

Four Seasons Traffic Control

615 VT Rte. 31 Poultney Vt 05764



Employee Application

Employee Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Email Address _____

SS# _____

D.O.B _____

Are you over the age of 18? Yes No

Are you a U.S. citizen? Yes No

Are you legally allowed to work in the United States? Yes No

Do you have any Experience Yes No If yes where

Do you have reliable transportation? Yes No

Do you have a valid drivers License Yes No If yes Drivers License #

When are you available to start? _____

What days are you Available?

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Jobs are outside and in the elements - this means extreme heat,cold,rain, snow etc. Job sites and crews will change with customer/buisness needs

Not all job sites have the manpower to provide breaks. (excluding bathroom use) Will you be able to work with the conditions listed above?

Please sign below to acknowledge.

Signature

Date

In the event of employment, I understand that false or misleading information given on this application or interview may lead to immediate dismissal. I understand that I am required to abide by all rules, regulations, policies, and procedures of FSTC, LLC.

Please sign below to acknowledge.

Signature

Date

I understand and agree that, if employed, employment will be "AT WILL". That either I or the employer (FSTC, LLC) may end the employment relationship at any time, for any reason, or for no reason. I understand receipt of this application does not imply or guarantee employment. This application and/or any documents of FSTC, LLC are not contracts of employment.

Please sign below to acknowledge.

Signature

Date

Employee Direct Deposit Authorization

Instructions

Employee: Fill out and return to your employer.

Employer: Save for your files only.

This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Do **not** send this form to Intuit. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

Account 1

Account 1 type: ☐ Checking ☐ Savings

Bank routing number (ABA number): _____

Account number: _____

Percentage or dollar amount to be deposited to this account: _____

Account 2 (remainder to be deposited to this account)

Account 2 type: ☐ Checking ☐ Savings

Bank routing number (ABA number): _____

Account number: _____

attach a voided check for each account here

Authorization (enter your company name in the blank space below)

This authorizes _____ (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Authorized signature: _____ Employee ID #: _____

Print name: _____ Date: _____

Employee's Withholding Certificate

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

OMB No. 1545-0074

2025

Step 1:
Enter
Personal
Information

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

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

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

Step 2:
Multiple Jobs
or Spouse
Works

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

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

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

Step 3:
Claim
Dependent
and Other
Credits

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 \$

Multiply the number of other dependents by \$500..... \$

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here

3 \$

Step 4
(optional):
Other
Adjustments

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income

4(a) \$

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here

4(b) \$

(c) **Extra withholding.** Enter any additional tax you want withheld each pay period

4(c) \$

Step 5:
Sign
Here

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

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

Date

Employers
Only

Employer's name and address

First date of
employment

Employer identification
number (EIN)



Employment Eligibility Verification

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

USCIS

Form I-9

OMB No.1615-0047

Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number 		Employee's Email Address			Employee's Telephone Number
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		☐ 1. A citizen of the United States				
		☐ 2. A noncitizen national of the United States (See Instructions.)				
		☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)				
		☐ 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any) _____				
		If you check Item Number 4. , enter one of these:				
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
Signature of Employee					Today's Date (mm/dd/yyyy)	

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
		☐ Check here if you used an alternative procedure authorized by DHS to examine documents.			

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.		First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative <i>West, Amanda Payroll / Human Resources</i>		Signature of Employer or Authorized Representative <i>Amanda West</i>
Employer's Business or Organization Name <i>Four Seasons Traffic Control LLC</i>		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Address, City or Town, State, ZIP Code <i>615 VT Route 31 Poultney, VT 05764</i>		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

Vermont Department of Taxes
Employee's Withholding Allowance Certificate - Form W-4VT

All Vermont employees should complete this form.
To be filed with your employer.

Last Name	First Name	Initial	Social Security Number
Filing Status - Check ONE			
☐ Single	☐ Married/Civil Union Filing Jointly	☐ Married/Civil Union Filing Separately	☐ Married, but withhold at higher single rate

Vermont Allowances Worksheet

1. Enter "1" for yourself if no one can claim you as a dependent. **1.** _____
2. Enter "1" if you are filing jointly and your spouse does not work **2.** _____
3. Enter the number of dependents you plan to claim on your tax return. If you file jointly, then only one of you should claim the dependents on your W-4VT **3.** _____
4. Enter "1" if you plan to file as "head of household". **4.** _____
5. Total number of Vermont allowances. (Add Lines 1 through 4 and enter total here.) **5.** _____
6. Enter an additional amount, if any, you want withheld from each check. **6.** _____

Exempt: If you had a right to a refund of all your Vermont income tax withheld last year because you had no tax liability and you also expect to have no liability this year, write "Exempt" here. _____

General Information

Form W-4VT is designed so that you can have as much "take-home pay" as possible without an income tax liability due to Vermont when you file your tax return. Each withholding allowance you claim on Line 5 above will reduce the amount of income you are taxed on and therefore the amount of Vermont income tax withheld each paycheck.

