



PHONE 713-975-7576  
PHONE 800-701-4014  
FAX 713-783-1566  
FAX 800-765-0652  
1616 S. VOSS, STE 700  
HOUSTON, TEXAS 77057  
www.TFIresources.com

## INSTRUCTIONS

PLEASE FILL OUT AND RETURN

### **TFI RESOURCES IS THE EMPLOYER OF RECORD FOR TEMPORARY AND CONTRACT WORKERS REFERRED BY PATHFINDER STAFFING.**

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In order to process your time sheet and issue a payroll check, we will need the following items from you:

- Application for Employment/Employment Policies. Please read, initial page 1, sign and date page 2, and return ALL pages.
- Form W-4: Please complete, sign and return
- Form I-9: Please complete Section 1, sign and return
- Copies of 2 forms of identification (See Form I-9 Attachment)
- State withholding form, completed and signed (if applicable)
- Direct Deposit Authorization (optional)

**PLEASE FAX THESE DOCUMENTS TO US AS SOON AS POSSIBLE: 713-783-1566 OR 1-800-765-0652. AFTER FAXING, PLEASE CALL TFI RESOURCES TO CONFIRM THAT WE HAVE ALL NECESSARY INFORMATION.**

Included in the employment package is a time sheet for your use. Before filling out the time sheet, *please make copies to use for future weeks*. The time sheet should be faxed to our office *before noon on Monday* and it must be signed by an authorized supervisor. Your paycheck can be mailed to your home, picked up at our office (in Houston), or you may request that your paycheck be directly deposited into your bank account, or into a temporary ATM account that we can set up for you.

As your employer for this temporary assignment, it is important that we have your correct home address.

**NOTE: If your address should change at any time during the year, please notify us so that we can send your W-2 form to you.**

*For all weekly/bi-weekly and hourly employees:* Pay day is Wednesday (every other Wednesday for bi-weekly employees) unless Wednesday is a holiday, in which case pay day will be Thursday. You should call the office of TFI Resources to confirm receipt of your time sheet.

*For semimonthly or salaried employees:* Pay periods are from the 1<sup>st</sup> through the 15<sup>th</sup> of each month and from the 16<sup>th</sup> through the last day of each month. Pay days are on the 17<sup>th</sup> and the 2<sup>nd</sup> of the month, respectively. You should call the office of TFI Resources to confirm the receipt of your timesheet.

**NOTE: Your paycheck cannot be picked up by anyone other than you without prior written consent to TFI Resources. TFI Resources is not responsible for lost, stolen, or mailed checks not delivered by the U.S. Postal Service. TFI requires a one (1) week waiting period before reissuing a paycheck. If you request a check to be reissued before the waiting period has passed, there will be a \$15.00 replacement fee deducted from the paycheck.**

If you have any questions, please feel free to call our office. We appreciate the opportunity to serve as your employer for this temporary work assignment.



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# TFI RESOURCES

## EMPLOYMENT POLICIES AND APPLICATION FOR EMPLOYMENT

**TFI RESOURCES WILL BE THE EMPLOYER OF RECORD FOR YOUR CURRENT WORK ASSIGNMENT. Please read and complete this document carefully, then sign and return one copy to TFI Resources.**

### APPLICATION FOR EMPLOYMENT

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Address (Number, Street, City, State, Zip Code) \_\_\_\_\_ Apt No. \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Home Telephone \_\_\_\_\_  
 E-mail Address \_\_\_\_\_ Mobile/Pager/Other # \_\_\_\_\_  
 Referring Recruiter or Staffing Company **PathFinder Staffing**

Job Title: \_\_\_\_\_ Job Description:  Office/clerical  Office/professional  Other

If Other (please describe) \_\_\_\_\_

Are you legally eligible for employment in this country?..... Yes  No  
 Have you ever pled "guilty" or "no contest" to, or been convicted of a felony? ..... Yes  No

Answering "yes" to this question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account. Please attach a separate page providing additional information.

### EMPLOYMENT POLICIES

#### ATTENDANCE

Please report to and leave from work at the times specified by the client company. Absenteeism and tardiness can be considered misconduct. In the event you will be late or absent, please notify the client company at least one (1) hour before your scheduled arrival time. Absences due to medically verifiable illnesses, jury duty, and military leave are acceptable in moderation with valid documentation.

