Restaurant Management, Inc. This handbook is intended to provide employees with basic information. The policies and practices described in this handbook reflect a great deal of concern for employees, the people who make it possible for Hart Restaurant Management, Inc. to exist. Nothing contained in this handbook is intended to create, nor shall be construed as creating, an expressed or implied contract of employment or guarantee of employment for any term. There is no contract of employment between Hart Restaurant Management, Inc. and any one of its employees. Employment security cannot be guaranteed for or by any employee. At all times during employment with Hart Restaurant Management, Inc. employees shall retain the right to leave employment if they choose. Hart Restaurant Management, Inc. retains the right at all times as well to separate any employee from employment at any time with or without notice. Policies, procedures, practices, and benefits may change with time. They may require clarifying, amending and/or supplementing. The company maintains the responsibility and the right to make changes at any time and will advise employees when changes occur. Descriptions of various fringe benefits are summaries only. Should the descriptions in this handbook differ with any formal agreement or document involved, the formal agreement or document shall be considered correct.

Questions on any matter pertaining to employment or any information included in this handbook should be directed to the store manager.

The policies, procedures, practices and benefits described replace all earlier written and unwritten ones.

APPLICATION FOR EMPLOYMENT

All candidates for employment must fully complete, date and sign the standard Hart Restaurant Management, Inc. employment application form. (A resume will not be accepted in lieu of a completed employment application.) The form should be completed in detail and signed by the applicant to verify the accuracy and completeness of previous employment and personal information. The company may investigate any portion of the requested information and may deny or later terminate the employment of anyone giving false, misleading, or incomplete information. It is essential that all applicants sign their employment application. The signature provides specific protection for the company on several important terms and conditions. The completed application will be made part of the personnel file of those applicants accepted for employment. Applications from applicants not selected for available openings shall be maintained in an active file for a minimum of twelve (12) months and reviewed as suitable openings occur.

CONFIRMATION OF PREVIOUS EMPLOYMENT

The company, at its discretion, will request information from a prospective employee's previous employer relative to the prospective employee's work record in connection with the application for employment.

IMMIGRATION AND NATURALIZATION

The U.S. Immigration and Naturalization Service require that the company and candidates for employment provide specific information within three (3) days of commencing employment. Candidates for employment must complete Section 1 of Form I-9 and provide the company with specific documents to establish their identity and employment eligibility. Identity can be established by providing a current state-issued driver's license, a state-issued identification card or similar document such as a school I.D. card with photograph, voter's registration card or military service record. An employment eligibility document is a Social Security card, a birth certificate or an immigration document. An employee will not be allowed to continue employment without providing proper identification documents.

EMPLOYMENT PHYSICAL EXAMINATION

For certain positions and under certain circumstances an employee physical examination may be required. A company-appointed physician at the company's expense will conduct the employment physical examination. When an employment physical examination is requested, employment and assignment will be conditional pending the receipt of a satisfactory physician's report.

EQUAL EMPLOYMENT OPPORTUNITY POLICY

Hart Restaurant Management, Inc. was built upon teamwork and equal opportunity. We will continue to be successful when people are treated fairly, and allowed to advance and achieve their full potential. We are proud of the fact that we extend equal employment opportunities to all qualified employees and applicants for employment without regard to race, color, religion, sex, age, national origin, height, weight, marital status, or disability, which if needing accommodation, may be reasonably accommodated as required by law.

We work hard at Hart Restaurant Management, Inc. to promote the fulfillment of human potential and equal employment. We will take action to insure that all qualified minority group individuals, women, disabled persons, and disabled or Vietnam Era veterans are given the opportunity to know of openings, are encouraged to seek promotions, are considered for promotion opportunities, and when qualified, are promoted or hired.

All phases of employment including, but not limited to, recruiting, hiring, selection for training, promotion, demotion, discipline, rates of pay or other compensation, transfer, layoff, termination, recall, use of all facilities and participation in all company-sponsored activities will be administered so as to further the principle equal employment opportunity.

MOTOR VEHICLE RECORD (MVR) INQUIRY

Prospective employees expected to drive company vehicles will provide the company with current and acceptable motor vehicle driving information. Employment and assignment will be conditional pending satisfactory report from the State Department of Transportation, Division of Motor Vehicles.

A valid and current Texas Driver's License is required in order to operate any company owned vehicle.

AFFIRMATIVE ACTION PLAN

Hart Restaurant Management, Inc. shall continue to base decisions on employment so as to further the principles of equal employment opportunities by hiring and employing qualified, reliable, and productive employees without regard to race, color, religion, sex, age, national origin, Veteran's status and mental and physical disability. In order to implement this policy, the company has adopted an affirmative action program.

Hart Restaurant Management, Inc. will cooperate with federal, state, and local government agencies that have the responsibility to observe our actual compliance with various laws relating to employment. The company will furnish such reports, records and other matters as requested in order to foster the program of equal opportunity for all persons.

EMPLOYMENT PROVISIONS OF THE AMERICANS DISABILITY ACT (ADA)

Title I of the Americans With Disabilities Act (ADA) prohibits discrimination in any terms or conditions of employment for qualified individuals with a disability. The ADA requires that employment decisions be based upon the ability of a person to perform the job according to the job description and not the person's disability or limitations. Further, it requires management to reasonably accommodate individuals with disabilities when necessary. To comply with the employment provisions of ADA, Hart Restaurant Management, Inc. will: identify the essential functions of a job; determine whether a person with a disability, with or without accommodation, is qualified to perform the duties; and, determine whether a reasonable accommodation can be made for a qualified individual.

PROBATIONARY PERIOD

New employees will be required to perform a 3 day O.J.E. (On the Job Experience) and serve a probationary period of 90 [ninety] days. The purpose of this probationary period is for both you and your supervisor to determine that you are able to perform the duties of your position satisfactorily. If you are a re-hired employee, you will serve another probationary period of 90 [ninety] days.