Here are some things to remember as you complete this form:

- Generally, dependents are children under 19 (or up to 24 if they are a full-time student) and any relatives who live with you and you support financially.
- If you and your spouse both claim your dependents on your respective W-4VTs, not enough income tax will be withheld, and you might end up with taxes due when you file. Only one spouse should claim the dependents.
- If you entered an additional amount to be withheld on the federal W-4, consider entering 30% of that amount on Line 6.
- If you have more than one employer, consider claiming zero allowances with the employer(s) where you earn less income.

Signature

I certify that I am entitled to the number of withholding allowances claimed on this certificate.	
Employee's Signature	Date

This form may be photocopied as needed.

**VT Form
HC-2****DECLARATION OF
HEALTH CARE COVERAGE****This form must be completed
annually by all uncovered
employees. Employers must
retain this form for 3 years.**

Employer: This form is **only** to be completed by employees if you offer to pay a portion of a health care plan that provides hospital and physicians services to at least some of your employees. You must retain all employee declaration forms together in a file for three years and be able to produce them in the event of an audit.

Employer's Legal Name *(Please print)* Four Seasons Traffic Control LLC

Employee: Complete and sign this form and return it to your employer. The purpose of this form is to obtain information regarding your health care coverage. The information you provide on this form will be used solely for purposes of determining if your employer must pay Health Care Contributions as required under Vermont law at 32 V.S.A § 10503.

Employee's Full Name *(Please print)*

Employee ID or Social Security Number

Date of Birth

Will the employee be under the age of 18 for the entire calendar year?



YES



NO

If **YES**, stop. Please sign the bottom of the form and submit it to your employer.

If **NO**, please continue to complete this form and submit it to your employer.

Check the box beside the statement that best describes your health care coverage.

1. My employer offers health care coverage to me.

☐ I have accepted the health care coverage offered and provided by my employer.

2. My employer offers health care coverage to me, and I have not accepted my employer's coverage.

☐ I have health care coverage that includes hospital and physicians services from a source other than Medicaid or Vermont Health Benefit Exchange.

My coverage is provided through: _____

☐ I am a full-time employee and have health care coverage as an individual through the Vermont Health Benefit Exchange.

☐ I have Medicaid.

☐ I have no health care coverage.

3. My employer does not offer health care coverage to me.

☐ I am a part-time employee who works fewer than 30 hours per week, **and** I have coverage from a source other than Medicaid that offers hospital and physicians services.

☐ I am a seasonal employee who expects to work for this employer 20 or fewer weeks during this calendar year, **and** I have coverage from a source other than Medicaid that offers hospital and physicians services.

☐ I have health care coverage that offers hospital and physicians services.

My coverage is provided through: _____

☐ I am a part-time or seasonal employee, and I do not have health care coverage **or** I am covered by Medicaid.

☒ I have no health care coverage.



I certify the above information is accurate and true to best of my knowledge and belief.

Employee Signature _____ Date _____

Note: If your health care coverage changes within the year, you must complete a new Declaration of Health Care Coverage.

EMERGENCY INFORMATION FORM

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

E-mail: _____

Allergies (Food, Insects, Medications):

Any medical issues or medications you take that we should be aware of?

Emergency Contact

Name: _____

Phone: _____

Relation: _____

E-mail: _____

Equipment Sign Out Sheet

ITEM	COST	ISSUED
Hi-Vis FSTC Vest	\$45.00	
Hi-Vis Mesh Pants	\$45.00	
Hard Hat	\$35.00	
Radio	\$125.00	
Stop/Slow Paddle	\$200.00	
Night Wand	\$20.00	
"Flagger Symbol" Sign	\$150.00	
"Flagger Ahead" Sign	\$150.00	
"Utility Work Ahead" Sign	\$150.00	
"Be Prepared To Stop" Sign	\$150.00	
"One Lane Road" Sign	\$150.00	
"Work Zone" Sign	\$150.00	
"End Road Work" Sign	\$150.00	
"Shoulder Closed" Sign	\$150.00	
"Right Lane Shift" Sign	\$150.00	
Cones	\$60.00	
Other		

X

Employee Printed Name

X

Employee Signature

Four Seasons Traffic Control, LLC.