#### CONFIDENTIAL INFORMATION/PRIVACY

Employees must exercise care in reference to all confidential information of the client company. Information may not be taken, copied or communicated to other parties. Office equipment and work areas are for business use and are subject to the rules and regulations of the client company.

#### DISCIPLINARY ISSUES

Failure to act appropriately is considered misconduct. You should follow the client company's "house rules" while on assignment. Use of offensive language, illegal drug or alcohol use, absenteeism, tardiness, harassment and/or violence are considered disciplinary issues and may result in termination.

#### DRUG POLICY

The use, sale, or possession of illegal drugs or alcohol on the premises of the client company is strictly prohibited. Random drug tests and/or reasonable searches for drugs may be conducted by the client company or TFI Resources. Refusal to submit to a drug test or search may be cause for termination.

#### PAYDAYS/PAYCHECKS

- *For all weekly/bi-weekly and hourly employees:* Payday is Wednesday (every other Wednesday for bi-weekly employees) unless Wednesday is a holiday, in which case payday will be Thursday. Checks can be mailed to your home, direct deposited into your bank account, or picked up at the office of TFI Resources after 12:00 noon on Wednesdays. **Timesheets must be received by 12:00 noon on the preceding Monday to guarantee timely check processing.** You should call the office of TFI Resources to confirm receipt of your time sheet.
- *For semimonthly or salaried employees:* Pay periods are from the 1<sup>st</sup> through the 15<sup>th</sup> of each month and from the 16<sup>th</sup> through the last day of each month. Paydays are on the 17<sup>th</sup> and the 2<sup>nd</sup> of the month, respectively. Checks can be mailed to your home, direct deposited into your bank account, or picked up at the office of TFI Resources after two (2) business days following the receipt of your timesheet. You should call the office of TFI Resources to confirm the receipt of your timesheet.
- **NOTE: Your paycheck cannot be picked up by anyone other than you without prior written consent to TFI Resources. TFI Resources is not responsible for lost, stolen, or mailed checks not delivered by the U.S. Postal Service. TFI requires a**

**one (1) week waiting period before reissuing a paycheck. If you request a check to be reissued before the waiting period has passed, there will be a \$15.00 replacement fee deducted from the paycheck.**

#### FORM W-2

TFI Resources will issue a Form W-2 by January 31<sup>st</sup> of next year for your tax records. **If you move during the year, please notify us of your change of address.** If you need to change your W-4 or update your employment records with new information, please call our office.

#### COMPENSATION

Hours worked that require payment of overtime wages will be paid at time and one-half unless you are classified as exempt from overtime laws and regulations. **You should obtain your job site supervisor's approval to work overtime. Your time sheet must reflect actual hours worked.** Bonuses, severance pay, parking or toll reimbursements, vacation or holiday pay, and sick leave are not paid by TFI Resources except in instances where the client company agrees to reimburse TFI for these expenses. Deductions will not be made from paychecks unless authorized. In the event of time sheet error or miscalculation, paychecks may be adjusted to reflect actual hours worked.

#### BENEFITS

TFI Resources does not offer group insurance, a pension plan, paid holidays or paid vacations. Individual health plans, dental and vision discounts, and credit union membership are available to temporary and contract employees. More information is available upon request.

#### USE OF MOTOR VEHICLES

Without prior written consent from TFI Resources, the driving of personal or company motor vehicles while on assignment is strictly prohibited. The use of personal or client company automobiles or trucks shall be solely at your risk and the client company. Consent from TFI Resources shall be contingent upon a review of your driving history and evidence of adequate liability insurance.

#### SAFETY/REPORTING INJURIES

It is the responsibility of each employee to become familiar with the safety and emergency procedures of the client company. Any job related injury should be reported immediately to the job site supervisor and to the office of TFI Resources. **If any job related injury or illness is not reported as soon as possible, reimbursement for medical claims may be denied.** It is important that you report any unsafe working conditions to the office of TFI Resources.

#### DISCRIMINATION

TFI Resources is an Equal Opportunity Employer and complies with all state and federal laws regarding discrimination. Please inform TFI Resources of any instance in which you believe that you may have been subjected to discrimination.

#### SEXUAL HARASSMENT

Inform TFI Resources promptly if you are sexually harassed or accused of harassment on the job. Harassment is defined by the Equal Opportunity Commission as "unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when submission to the conduct enters into employment decisions and/or the conduct unreasonably interferes with an individual's work performance or creates an intimidating, hostile, or offensive working environment."