The probationary period is part of the examination process and is to be used for close observation and evaluation of the employee's work, for obtaining the most effective adjustment of a new employee to the position, and to determine whether an employee demonstrates the ability and qualifications necessary to furnish satisfactory standards to Hart Restaurant Management, Inc.

During this probationary period, if either you or your supervisor feels that you are unable to perform the duties of your position you may be released from employment with Hart Restaurant Management, Inc. due to the inability to perform essential tasks.

CATEGORIES OF EMPLOYEES

Employees are divided into the following categories for the purpose of compensation and benefits. Company policies apply to all categories of employees. Regardless of category classification, each new employee joining Hart Restaurant Management, Inc will be subject to a six (6) month probationary period. During this transition period all employees are subject to conditional employment and may be released from employment without cause.

REGULAR FULL TIME

Employees hired for full time employment (35 hours or more) based on a full work week for a continuous and indefinite period of time shall be considered regular full time employees for all compensation and benefit purposes.

REGULAR PART TIME

Employees hired for part time employment (less than 35 hours) based on a full work week for a continuous and indefinite period of time shall be considered regular part time employees for all compensation and benefit purposes. Regular part time employees are eligible for some benefits by specific reference only.

TEMPORARY

Employees hired as temporary replacements for regular full-time or regular part-time employees, or for short periods of employment, such as summer months, peak periods and vacations are considered temporary employees. Temporary employees are not eligible for benefits regardless of the number of hours or weeks worked.

NON-EXEMPT FROM FEDERAL WAGE AND HOUR LAW

Nonexempt employees are expected to work to the normal workday and workweek unless overtime is authorized in advance by their store manager. Nonexempt employees will be paid overtime for all authorized hours worked in excess of forty (40) per week.

EXEMPT FROM FEDERAL WAGE AND HOUR LAW

Persons who are employed in an administrative, executive, or professional category are specifically exempted from the Fair Labor Standards Act. The hours worked by these exempt employees are often irregular and begin and end beyond the normal work day. Therefore, exempt employees are excluded from the overtime provisions of the Federal Wage and Hour Law and do not receive overtime pay.

TIME RECORDS

Government regulations require that the company keep an accurate record of hours worked by employees. Employees are required to punch (log) in when the report to work and punch (log) out when they leave. Employees are required to start and end the work shift as per the written schedule unless otherwise directed by a member of the store management staff.

It is a violation of company policy for any employee to punch (log) in any other employee, or to alter his or her own time records.

If employees have a question regarding their own time records, it should be directed to the store manager.

MANAGEMENT PHILOSOPHY

Hart Restaurant Management, Inc. pledges to its employees that as long as the affairs of this company are in our hands, the following principles will govern our actions with our employees. Hart Restaurant Management, Inc. employees and their welfare are very important to the success of our company. Our long-range objective is the continuous development of a growing and prospering business through which both the employees and the company will benefit. Every employee is considered a member of our company team. Our success as a company is built on the recognition of the skills and efforts made by each employee. Our policy is to work with all members of our team in a fair and friendly manner and to treat each team member with dignity and respect.

The management of Hart Restaurant Management, Inc. will work continuously for the benefit of our present and prospective customers as well as our employees to improve the competitive position of our company. This will enable us to provide superior jobs for our team members.

General conditions such as safety, cleanliness and employee accommodations will be evaluated periodically for improvement and will always compare favorably with good industry practice. We will meet with any employee to discuss suggested improvements in working conditions. We will honor and abide by the provisions of our Employee Information Handbook.

We will devote our best effort to conducting an expanding business within which will prevail an atmosphere of harmony with opportunity for all.

ATTENDANCE

Regular and on-time attendance is essential for efficient business operations. Excessive absenteeism and tardiness is not only inconvenient, it is also inconsiderate to your fellow employees. While it is recognized that an occasional illness or extenuating personal reason may cause unavoidable absence from work or tardiness, regular on-time attendance is required for continued employment. Employees are expected to personally make the effort to notify the company of any absence or tardiness. Employees should contact the store manager directly **four [4] hours prior to starting time** to

report any absence or tardiness so that arrangements may be made to alter the distribution of work if necessary. Any employee who fails to maintain an acceptable attendance record may be subject to disciplinary action. Unexcused absences or tardiness will affect future promotions and/or pay increases.

JOB ABANDONMENT

Employees who fail to report to work or contact their supervisor for one (1) shift shall be considered to have abandoned their job without notice.

Employees who fail to complete their scheduled shift and leave the workplace without permission shall be considered to have abandoned their job without notice.

Employees who are separated due to job abandonment are ineligible to receive accrued benefits and are ineligible for rehire.

Termination will be processed as VOLUNTARY.

UNEXCUSED ABSENCE

Descriptions of disciplinary actions that may result from unexcused absence for employees:

1st Offense - Subject to suspension and termination after H.R. investigation

Termination will be processed as VOLUNTARY due to employee's decision to abandon employment.

TARDINESS

Descriptions of disciplinary actions that may result from tardiness within a 90 day period for employees [30 days for members of management]:

1st Offense - Written counseling with copy to employee's personnel file

2nd Offense - Written reprimand with copy to employee's personnel file

3rd Offense - Suspension for ten (10) days without pay and/or suspension and termination after H.R. investigation

Termination will be processed as INVOLUNTARY due to a violation of employer rules.

TERMINATION

VOLUNTARY TERMINATION

General:

- A. Employee Resignation:
- B. Job Abandonment:

Termination is deemed to have occurred when:

1. An employee is absent from work for one (1) shift and fails to contact store manager.
2. An employee has left the workplace during his/her shift without permission of supervisor.