Office (In-House) Contact Numbers:

Office:

Payroll/Human Resource -Amanda West-(802)-377-1992

Dispatch- Jolene Hazelton-(518)-260-8679

Billing:

Billing Manager - Sharon Gates- (802)379-6562

Billing Assistant - Jasmine Gates-(802)430-4600

Billing Assistant - Destiny Gates -(802)379-7097

Four Seasons Traffic Control

Policies And Procedures

Effective January 1st, 2025



Accident and Injury Policy

Any Employee injured while on a job site and or traveling to a job, shall be required to file an accident/injury report the same day as it occurs.

Any Employee Driving a company vehicle must have a police report filed immediately as soon as it happens.

Any Employee involved in any incident resulting in any type of injury, either from negligence, and/or from any accident on a job site, Employees must receive the necessary medical care as well as filing an accident report.

Any Employee witnessing any said incidents are required to prepare a statement, sign off on said statement and provide it to the office staff.

Any Employees injured while on a job site and or driving a company vehicle, shall be required to provide a urine analysis.

If any of the above occur contact **Dispatch** Immediately

ATSSA And Other Certification Policy

Effective January 1st, 2025

ALL Employees MUST obtain an ATSSA certification within the first two (2) weeks of employment. The four-hour course to be certified for ATSSA will be provided by Four Seasons Traffic Control LLC., (“FSTC”).

\$90.00 will be withheld from your first check

ATSSA must be completed within the first two weeks of employment.

OSHA 30 will be the responsibility of the employee, (\$160.00) if unable to pay yourself, Four Seasons will pay for it up front and take 4 weekly payments of \$40.00 for 4 weeks.

Note: If you need to come into the office to take either of these courses you will be charged a \$10.00 non-refundable fee.

BASIC CODE OF CONDUCT

Effective January 1st, 2025

Dispatch will give you a start time daily. Please arrive 15 minutes early (Half Hour Recommended) and be in full uniform and prepared to be on the road by the start time given. Arriving late to a jobsite may result in Employees being replaced or dismissed from the jobsite without pay.

Callouts **MUST** be made in the form of a **PHONE CALL** to Dispatch (text messages and emails are **NOT** acceptable means of communication) with **NO LESS** than a 2-hour notice prior to the start of your shift. It is important to give Dispatch as much prior notice as possible to replace any employee for a jobsite. If Employees are sick, it is the **EMPLOYEES RESPONSIBILITY** to make sure **THEY** contact **DISPATCH** for the following shift so you may be ready to return to a jobsite, if the employee does not contact Dispatch, you will not be scheduled for the following shift.

NO CALL / NO SHOW is considered an automatic voluntary resignation of employment. Attendance is key in this field of work. Our job is to provide traffic control, and keep the public safe, as well as the contractors and our workers safe. Not showing up to your job site puts everyone at risk.

TIME OFF REQUESTS must be made to Dispatch as soon as possible, not the day you are scheduled to work.

DISPATCH is the **ONLY** available person for staff with 24/7 availability. Please be mindful that an employee shall **NOT** be contacting dispatch for non-onsite issues or emergency call outs after 9pm. If any Employee needs to reach out in an emergency, please contact the appropriate staff

member. Please be Mindful of business hour as our in-house staff shall NOT be contacted AFTER 9pm. If it is NOT an emergency, 9 P.M. is the very latest to reach out to any staff, please wait until the next morning to contact staff.

NEVER sit on or in, lean against your vehicle, guard rails, coolers, etc. The ONLY acceptable time to sit in your vehicle or any of the above list is during your break. Supervisors will be randomly and frequently checking on job sites. Any Employees found to be not following the protocol will be liable for dismissal.

ALL Employees shall always conduct themselves in a PROFESSIONAL manner while on ANY jobsite.

ALL Employees shall NOT use vulgar language of any kind while on ANY jobsite. Including: over radios, Employee to Employee, ANY passerby, OR toward a Contractor.

ANY Employee involved with ANY TYPE of altercation, physical or verbal, shall be liable for disciplinary actions up to, but not limited to, suspension WITHOUT pay, REMOVED from job sites, and up to TERMINATION.