#### EMPLOYMENT TERMINATION

Please be aware that your employment is "at-will." Either the employer (TFI Resources) or you may terminate employment at any time with or without cause. Termination may occur with little or no notice. **Before filing a claim for unemployment benefits, you are required by law to contact TFI Resources or your recruiter/staffing company regarding your availability for other assignments. Failure to do so may result in a denial of unemployment benefits.**

#### EMPLOYEE/EMPLOYER ACKNOWLEDGEMENT

**I understand and acknowledge that TFI Resources is my employer of record for my current temporary or contract work assignment. TFI is responsible for all employment related responsibilities including payroll, payroll taxes, unemployment claims, and workers' compensation insurance. I understand that I am not an employee of any recruiting firm who may have referred me to TFI Resources; and I am not an employee of any client company where I may perform a temporary or contract work assignment.**

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Employee Signature

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Print Name

---

Date

**NOTE:** These employment policies are a guideline and are not intended to imply any contractual rights. They may be changed or modified by TFI Resources at any time without prior notice. Your signature constitutes understanding, acceptance and acknowledgment of the policies stated. Please keep a copy for your records. If you have any questions regarding these policies, please call TFI Resources at (713) 975-7576.

# Form W-4 (2008)

**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 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$900 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits,

adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

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

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

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

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

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

**Nonresident alien.** If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2008. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

**A** Enter "1" for **yourself** if no one else can claim you as a dependent . . . . . **A** \_\_\_\_\_

**B** Enter "1" if:   
 { • 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** \_\_\_\_\_

**C** Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . **C** \_\_\_\_\_

**D** Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return . . . . . **D** \_\_\_\_\_

**E** Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) . . . . . **E** \_\_\_\_\_

**F** Enter "1" if you have at least \$1,500 of **child or dependent care expenses** for which you plan to claim a credit . . . . . **F** \_\_\_\_\_

(**Note.** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

**G** **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.   
 • If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child.   
 • If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have 4 or more eligible children. **G** \_\_\_\_\_

**H** Add lines A through G and enter total here. (**Note.** This may be different from the number of exemptions you claim on your tax return.) ▶ **H** \_\_\_\_\_

For accuracy, **complete all worksheets that apply.**   
 { • If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.   
 • If you have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.   
 • If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

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

Form <b>W-4</b>		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b>		<b>2008</b>
1 Type or print your first name and middle initial.		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 <b>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.</b> ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)			5	
6 Additional amount, if any, you want withheld from each paycheck			6	\$
7 I claim exemption from withholding for 2008, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶				7
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (Form is not valid unless you sign it.) ▶				Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)	

## Instructions

Please read all instructions carefully before completing this form.

**Anti-Discrimination Notice.** It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination.

### What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and non-citizen) hired after November 6, 1986 is authorized to work in the United States.

### When Should the Form I-9 Be Used?

All employees, citizens and noncitizens, hired after November 6, 1986 and working in the United States must complete a Form I-9.

### Filling Out the Form I-9

**Section 1, Employee:** This part of the form must be completed at the time of hire, which is the actual beginning of employment. Providing the Social Security number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

**Preparer/Translator Certification.** The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his/her own. However, the employee must still sign **Section 1** personally.

**Section 2, Employer:** 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.

Employers must complete **Section 2** by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required

document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, **Section 2** must be completed at the time employment begins. **Employers must record:**

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the Form I-9. **However, employers are still responsible for completing and retaining the Form I-9.**

**Section 3, Updating and Reverification:** Employers must complete **Section 3** when updating and/or reverifying the Form I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in **Section 1**. Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B and:

1. Examine any document that reflects that the employee is authorized to work in the U.S. (see List A **or** C);
2. Record the document title, document number and expiration date (if any) in Block C, and
3. Complete the signature block.