Procedure:

- A. Employees are expected to submit a Letter of Resignation and provide a minimum of two (2) weeks notice prior to their intent to separate. If a manager is unable to get a written Letter of Resignation, signed statements from the supervisor and witnesses are required.
- B. Store manager is then expected to complete Employee Resignation form and fax a copy of the Letter of Resignation to Human Resources at (361) 882-0709

IN THE CASE OF JOB ABANDONMENT:

- A. Store Manager is required to submit JOB ANBANDONMENT DOCUMENTATION **immediately** following employee's:
 1. Leaving workplace without permission
 2. Failure to report to work for (1) shift.
- B. Store Manager is required to document their attempt to contact employee to determine reason for failure to report.
- C. Human Resources investigation will include a Job Abandonment letter sent to employee requesting contact by employee to HR by a specific date:
 1. Employee will return to work if reason for failure to report is determined to be excusable
 2. Termination will be approved once employee fails to contact HR or if the reason for failure to report is determined to be un-excusable.
- D. Store Manager is then expected to complete required termination paperwork

INVOLUNTARY TERMINATION

General:

- A. In most cases, before an employee is terminated, he/she will be told the reason(s) and will be progressively counseled by their supervisor. However, certain types of employee misconduct are so severe that one incident of misconduct will result in immediate suspension and termination (after Human Resources investigation) without prior use of progressive discipline.
- B. All company property (BK Corp & HRMI) in the employee's possession must be returned with all

- personal documentation removed to the DM, DO or HR upon separation from employment.
- C. An involuntary termination of employment is a management-initiated dismissal.
- D. Discharge may be for any reason, i.e., misconduct, violation of employer rules (tardiness, absenteeism, unsatisfactory performance, etc...) or the employer's right to terminate under the Probationary Period.
- E. Prior to an involuntary termination, consideration will be given to an employee's service and past contributions to the company. The possibility of transfer or demotion will be explored in all cases except those which involve gross misconduct.

Procedure:

- A. Before any action is taken to terminate an employee: All employees will be suspended pending termination approval by Human Resources and Director of Operations/District Manager.
- B. If termination is approved, the supervisor must notify the employee and submit termination paperwork in accordance with Human Resources written procedures.
- C. Final Pay will be paid in accordance with the Texas Payday Law (pay within 6 days of last days worked).

DECEASED EMPLOYEES

General:

A termination due to the death of an employee will be made effective as of the date of death.

Procedure:

- A. Upon notification, Human Resources will submit documentation to the employees Director of Operations/District Manager on termination procedures and documentation
- B. Human Resources will process all appropriate beneficiary payments and Final Pay.

SEVERE WEATHER CONDITIONS

If there is any question regarding hours of work during severe weather conditions, employees are responsible for contacting the store manager regarding store opening and closing hours.

PERFORMANCE REVIEWS

Regular performance reviews are essential to continued growth and advancement. All employees will receive a performance review twice annually. Any recommendations for promotion, a change of duties, or a rate of pay change **must be approved by the Director of Operations before any changes take effect**. A performance review does not necessarily mean a change in pay or duties.

ADVANCEMENT

Hart Restaurant Management, Inc. believes in promoting from within. We want employees to have the opportunities for promotion to higher paying positions within the company. Promotions will be based on such factors as quality of work, prior job performance, experience, education, attendance and safety record, and the ability to work well with others. Hart Restaurant Management, Inc. reserves the right to look outside the company if we feel that an employee with the qualifications necessary cannot be found within the organization.

PAYROLL DEDUCTIONS

The company will make arrangements for payroll deductions for the following:

- * Federal income tax
- * Social Security tax
- * Past due taxes
- * Garnishments (including child support)
- * Loss, damage or destruction of company property

Any deductions (other than statutory deductions) must be authorized by the employee. No other deductions will be made unless specifically authorized in writing by the employee. All deductions will be itemized on the employee paycheck stub. Questions regarding payroll deductions should be directed to the store manager.

ERROR IN PAY

Hart Restaurant Management, Inc. takes every precaution to insure that employees are paid correctly, however, if an error does occur, the employee should notify the store manager. The company will make every attempt to adjust the error no later than the employee's next pay period.

GARNISHMENT OF EMPLOYEE WAGES

Garnishments are court orders requiring an employer to withhold specific amounts from an employee's wages for payment of a debt owed by the employee to a third party. State law requires the company to honor garnishments of employee wage (including child support) as a court or legal judgment may instruct. The law also provides for an administrative fee to be charged when a garnishment occurs.

AUTHORIZED CHECK PICKUP

If an employee is absent on pay day and instructs a third party to pick up his or her paycheck, a note signed by the employee authorizing the person must be provided before the check can be released. The person picking up the check must show proper identification and sign for the check. This policy protects the employee and the company.

PAY ON SEPARATION FROM EMPLOYMENT

Employees separated from employment will be paid for time worked (less deductions) on the next regular pay day according to applicable federal and state laws.

SEPARATION FROM EMPLOYMENT

An employee may be separated from employment voluntarily or involuntarily by retirement, voluntary resignation, lack of work, or termination. Usually, before an employee is terminated, he will be told the reason(s) and will be counseled by the store manager. However, if any misconduct warranting discipline is severe enough, the store manager has the authority to discharge the employee immediately. All company property in the employee's possession must be returned to the store upon separation from employment before the final paycheck will be released.

VOLUNTARY RESIGNATION

Any employee voluntarily resigning their position with Hart Restaurant Management, Inc. must submit a complete two (2) week notice of resignation.

EXIT INTERVIEW

Any employee leaving the company will be asked to participate in a exit interview. Discussions concerning the reasons for leaving will assist the company in evaluating the effectiveness of its personnel policies and practices. At the time of the exit interview matters relating to final pay and other personal considerations will be arranged.

PAY AT TIME OF SEPARATION

The company will determine if the terminating employee has any outstanding debt owed to the company and whether the employee has in their possession any company property. After a full accounting of the employee's and company's accounts (as determined by the company) is completed, a final paycheck will be issued to the employee in accordance with state law.

The company will issue a check, which is designated as the final payment for all services rendered. The final check will not reflect any time not actually worked except for an employee separation from employment with the company for any reason before he has taken part or all of his earned vacation.