ALL Employees are to report ANY issues to their immediate supervisor and Dispatch at (518) 260-8679 or Amanda Office Manager at (802) 725-0906.

MISUSE OF EQUIPMENT

Employees shall **NOT** utilize stop paddles and cones as an enforcement tool to control unruly traffic. Equipment is intended for **MUTCD** purposes only. Misuse, negligence in the handling, misuse of the equipment and/or tampering with the equipment for purposes other than their intended usage is **NOT** permitted. Can result in suspension or termination. Four Seasons Traffic Control LLC. follows **ALL MUTCD** rules and regulations as well as **State** and **Federal** rules, regulations and laws.

RETURN OF EQUIPMENT/GEAR

Upon end of employment and/or termination of employment, employees are expected to return **ALL** gear/equipment in **GOOD WORKING ORDER**. **Failure** to return gear/equipment to Four Seasons Traffic Control LLC will be **considered theft** and can lead to civil prosecution (small claims court).

CELL PHONE POLICY

Effective January 1st, 2025

Cell Phones are **NOT** to be used or permitted while on the road. If you need to make a phone call and/or text, you **MUST** let your co-worker know that you need to step out of the road momentarily. You **MUST** be completely off the roadway, (in the grass or a driveway, etc.).

Cell Phones are **NOT** to be used to listen to music, podcasts, etc., while on the road. This INCLUDES: ear buds, headphones, and/or Bluetooth devices.

If there is **NOT** a safe way to maintain the traffic with a solo flagger, speak to the Foreman, (Contractor), politely ask for a break.

EXCEPTIONS for Cell Phone use are as follows, Emergency calls and pre-scheduled appointments.

EMPLOYEE DRESS CODE POLICY

Effective January 1st, 2025

ALL Employees **MUST** be in **FULL** uniform provided by Four Seasons Traffic Control LLC., (“FSTC”), while on **ANY** job site.

ALL Employees are responsible for having the proper Personal Protective Equipment, (“PPE”), **AT ALL TIMES**. This includes **PROPER** “PPE” AND equipment. Including: hard hats, radios, and night wands. Employee “uniforms” are as follows, “hi-vis” vests, “hi-vis” pants, “hi-vis” bibs, (if weather is permitting), “hi-vis” winter coats, (if weather is permitting), as well as work boots. Sneakers, running shoes, and/or any other type of footwear are **NOT** permitted.

ALL Employees **MUST** wear pants and an appropriate shirt underneath their uniform.

Employees may wear shorts while on a job site, with mesh Hi-Vis pants as well.

ALL Employees who are deployed on **ANY** job site, will be subject to an equipment, as well as a “PPE” audit WEEKLY. **ANY** Employee/Employees who are found to not be in compliance with the aforementioned policies will be subject to repayment of **ANY** and **ALL** equipment that Employee/Employees do **NOT** have readily available.

ANY Employees, who are not in proper uniform as listed above, the Employee/Employees, will be replaced as soon as possible for the entirety of the workday and/or night.

VEHICLE POLICY

Effective January 1st, 2025

Vehicles **MUST** be brought **BACK TO THE OFFICE** for inspections and mileage readings **EVERY TWO WEEKS**. The employee assigned to the vehicle is **RESPONSIBLE** for general maintenance and care of the vehicle keeping it in good working order. Failure to follow the policy **WILL** result in the loss of privileges of **ALL** company vehicles. **NO EXCEPTIONS**. It is the **RESPONSIBILITY** of the **EMPLOYEE** to schedule a time frame to meet at the **OFFICE** for the inspection. **MISUSE** and **DAMAGE** of the property **WILL** result in financial responsibility by the employee. Damage done **NEEDS** to be reported to the office and proper authorities **IMMEDIATELY**. Proper documentation is **REQUIRED**. Four Seasons Traffic Control does not permit the use of **COMPANY** vehicles for personal usage. Four Seasons Traffic Control does **NOT** permit the use of tobacco, alcohol, or **ANY** illegal substances in any company vehicle. **FAILURE** to abide will result in the **LOSS** of privileges of **ALL** company vehicles. Four Seasons Traffic Control has equipped **ALL** vehicles with **GPS** and **Camera Monitoring Systems**. Vehicles systems are monitored daily. Tampering with these will result in the **loss of privileges** of the vehicle and/or **Termination**. The vehicle **MUST** be clean and organized at all times. All Equipment FSTC provides in the company vehicles **MUST** stay in the vehicle. (Cords, Lights, Chargers Ect.)