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

**Form I-9, Employment Eligibility Verification**

Please 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 eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification.** To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

**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 or national of the United States
- A lawful permanent resident (Alien #) A \_\_\_\_\_
- An alien authorized to work until \_\_\_\_\_  
(Alien # or Admission #) \_\_\_\_\_

Employee's Signature	Date (month/day/year)
----------------------	-----------------------

**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.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

**Section 2. Employer Review and Verification.** To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

**CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)**

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

**Section 3. Updating and Reverification.** To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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 (month/day/year)
----------------------------------------------------	-----------------------

## LISTS OF ACCEPTABLE DOCUMENTS

<b>LIST A</b> Documents that Establish Both Identity and Employment Eligibility	<b>LIST B</b> Documents that Establish Identity	<b>LIST C</b> Documents that Establish Employment Eligibility
	<b>OR</b>	<b>AND</b>
1. U.S. Passport (unexpired or expired)	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	1. U.S. Social Security card issued by the Social Security Administration <i>(other than a card stating it is not valid for employment)</i>
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	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	2. Certification of Birth Abroad issued by the Department of State <i>(Form FS-545 or Form DS-1350)</i>
3. An unexpired foreign passport with a temporary I-551 stamp	3. School ID card with a photograph	3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. An unexpired Employment Authorization Document that contains a photograph <i>(Form I-766, I-688, I-688A, I-688B)</i>	4. Voter's registration card	4. Native American tribal document
5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer	5. U.S. Military card or draft record	5. U.S. Citizen ID Card <i>(Form I-197)</i>
	6. Military dependent's ID card	6. ID Card for use of Resident Citizen in the United States <i>(Form I-179)</i>
	7. U.S. Coast Guard Merchant Mariner Card	7. Unexpired employment authorization document issued by DHS <i>(other than those listed under List A)</i>
	8. Native American tribal document	
9. Driver's license issued by a Canadian government authority	<b>For persons under age 18 who are unable to present a document listed above:</b>	
	10. School record or report card	
	11. Clinic, doctor or hospital record	
	12. Day-care or nursery school record	

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

**EMPLOYEE AUTHORIZATION AGREEMENT  
FOR AUTOMATIC PAYROLL DEPOSITS**

**PLEASE TYPE OR PRINT CLEARLY.**



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Fax 800-765-0652  
1616 S. Voss, Suite 700  
Houston, Texas 77057  
www.TFIresources.com

\_\_\_\_\_  
Employee Name (Last, First & Middle Initial)

**PathFinder Staffing**  
\_\_\_\_\_  
Recruiter/Staffing Agency

\_\_\_\_\_  
Social Security Number                      \_\_\_\_\_  
Contact Phone Number

<b>Action Type</b>
_____ New
_____ Change
_____ Cancel

I hereby authorize TFI RESOURCES to initiate and make credit entries and debit entries (for the purpose of adjusting any credit entries made in error to my account) at the indicated financial institution and I hereby authorize the indicated financial institution to accept and post such entries to my account. The forgoing authorization is solely for the purpose of facilitating automatic payroll deposit.

**IMPORTANT:** I understand it may take up to forty-eight (48) hours after TFI RESOURCES transmits my funds before they are posted to my account. Further, I understand that it is my responsibility to verify the crediting of funds by my financial institution prior to writing checks against my account.

This authorization is effective until I cancel my direct deposit, by delivering written notice of cancellation to TFI RESOURCES at least five business days prior to the desired termination date. However, I understand that this authorization will automatically terminate on the first of the month following sixty (60) consecutive days of inactivity. After becoming inactive, I will have to complete a new Authorization Agreement before TFI RESOURCES will initiate any further automatic payroll deposits. TFI RESOURCES may terminate this authorization agreement at any time.

I hereby authorize TFI RESOURCES to provide a copy of this authorization only as necessary for purposes of automatic payroll deduction.

NAME OF BANK: \_\_\_\_\_  
CITY / STATE / ZIP: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
ACCOUNT NUMBER: \_\_\_\_\_  
BANK ROUTING/TRANSIT #: \_\_\_\_\_

CHECK ONE:  CHECKING ACCOUNT  
 SAVINGS ACCOUNT

If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid in a timely manner.

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

**NOTE:** Any time you change your bank account authorization, it may take seven (7) to ten (10) business days before payroll can be transmitted by direct deposit. Please let our office know if you would like that live check mailed to you or if you would prefer to pick it up at our office.