Payment of unused vacation time will be at the sole discretion of Hart Restaurant Management, Inc. based upon the cause of termination.

ADVANCES AND LOANS

Hart Restaurant Management, Inc. will not advance money to employees against wages nor will the company loan money to employees for any reason.

BENEFITS

The company provides employees with a program of benefits designed to meet the needs of its employees. This program will be reviewed regularly to assure that it keeps pace with area practice.

The information contained in this handbook regarding employee benefits is not a contract to provide these benefits to any employee. Regular full-time employees are eligible for benefits provided by the company if they meet specific requirements. The terms of this benefit plans described are subject to change at any time by Hart Restaurant Management, Inc.

OBSERVED HOLIDAYS

The company recognizes the following holidays that the employee receives time and a half for working. New Year's Day, Easter Sunday, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day. Holiday pay will not be considered as time worked for the purpose of computing overtime.

VACATION [POLICY, SCHEDULING AND PAY]

The company grants ONE (1) weeks paid vacation to all regular full-time employees after twelve (12) months continuous employment. Hart Restaurant Management, Inc. recognizes the need for scheduled time away from work for their employees' personal benefit. Full time is defined as 2000 hours worked per year. For part-time employees who work less than 2000 hours per year, the company grants paid vacation hours equivalent to their average hours worked per week during their anniversary year.

Vacation request must be submitted in writing at least one month prior to the requested vacation time. Vacation may be taken at any time during the year after eligibility with the following provisions:

- * Employees are expected to take their paid vacation time as a means of rest and diversion for themselves and their family.
- * Vacations must be approved in advance by the employee's supervisor.
- * Unused vacation time may not be carried over into the next calendar year.
- * An employee must work the regularly scheduled workdays before and after the vacation period in order to be eligible to receive vacation pay.
- * Job requirements will always have precedence over vacation schedules.
- * Length of service will be considered in the event a conflict of vacation schedule arises.

The following provisions apply with regard to vacation pay:

- * Pay for vacation time will be at the employee's regular rate of pay.
- * Paid vacation will not be considered as time worked for the purpose of computing overtime.
- * Pay in lieu of unused vacation at any time will be provided only at the convenience of the company when approved in advance by management, and, upon separation from employment under certain conditions.

MILITARY LEAVE

It is company policy to grant a leave of absence without pay to employees who participate in U.S. Armed Forces Reserve or National Guard training programs in accordance with the provisions of the Universal Military and Service Act.

FAMILY AND MEDICAL LEAVE

This policy provides a leave of absence for up to twelve (12) weeks of unpaid leave under certain circumstances. The twelve-week period under this policy will begin to run on the first day absent from work.

Under certain circumstances described below, employees who have been with the company for 12 months and have worked

1,250 hours in those 12 months may request leave under this policy. At the end of the 12-week period, you will be returned to your previous job or one that is genuinely equivalent if you are physically and mentally able to perform the duties of the job. Employees returning from leave under this policy will be required to present a Fitness for Duty Certificate before being restored to employment. This 12-week leave will be provided under the following conditions:

- * Because of the birth of a son or daughter and in order to care for that son or daughter.
- * Placement of a child in your home from adoption or foster care.
- * To care for your spouse, son, daughter or parent, if they have a serious health condition, or
- * If you have a serious health condition that prevents you from performing your job functions.

If you request leave to care for your seriously ill spouse, son, daughter or parent, or due to your own serious health condition, the company may require that your request be supported by a certification from a health care provider of your, or you family member's, health status. The company will allow you fifteen (15) calendar days from the request to provide the written certification from the health care provider. The company may orally request subsequent medical certification depending upon the circumstances.

As scheduling is affected whenever an employee is absent, you should request your leave 30 days in advance. The only exception is if you learn of your need for leave with the beginning date before the expiration of 30 days. In those cases, notice should be given as soon as practicable.

FUNERAL LEAVE

In the event of a death in an employee's immediate family, the employee will be allowed up to 5 days off without pay in order to assist with arrangements or to attend the funeral. If additional time is necessary, vacation days may be used provided the employee is eligible for vacation time. Immediate family is considered: spouse, parent, stepparent, child, stepchild, brother/sister, stepbrother/stepsister, grandparent, grandchild, and in-laws. Prior approval for any funeral leave must be obtained from the store manager.

SOCIAL SECURITY

The cost of Social security is shared evenly between employees and the company. Social Security provides benefits for employees and their families as specified by law. Contact the local Social Security Office for specific details.

WORKERS COMPENSATION

Employees of Hart Restaurant Management, Inc. are covered by Workers' Compensation insurance, which is purchased by the company in the state in which it operates. This insurance provides an employee with compensation for illness, accidental injury, or death suffered in the course of or as a result of his employment with the company in accordance with the laws of the state of Texas. Eligibility for benefits under Workers' Compensation insurance become effective on date of hire. Workers' Compensation benefits provide weekly payments based upon the employee's regular earnings as well as payments for medical and hospital expenses arising out of an occupational illness or injury.

UNEMPLOYMENT COMPENSATION

Unemployment compensation is another form of insurance, which is paid for entirely by Hart Restaurant Management, Inc. Unemployment compensation helps employees meet a loss of income resulting from unemployment beyond their control by paying certain benefits while they are out of work. This form of protection is in addition to Social Security and Workers' Compensation.

TRANSFER OF EMPLOYEES

Transfer of employees from one location to another for the company's convenience may be made to meet company requirements. A request for transfer should be made in writing and submitted to the store manager for consideration. A transfer may be made if management determines it is in the best interest of the company and the employee.

CARE OF EQUIPMENT AND FACILITIES

All employees should be concerned with the care and safe use of company-owned equipment and facilities. Good housekeeping is expected of every employee.

PARKING - Employees will not block any gate, door, driveway, and especially not take up any key customer parking spots. The company assumes no responsibility for employee vehicles or their contents while on company property.