Vehicle Daily Inspection

1. ALL LIGHTS ARE IN WORKING CONDITION AND LENSES ARE NOT CRACKED AND/OR BROKEN.
2. ALL MIRRORS AND WINDOWS ARE CLEAN AND NOT BROKEN, CRACKED, AND/OR MISSING.
3. CHECK UNDERNEATH OF VEHICLE DOES NOT HAVE DEBRIS, PARTS HANGING, OR FLUIDS LEAKING.
4. ALL TRASH, FOOD PRODUCTS NOT LEFT IN VEHICLE.
5. DASH IS IN WORKING ORDER/ NO LIGHTS ARE ON.
6. INTERIOR IS CLEAN AND FREE OF NEW TEARS, RIPS AND/OR STAINS .
7. INSPECT TIRES/LUG NUTS TO SEE IF THEY ARE IN SAFE OPERATING ORDER.
8. CHECK FLUIDS/OIL.
9. CHECK ALL SIDES OF VEHICLE FOR DAMAGE/ NEW DAMAGE.
10. CHECK MILEAGE/LOG MILEAGE.

NO SMOKING IN VEHICLES

MILEAGE REIMBURSEMENT POLICY

Effective January 1st, 2025

Mileage **MUST** be logged before the trip starts daily.

Mileage **BEGINS** from Employees home and **ENDS** when you meet with the Contractor, (once you meet the Contractor, then you are to report the jobsite. Mileage is **NOT** paid for travel after the initial “meeting spot”).

Mileage reimbursement will **ONLY** be paid out if your trip, (home to “meeting spot”, then “meeting spot” back to employee home), round trip of 120 miles total.

The total amount of reimbursement will be **NO MORE** than \$25.00/Daily.

Employees are **PERSONALLY** responsible for **ALL** tolls.

Ride Share Responsibilities

Effective January 1st, 2025

If you are sharing a ride with your teammate, you must share the gas expenses.

All parties must agree to a certain amount per day for gas. This includes everyone (roommates, couples). The driver Shouldn't be the only one paying for gas.

If someone does not help pay for gas the driver needs to contact Amanda "Office Manager" at (802) 725-0906 so that we can get them the money that was agreed on from their ride shares.

By signing this you understand if you don't pay your share of gas payroll will withhold agreed to amount from your check and give it to the driver.

All agreements must be written up and signed by all parties.

SAFETY PROTOCOL POLICY

Effective January 1st, 2025

SAFETY is the top priority at Four Seasons Traffic Control LLC.

We care about not only our employees, but our contractors and their employee's safety as well.

COMMUNICATION is of the utmost importance when directing traffic while working as a flagger. ALWAYS communicate with your teammate and/ or teammates. ALWAYS confirm traffic is clear and it is safe to proceed with allowing the flow of traffic to begin.

ALL Employees will be ATSSA certified, therefore they shall know ALL safety precautions. Any Employee engaging in unsafe practices will be reprimanded as well as discussing what precisely was unsafe and why.

ANY Employees who receive THREE disciplinary action reports will be terminated. Employees will forfeit **ALL** sick time hours as well.

Employees are encouraged to refrain from high sugar content drinks while working. This can lead to dehydration among other ailments. We encourage employees to bring a lot of water as well as drinks with electrolytes to avoid dehydration.

Employees are encouraged to bring healthy snacks containing protein to "refuel" throughout the day. Examples include granola, trail mix, vegetables, nuts, etc.

Employees are encouraged to dress in layers to be prepared for any changes in weather conditions and be prepared for all weather conditions. Make sure to check your local weather forecast for your job site. ALWAYS bring extra clothing in case of emergency situations.

Sick Time Policy

Effective January 1st, 2025

Four Seasons Traffic Control LLC. (“FSTC”) is adamant to maintain the law set forth by state and federal law pertaining to sick time and employee government protected leave of absences.

ALL Employees will accrue .019 hours of paid sick time, per 1 hour worked. ALL Employees shall accrue a MAXIMUM of 40 hours paid sick time.

ALL Employees are entitled to state and federally protected FMLA leave. FSTC shall follow all guidelines pertaining to FMLA regulations.

ALL Employees MUST present a doctor’s note when missing a scheduled workday, if sick time is to be used in lieu of lost wages.