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For Account Verification:  
**ATTACH VOIDED CHECK – (not a deposit slip)**  
Please Do Not Use Staples

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PHONE 713-975-7576  
 PHONE 800-701-4014  
 FAX 713-783-1566  
 FAX 800-765-0652  
 1616 S. VOSS, STE. 700  
 HOUSTON, TX 77057

DATE \_\_\_\_\_  
 EMPLOYEE NAME \_\_\_\_\_  
 CLIENT COMPANY \_\_\_\_\_  
 WORK PHONE \_\_\_\_\_

HD

PAYROLL SERVICE FOR:

**EMPLOYEE TIME SHEET**

**PATHFINDER STAFFING**

DAY	DATE	START	LUNCH		END	REG HOURS	OT HOURS	REMARKS
			OUT	IN				
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								
SUNDAY								
<b>TOTALS:</b>	_____ >							

Express hours worked in decimals & round to the nearest quarter hour.  
 For example: (7 hrs 15 min = 7.25 hrs) (7 hrs 45 min = 7.75 hrs)  
 (7 hrs 35 min = 7.50 hrs) (7 hrs 40 min = 7.75 hrs)

**THIS WEEK'S TOTAL HOURS WORKED**

PAYCHECK DISTRIBUTION	STATEMENT OF ACCURACY	APPROVAL OF HOURS WORKED
Fax time sheets by noon C.S.T. on Monday. Paychecks will be mailed on Tuesday evening. Any other arrangements should be explained on time sheet and confirmed by phone with a payroll administrator of TFI Resources.	I attest that the hours stated on this time sheet were worked by me during the time period shown above and that these hours were properly certified by an authorized representative of the client company.	Execution of this form by the client company constitutes a certification that the TOTAL hours listed are correct as stated, that the work was performed in a satisfactory manner, and that the applicable fees are due and payable to <b>TFI Resources</b> upon receipt of invoice.
MAIL CHECK <input type="checkbox"/>	Employee Signature	Authorized Client Company Rep/Mgr Signature
PICK-UP CHECK <input type="checkbox"/>	My Assignment Will Continue Next Week: YES <input type="checkbox"/> NO <input type="checkbox"/>	Print authorized representative name _____ Title _____

**IMPORTANT NOTES - PLEASE READ:**

- Fees relating to the cost of collecting amounts due per this time sheet including attorney's fees, court costs, and interest at the maximum non-usurious rate shall be reimbursed by the client company. Any litigation arising due to non-payment of an invoice shall be conducted in Harris County, Texas, which shall have exclusive jurisdiction over such proceedings.
- Hours worked that require payment of overtime wages shall be billed at 1.5 times the regular hourly billing rate.
- Employee acknowledges that he/she has received meal and rest periods as mandated by state law.
- Employee acknowledges that he/she has not been injured or suffered an on-the-job illness during the time period covered on this time sheet.
- Client company shall not authorize, request or cause any temporary employee to operate machinery, automobiles, trucks or other vehicles, regardless of ownership, without obtaining prior written consent from TFI Resources. Temporary employees shall not be authorized, requested, or allowed to drive on client company business without prior written consent from TFI Resources. Job duties shall be limited to office tasks.
- Client company agrees to provide a safe worksite free from unlawful harassment or discrimination.
- Client company shall not authorize any temporary employee to handle cash, credit cards, negotiable instruments, or other valuables without prior written consent from TFI Resources. Temporary employees shall not have access to unattended premises and shall not approve, submit, or process invoices for payment or authorize expenditures of any kind without strict supervision by client company and written approval from TFI.
- Client company shall not authorize or request any temporary worker to undertake foreign or offshore travel without prior written consent from TFI.
- As the employer of record for temporary or contract workers provided by PathFinder Staffing, TFI Resources makes no representations, express or implied, as to the background or qualifications of any worker furnished by PathFinder Staffing or to the accuracy of any facts or information provided by PathFinder Staffing. Background checks and drug screens are not performed by TFI or PathFinder Staffing on temporary or contract workers unless specifically requested in writing by the client company. TFI Resources disclaims any responsibility for any actions taken by a temporary or contract worker while under the direct control and supervision of the client company.

**HIRING POLICY:** PathFinder Staffing refers personnel on the basis that all fees are paid by the client company. Unless otherwise agreed to in writing, a temporary or contract worker hired in any capacity by a client company within one year from the last date of a temporary or contract assignment shall cause a standard personnel placement fee to be due PathFinder Staffing. PathFinder Staffing shall furnish a standard fee schedule to client company upon request. A client company who refers a temporary or contract worker to an affiliated company, associate, friend, or other entity shall be liable for a standard personnel placement fee if the worker is hired within one year of such referral.