PERSONAL APPEARANCE

Every employee of Hart Restaurant Management, Inc. contributes to the company's overall public image during working hours. The company does not object to mustaches if they are kept trimmed and in no way constitute a food safety issue. All employees must wear the complete uniform provided by Hart Restaurant Management, Inc.

SMOKING POLICY

Hart Restaurant Management, Inc. is dedicated to providing a healthy work environment for our employees. This goal can only be achieved through ongoing efforts to protect nonsmokers and to help employees adjust to restrictions on smoking. Smoking is prohibited throughout company facilities. All employees share in the responsibility of adhering to and enforcing this policy. Any conflict should be brought to the attention of the appropriate supervisory personnel.

CONFLICTS OF INTEREST

Employees shall avoid outside employment, activities, investments, and other interests that involve obligations, which may compete with or be in conflict with the interests of Hart Restaurant Management, Inc. A conflict of interest can arise in dealing with anyone that Hart Restaurant Management, Inc. transacts business; i.e. customers, clients, owners, buyers, suppliers, banks, insurance companies, and people in other organizations with whom we contract and make agreements. Conflicts of interests should be avoided and may include the following examples:

- * Working for any of the groups mentioned above for personal gain;
- * Engaging in a part-time activity for profit or gain in any field in which the company is engaged;
- * Borrowing from, or lending money to, individuals representing organizations with whom business dealings are conducted.

PERSONAL CONDUCT

The company expects that all of its employees will conduct themselves with the pride and respect associated with their positions, fellow employees, customers and the company. Employees should always use good judgment and discretion in carrying out the company's business. Employees of Hart Restaurant Management, Inc. should always use the highest standards of ethical conduct.

Improper conduct by and between employees and/or by and between employees and business associates on the company's premises or adversely affecting company work will not be tolerated. Employees demonstrating improper conduct will be subject to disciplinary action including termination of employment.

BRIBES, KICK-BACKS AND OTHER ILLEGAL PAYMENTS

Bribes, kickbacks, and any other forms of illegal payment to or from any individual with which we conduct business (in any form and for any purpose) are prohibited.

GIFTS

Normally a gift to an individual from an outside source is considered the property of the company unless management makes an exception. It is the policy of Hart Restaurant Management, Inc. that no employee shall receive any gift, excessive or unusual entertainment, loan or other favor from any outside source including customers and suppliers without approval from management. Failure to abide by this policy will result in disciplinary action including immediate termination.

SAFETY RULES

Report any personal injury IMMEDIATELY, however minor. Report all dangerous conditions and practices to the store manager.

EXAMPLES OF MISCONDUCT

Examples of misconduct that can lead to immediate termination to include:

- * Falsification of any records or reports pertaining to absence from work, claims pertaining to injuries occurring on company premises, claims for any benefits provided by the company, communications or records including personnel and production records.
- * Restricting output, or persuading others to do so, or promoting, encouraging, agitating, engaging in or supporting suspension of work, slowdowns, or any other interruptions of production
- * Sabotage or subversive activity of any kind.
- * Misuse or removal from the premises, without permission, of any company property, or possession of any property removed from company premises without permission.
- * Bringing, using, or having in possession weapons on company premises at any time.
- * Bringing, using, having in possession, transporting, selling or promoting any intoxicants, any narcotic, any barbiturate, any amphetamine, any hallucinogen, or any other stimulating or depressing drug on company premises at any time.
- * Striking or manhandling another person or fighting while on company premises at any time.
- * Striking a member of management at any time in connection with any matter relating to employment.
- * Theft of any property on company premises, or theft of company property at any time.
- * Willful abuse or deliberate destruction of company property, tools, equipment or of any property on company premises at any time.
- * Gross insubordination

HARASSMENT POLICY

Hart Restaurant Management, Inc. takes employee complaints of harassment as a very serious matter. In order for us to properly investigate your concern, you are requested to notify us and to complete the necessary forms as completely as possible. After a prompt and thorough investigation into your complaint, you will be notified of the company's intended action. Should you have any questions about the process, please contact the Human Resources Department at: **humanresources@texasbk.com or call 361-232-4648 ext. 100**

Consistent with our policy of equal employment opportunity, harassment in the workplace based on a person's race, sex, religion, national origin, age, height, weight, marital status or disability will not be tolerated concerning employees or applicants for employment.

One aspect of our policy requiring some clarification is the prohibition of any form of sexual harassment in the workplace. The following describes the type of conduct that is prohibited as well as the complaint provisions to investigate and remedy any problems that may arise. Sexual harassment includes unwelcome sexual advances, requests for sexual favors, and other verbal, visual or physical conduct of a sexual nature. No employee shall threaten or insinuate, either explicitly or implicitly, that another employee's or applicant's refusal to submit to sexual advances will adversely affect that person's employment, work status evaluation, wages, advancement,

assigned duties, or any other condition of employment or career development. Similarly, no employee shall promise, imply or grant any preferential treatment in connection with another employee or applicant engaging in sexual conduct. Sexual harassment also includes unwelcome sexual flirtations, advances or propositions, verbal abuse of a sexual nature, subtle pressure or requests for sexual activities, unnecessary touching of the individual, graphic or verbal commentaries about an individual's body, sexually degrading words used to describe an individual, a display of sexually suggestive objects or pictures in the work place, sexually explicit or offensive jokes, or physical assault.

Any employee who feels that they are the victim of any form of harassment, including but not limited to, any of the conduct listed previously regarding sexual harassment or any form of racial, religious, national origin, age, height, weight, marital status or disability harassment, by any supervisor, management official, other employee, customer or any other person connected with employment at Hart Restaurant Management, Inc., should bring the matter to the **immediate attention of the Human Resources Department at humanresources@texasbk.com or call 361-232-4648 ext. 100 or you may request to complete a private and secure online form sent directly to the Human Resources Dept.**

If this would prove to be uncomfortable, an elected employee may directly contact any other member of management. Every effort will be made to promptly investigate all allegations of harassment in as confidential a manner as possible and appropriate corrective action taken if warranted.