ANY Employee that has unused sick time at the end of the year, they shall LOSE their accrued time and begin from 0 again.

SEXUAL HARASSMENT POLICY

This employer is committed and obligated under state and federal law to ensure that this workplace is free from sexual harassment. This policy protects and applies to all persons engaged to perform work or services for this employer, regardless of employment classification.

What is sexual harassment?

Sexual harassment is a form of sex discrimination and means unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature when:

- (1) submission to that conduct is made either explicitly or implicitly a term or condition of employment.
- (2) submission to or rejection of such conduct by an individual is used as a component of the basis for employment decisions affecting that individual; or
- (3) The conduct has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

Examples of sexual harassment include, but are not limited to the following,

when such acts or behavior fall under one of the above definitions:

- either explicitly or implicitly conditioning any term of employment (e.g. continued employment, wages, evaluation, advancement, assigned duties or shifts) on the provision of sexual favors.
- touching or grabbing a sexual part of a person's body.
- touching or grabbing any part of any person's body after that person has indicated, or it is known, that such physical contact was unwelcome;
- continuing to ask a person to socialize on or off-duty when that person has indicated they are not interested.
- displaying or transmitting sexually suggestive pictures, objects, cartoons, or posters if it is known or should be known that the behavior is unwelcome.
- continuing to write sexually suggestive notes or letters if it is known or should be known that the person does not welcome such behavior.

- referring to or calling a person a sexualized name if it is known or should be known that the person does not welcome such behavior.
- regularly telling sexual jokes or using sexually vulgar or explicit language in the presence of a person if it is known or should be known that the person does not welcome such behavior.
- retaliation of any kind for having filed or supported a complaint of sexual harassment (e.g. ostracizing the person, pressuring the person to drop or not support the complaint, adversely altering that person's duties or work environment, etc.
- derogatory or provoking remarks about or relating to a person's sex or sexual orientation.
- harassing acts or behavior directed against a person based on his or her sex or sexual orientation.

or ☐ off-duty conduct which falls within the above definition and affects the work environment.

What this employer will do if it learns of possible sexual harassment

In the event this employer receives a complaint of sexual harassment or otherwise has reason to believe that sexual harassment is occurring, it will take all necessary steps to ensure that the matter is promptly investigated and addressed.

This employer is committed, and required by law, to take action if it learns of potential sexual harassment, even if the aggrieved person does not wish to formally file a complaint.

Every supervisor is responsible for promptly responding to, or reporting, any complaint or suspected acts of sexual harassment. Supervisors should report to Amanda (802)725-0906 (who has been designated to receive such complaints or reports), or to Heidi Stewart (the head of this organization).

Failure by a supervisor to appropriately report or address such sexual harassment complaints or suspected acts shall be considered in violation of this policy.

Care will be taken to protect the identity of the person with the complaints and of the accused party or parties, except as may be reasonably necessary to successfully complete the investigation. It shall be a violation of this policy for any person who learns of the investigation or complaint to take any retaliatory action which affects the working environment of any person involved in this investigation.

If the allegation of sexual harassment is found to be credible, this employer will take appropriate corrective action.

The employer will inform the person complaining and the accused person of the results of the investigation and what actions will be taken to ensure that the harassment will cease, and that no retaliation will occur. Any employee, supervisor, or agent found by the employer to have

committed harassment will be subject to sanctions appropriate to the circumstances, ranging from a verbal warning up to and including dismissal. If the allegation is not found to be credible, the person with the complaint and the accused person shall be so informed, with appropriate instruction provided to each, including the right of the complainant to contact any of the state or federal agencies identified in this policy notice.

What you should do if you believe you have been harassed

Any person who believes that she or he has been the target of sexual harassment, or who believes they have been subjected to retaliation for having brought or supported a complaint of harassment, is encouraged to directly inform the offending person or persons that such conduct is offensive and must stop. If the person subjected to the harassment does not wish to communicate directly with the alleged harasser or harassers, or if direct communication has been ineffective, then the person with the complaint is encouraged to report the situation as soon as possible to Amanda (802)725-0906 (who has been designated to receive such complaints or reports), or to her or his supervisor, or to Heidi Stewart at (802) 417-6143 (the head of this organization).

A person need not be the subject of the sexual harassment to report the offensive conduct to this employer.

Persons reporting or participating in an investigation of sexual harassment will be protected by this policy and by state and federal law.