After an investigation, any employee determined to have engaged in sexual harassment in violation of this policy will be subject to appropriate disciplinary action up to and including termination of employment.

RULES AND REGULATIONS

It is the policy of Hart Restaurant Management, Inc. to expect all employees abide by certain work rules of general conduct and performance at all times. The regulations governing employee conduct have been established in the best interests of the company, its employees, and customers.

Accordingly, a violation of these regulations constitutes misconduct on the part of the employee and appropriate disciplinary action will be initiated. These rules are guidelines only and are not all-inclusive. Disciplinary action may include, but is not limited to, verbal reprimand with written copy to employee's file, written warning with copy to employee's file, written reprimand with copy to employee's file, suspension for ten [10] days without pay with written copy to employee's file, or immediate termination of employment. Management reserves the right to terminate or discipline any employee as considered necessary in individual circumstances. In the event an employee is suspended from work for disciplinary reasons, benefits will not accrue nor will benefits be recoverable during the suspension period.

REPORTING INJURIES AND ACCIDENTS

Employees must advise management of all accidents, injuries or illnesses that occur while at work. All accidents, injuries or illnesses that occur at work must be reported immediately no matter how slight they may appear.

The company will provide the proper Incident Report Form for reporting job-related accidents, injuries or illnesses. Failure to report these occurrences is subject to disciplinary action.

In the event of a vehicular accident involving a company-owned vehicle or while on company business, report all information immediately your district manager. The District Manager will forward the accident report to ownership. In no instance should responsibility for an accident be expressed to anyone until the proper person in the company has been notified and permission has been obtained to make a statement.

PERSONAL VEHICLES

Members of management may use their personal vehicle on official company business provided prior approval has been obtained from their District Manager. A mileage rate based on acceptable and current Internal Revenue Service regulations will be paid to employees who use their personal vehicles on official company business. A valid Driver's License and minimum insurance requirements as specified by the company's insurance carrier must be in effect at the time the employees vehicle is used and the employee may be required to provide the appropriate proof of insurance.

COMPANY-OWNED VEHICLES

All travel in company vehicles on other than company business must be authorized in advance by management. This includes vehicles leased by the company as well as vehicles that are company owned.

The following are specific policies related to company-owned vehicles:

- * Daily logs must be kept for all mileage driven.
- * Company-owned vehicles will be driven only as needed for jobs during working hours.
- * Company-owned vehicles will be driven only for transportation to and from destinations as specified.
- * Company-owned vehicles will not be driven for private use unless specific financial arrangements have been made.
- * Only the driver assigned to the vehicle will sign for gas, oil, etc.
- * All charge tickets must show the name of location, prices, gallons, vehicle ID number, license tag number, and mileage.
- * No alcoholic beverages or illegal drugs or chemicals will be aboard a vehicle at any time.
- * No one, other than an authorized company employee, is permitted to operate or ride in a company-owned vehicle.
- * Vehicles are to be kept clean at all times. * Vehicles will be properly maintained according to the manufacturer's schedule.

A valid and current Texas Driver's License is required in order to operate any company owned vehicle. If, at any time, your license becomes invalid, revoked, suspended or terminated you must bring it to the attention of your District Manager or Director of Operations immediately.

EMPLOYEE CONCERNS

Hart Restaurant Management, Inc. believes in open communication. If an employee has a suggestion or concern, management wants to know about it. In most cases, an employee will get satisfaction by discussing the matter with the store manager. However, the company recognizes that not all complaints will be satisfactorily resolved between and employee and his manager.

For complaints that cannot be resolved informally, the following procedure has been established to insure a fair and impartial review. All Formal Complaints will be given prompt and objective consideration in an atmosphere of mutual assistance by the Human Resources Department via email at: **humanresources@texasbk.com** or call **361-232-4648 ext. 100** or you may request to complete a private and secure online form sent directly to the Human Resources Dept.

This complaint procedure does not apply to any harassment complaints, which are specifically addressed earlier in this document.

Hart Restaurant Management, Inc.

Policies & Procedures

Pub. Date: January 2007

Hart Restaurant Management, Inc.

Dress Code Policy

Policy

It is the policy of Hart Restaurant Management, Inc. that all employees dress in a manner that is professional and functional to their work.

Practice

Each manager or supervisor is to inform the employee of any dress code regulations required for the job. Each employee represents Hart Restaurant Management, Inc. therefore appearance must be professional, yet comfortable. We appreciate your help in reinforcing a positive image by following these guidelines.

There are two (2) categories outlined below. The first indicated what is **"acceptable"**. The second category identifies what is **"not acceptable"** at any time.

Acceptable Attire

1. Daily Crew Uniform - "Mandatory Requirement"
 - Burger King t-shirts, caps and/or all types of Burger King emblem shirts
 - Black pants
 - Black belt
 - Black non-slip / oil resistant work shoes
2. Tee shirts may be worn under uniform [t-shirts must be white or black in color only]
3. Nametag printed with label marker tape is required
4. Earrings [Plain metal stud only] are allowed only on females [males are not to wear any earrings]
5. Plain metal wedding bands are allowed
6. Watches are allowed by management only
7. All hair must be contained up under the Burger King cap or on top of the head
8. Side burns may be worn but may not be longer than the bottom of the ear
9. Mustaches are allowed but must be neatly trimmed
10. Male employees must be clean-shaven when reporting for work for scheduled shift

Not Acceptable Attire

1. Visors or caps that do not have the Burger King logo
2. Jewelry
 - Hoop, Loop or gemstone earrings on male or female employees
 - Any type of facial jewelry or tongue rings on male or female employees
 - Any other jewelry other than listed above [i.e. bracelets, necklace or rings] including gemstones in wedding bands. It is our responsibility to maintain a safe work environment and the examples listed are classified as other types of unacceptable jewelry.
3. Hair worn in a ponytail
4. Facial Hair [beards and goatees are unacceptable]
5. Tattoos [must not be visible as they do not represent a professional image]
6. Any type of unprofessional visual appearance that may prompt a negative image of the organization will be addressed as unacceptable

Accountability

Violations of the dress code are managed under the Violation of Employer Rules. The first violation will be discussed with you and documented in your file. Subsequent violations will be escalated to Formal Counseling action. Management may send employees home when employees violate the item listed under the heading "Not Acceptable Attire."

Hart Restaurant Management, Inc.

Cash Handling Policy

1. When you receive your cash drawer, the correct dollar amount must be verified by management and employee.
2. When your cash drawer is assigned, it is only assigned to you. Anyone, *including members of management*, using someone else's drawer will be disciplined in accordance with Hart Restaurant Management, Inc.'s Violation of Employer Rules. You need to be present at the time your drawer is counted and cash is pulled. If there is found to be a cash shortage and more than one person has used the drawer, the most senior person will be held accountable and will be subject to disciplinary procedures in accordance with Hart Restaurant Management, Inc.'s Cash Handling Policy.
3. If you are over/short \$2.00 or more from your cash drawer, you will receive formal counseling action. If you have been given a written warning three [3] times or more within a 90 day period, you could be removed from cash handling or be terminated. **A cash shortage of \$20.00 or more will result in a first and final warning. Any cash shortage of \$50.00 or more will result in immediate termination of employment.**
4. All bills from \$20 and larger **must be verified with a counterfeit pen.** All \$50 and \$100 bills must be checked by a member of management. The manager in charge must break the \$50 or \$100 bills for the cashier. Any counterfeit bill received without a counterfeit pen verification can result in immediate termination.

Void and Receipt Policy

1. **All** voids **must** be brought to the attention of the manager in charge **immediately**.
2. The receipt should be voided immediately by the manager in charge.
3. The corrected receipt **must** be put with the voided receipt.
4. A detailed explanation **must** be put on the voided receipt.
5. The voided receipt **must** be signed by the employee and the manager in charge.
6. The corrected ticket must have "**C.T.**" written on it.

7. **All** guests [front counter or drive-thru] **must** get a receipt with every order. NO EXCEPTIONS!
8. **All** free meals **must** have a signature and telephone number of the guest who received the free meal.
9. All orders should be repeated to the guest so we can keep voids to a minimum at all times.

Hart Restaurant Management, Inc.

Employee Meal Policy

1. All members of management get a 100% discount when working.
2. Employees get a 50% discount when working.
3. Discounted meals are **only** for the employee or manager.
4. Meals must be eaten **only** at the restaurant. *Meals cannot be taken home!*
5. Meals can be purchased at your break or up to 30 minutes prior to or immediately after your break.
6. You **must** order you meal compared to a guest, from the dining room side of the front counter.
7. You **cannot** make your own meals.
8. Meal tickets **must** be signed immediately by the employee and manager in charge and placed in drawer.
9. All items are available to purchase at a discount with the exception of sale items.
10. Beverages from the soft drink and coffee machines are the only beverages allowed at no charge to the employee. All other beverages must be purchased at an employee discount.
 - Examples include: orange juice, milk, frozen ice, milk shakes and bottled water

Hart Restaurant Management, Inc.

Closing and Cleaning Policy

1. Closing the restaurant should take between 1 and 1 1/2 hours to close properly. We are not in the business to be the fastest closers, but rather the **BEST** closers.
2. The restaurant should never take less than 1 hour to close properly.
3. Daily Planner must be followed for daily closing and cleaning procedures.
4. Complete broiler breakdown and maintenance is to be completed ***Once every 7 days. NO EXCEPTIONS!*** Basic maintenance and cleaning is to be done every night.
5. Fryers are to be filtered the following way:
 - a. NIGHTLY:
 - i. Eye Drop Tester: Used **before** filtering.
 - ii. Filtering: Completed nightly **after** eye drop tester.
 - b. AS NEEDED:

Shortening is to be changed out in the Fryers as needed.
6. The closing checklist should be used every night to ensure a good and safe closing
7. The **BACK DOOR** is opened **only** during deliveries and to take out trash.
8. The **BACK DOOR** is **NEVER** opened after dark for any reason. Safety is the goal in our workplace and keeping the **BACK DOOR** closed after dark is a safety compliance exception.

You are encouraged to discuss any questions regarding the **Closing and Cleaning Policy** with your restaurant manager.

Hart Restaurant Management, Inc.

Acceptable Usage Policy

POLICY

Hart Restaurant Management, Inc.'s intentions for publishing an Acceptable Use Policy are not to impose restrictions that are contrary to our established culture of openness, trust and integrity. Hart Restaurant Management, Inc. is committed to protecting our employees, partners and the company from illegal or damaging actions by individuals, either knowingly or unknowingly. Internet/Intranet/Extranet-related systems, including but not limited to computer equipment, software, operating systems, storage media, network accounts providing electronic mail, WWW browsing, and FTP, are the property of Hart Restaurant Management, Inc. These systems are to be used for business purposes only in serving the interests of the company and customers in the course of normal operations. Effective security is a team effort involving the participation and support of every Hart Restaurant Management, Inc. employee and affiliate who deals with information and/or information systems. It is the responsibility of every computer user to know these guidelines, and to conduct their activities accordingly.

PRACTICE

- 1. AUTHORIZED PERSONNEL:** Computers may be accessed by authorized personnel only. Authorized personnel includes: employees whose duties require the use of a company computer, restaurant management, above-store management, maintenance, technical support, and human resources.
- 2. CONTENT:** Employees shall not access any data that is inappropriate for the work environment. Using Internet and Email resources for the purposes of viewing or distributing content which is libelous, defamatory, obscene, pornographic, threatening, invasive of privacy or publicity rights, abusive, harassing, illegal or otherwise objectionable that would constitute or encourage a criminal offense, violate the rights of any party, or that would otherwise give rise to liability or violate any law is strictly prohibited.
- 3. OTHER INAPPROPRIATE ACTIVITIES:** Computers provided by Hart Restaurant Management, Inc. are to assist in the timely transmittal of important information. Employees who are on the clock may not use computers for playing games or visiting websites that do not pertain to company business. Downloading content from sources other than Hart Restaurant Management, Inc. or companies with which we do business can lead to the spread of viruses, spyware, and other malicious software. To help ensure the security of proprietary data, the downloading of **any** content which has not specifically been approved by Hart Restaurant Management, Inc. is strictly prohibited. This includes but is not limited to: messaging software, games, screensavers, pictures, music, videos and non-business related Email attachments.
- 4. INTERFERENCE WITH OPERATIONS:** Any use of company computers which interferes with the operations of the company is prohibited. Remember that our goal is to be a world-class organization and we cannot accomplish this goal if we are not serving customers or keeping our restaurants clean.
- 5. GENERAL USE AND OWNERSHIP:** Users should be aware that the data they create on company systems remains the property of Hart Restaurant Management, Inc. Because of the need to protect Hart Restaurant Management, Inc.'s network and employees, management cannot guarantee the confidentiality of information stored or accessed on any network device belonging to Hart Restaurant Management, Inc.
- 6. COMPANY INSTALLED SOFTWARE:** Employees are not authorized to disable or uninstall any software that has been installed on a computer by Hart Restaurant Management, Inc. Software installed by the company is intended to help protect the computer as well as to provide a means for immediate support when an internet connection is available.

ACCOUNTABILITY

All Hart Restaurant Management, Inc. computers are subject to monitoring by the company. All employees with access to the Internet and Email on company computers agree that these resources will be used only for lawful purposes, in compliance with all applicable laws. This policy is designed to protect Hart Restaurant Management, Inc., its employees, and others with whom we do business. Any employee found to have violated this policy may be subject to disciplinary action, up to and including termination of employment.

Hart Restaurant Management, Inc.

Emergency Procedures Policy

Circumstances occurring in your restaurant requiring an URGENT and IMMEDIATE response from OPERATIONS TEAM:

- ✓ **Injury to an Employee**
- ✓ **Injury to a Guest**

- ✓ **Robbery or Theft**
- ✓ **Closure of any of our restaurants due to Vandalism, Fire, or major water damage**

- ✓ **POS system down**
- ✓ **Broiler not operable**
- ✓ **No water coming into restaurant. Sewage backed up**
- ✓ **Exhaust hood system down**
- ✓ **Walk in Freezer**
- ✓ **Walk in Cooler**
- ✓ **Dining Room A/C down**
- ✓ **Drive Through system down**
- ✓ **Water Heater down**
- ✓ **More than 2 fryers not operable**
- ✓ **Fryer Exhaust not operable**
- ✓ **All Drink Towers down**

When these situations occur Management must take "**URGENT** and **IMMEDIATE**" action and follow protocol on whom to call and what must take place throughout the "**EMERGENCY SITUATION**".

- Manager in charge at the time of a **[911 Medical, Fire, or Police Matter]** – **FIRST CALL POLICE, FIRE or AMBULANCE** before calling District Manager. Director of Operations must be called if District Manager is unavailable.
- Manager in charge at the time of "URGENT and IMMEDIATE" Equipment Emergency must call District Manager. If District Manager is not available Director of Operations must be called.
- District Manager elevates to Director of Operations IMMEDIATELY
- Director of Operations will call Maintenance or IT support.
- Director of Operations and District Manager will determine whether to call outside vendor if Estimated Time of Arrival from Maintenance or IT support team is unacceptable.
- Gary Hodge or Robert Hart must be notified of pending issue by Director of Operations.
- District Manager or Director of Operations must arrive at location as soon as possible and not leave until "911" situation is corrected.
- District Manager or Director of Operations must provide timely updates on Emergency situation to HRMI ownership.

Hart Restaurant Management, Inc. **Family Hiring and Employment Policy**

Policy

It is the policy of Hart Restaurant Management, Inc. to be an equal opportunity employer. Hiring practices have been established in our effort to create an environment of equal opportunity within our organization.

Practice

1. Members of an employee's immediate family will be considered for employment by Hart Restaurant Management, Inc. provided the employment will not create a conflict of interest for Hart Restaurant Management, Inc.

A conflict of interest that will determine an immediate family member NOT to be eligible for employment would include:

- A) Either a direct or indirect supervisor/subordinate relationship between family members.
[to include employment at the same HRMI BURGER KING® location]
- B) An environment that could create a perceived conflict of interest**.

These criteria will also be considered when assigning, transferring or promoting an employee. For purposes of this policy, "immediate family" includes employee's spouse, brother, sister, parent, child, step-child, domestic partner, or any of the above relationships related by marriage, or any other members of the employee's immediate household.

2. Employees who marry or become members of the same household may continue employment as long as there is not:

- A) A direct or indirect supervisor/subordinate relationship between such employees
[to include employment at the same HRMI BURGER KING® location]; or
- B) An environment that could create a perceived conflict of interest**.

Individuals who are affected should one of the above situations occur will be allowed to transfer to the nearest Hart Restaurant Management, Inc. BURGER KING® location. If these accommodations are not feasible for the affected parties, a Release To Work will be issued to the employee who wishes to transfer to another BURGER KING® outside of Hart Restaurant Management, Inc. If these accommodations are not accepted, one of the affected employees will be offered a voluntary resignation. If one of the affected employees does not accept this voluntary resignation, Hart Restaurant Management, Inc. will proceed with an involuntary termination of one of the employees. The decision as to which employee is affected by this action may take into consideration the following factors: time in position, years of service and/or performance.

****NOTE:**

Other criteria and rationale to be considered in determining a perceived conflict of interest would include:

- A) Access to confidential information may unfairly (or appear to) help the other "immediate family member" to advance professionally.
- B) Real or perceived favoritism
- C) Family disagreements that may carry over into the workplace