It is helpful to an investigation if the person keeps a diary of events and the names of people who witnessed or were told of the harassment, if possible.

This employer is committed to ensuring rights are preserved and will not require individuals to waive their rights to be free from sexual harassment under federal and state law.

If the complainant is dissatisfied with this employer's action, or is otherwise interested in doing so, she or he may file a complaint by writing or calling any of the following state or federal agencies:

- Vermont Attorney General's Office, Civil Rights Unit, 109 State Street, Montpelier, VT 05609, ago.civilrights@vermont.gov, tel:(888)745-9195 (Toll Free VT) or (802)828-3657 (voice/TDD). Complaints should be filed within 360 days of the adverse action.
- Equal Employment Opportunity Commission, John F. Kennedy Federal Building, 475 Government Center, Boston, MA 02203, <https://www.eeoc.gov/employees/charge.cfm>, tel:1-800-669-4000 (voice), 1-800-669-6820 (TDD). Complaints must be filed within 300 days of the adverse action.
- Vermont Human Rights Commission, 14-16 Baldwin Street Montpelier, VT 05633-6301, email: human.rights@vermont.gov, tel: 1-800-416-2010 (Toll Free VT) or 1-802-828-1625 (voice),

(Only if you are employed by the State of Vermont). Complaints must be filed within 360 days of the adverse action.

Each of these agencies may conduct impartial investigations, facilitate conciliation, or pursue a civil action in state or federal court. Although individuals are encouraged to file their complaint of sexual harassment through this

Employer's complaint procedure, an individual is not required to do so before filing a charge with these agencies.

In addition, a complainant also has the right to hire a private attorney and to pursue a civil action in Superior Court. Where can I get copies of this policy?

A copy of this policy will be provided to every employee, and extra copies will be available in the following office:

Human Resources 615 VT RTE 31 Poultney, VT 05764

Additionally, written copies of this policy will be provided to every employee whenever this policy is updated.

Reasonable accommodations will be provided for persons with disabilities who need assistance in filing or pursuing a complaint of harassment, upon advance request.

Payable Hours

Employees MUST report the hours worked properly. Hours worked from the reporting time that the CONTRACTOR confirms YOU to meet them until THEY say they are done for the day.

TIME STEALING is AGAINST COMPANY POLICY and will **NOT** be permitted or TOLERATED. **COMMITTING THE OFFENSE WILL BE PUNISHABLE BY TERMINATION AFTER THE SECOND OFFENSE.**

If you arrive late to your site your starting time MUST reflect the time of your arrival.

Cancellations -

If you are scheduled to work and the job gets canceled within two hours of the start time employees shall receive a two-hour minimum.

Four Hour Minimum –

If you are scheduled to work and work less than four hours you will automatically be paid a four hour (4 HR) minimum. This must be presented on the do form and signed by all presenting parties.

Sign Off Sheet

Accident And Injury Policy

I have read and agreed to the terms of the Accident and Injury Policy.

Signature _____ **Date** _____

ATSSA Certification Policy

I have read and agreed to the terms of the ATSSA Certification Policy.

Signature _____ **Date** _____

Basic Code of Conduct

I have read and agreed to the terms of the Basic Code of Conduct Policy.

Signature _____ **Date** _____

Cell Phone Policy

I have read and agreed to the terms of the Cell Phone Policy.

Signature _____ **Date** _____

Employee Dress code policy

I have read and agreed to the terms of the Employee Dress Code Policy.

Signature _____ **Date** _____

Mileage Reimbursement Policy

I have read and agreed to the terms of the Mileage Reimbursement Policy.

Signature _____ **Date** _____

Return of Equipment/Gear Policy

I have read and agreed to the terms of the Return of Equipment/gear Policy.

Signature _____ **Date** _____

Ride Share Agreement Policy

I have read and agreed to the terms of the Ride Share Agreement Policy.

Signature _____ **Date** _____

Safety Protocol Policy

I have read and agreed to the terms of the Safety Protocol Policy.

Signature _____ **Date** _____

Sick Time Policy

I have read and agreed to the terms of the Sick Time Policy.

Signature _____ **Date** _____

Sexual Harassment Policy

I have read and agreed to the terms of the Sexual harassment Policy.

Signature _____ **Date** _____

Payable Hours Policy

I have read and agreed to the terms of the Payable Hours Policy.

Signature _____ **Date** _____

Vehicle Policy

I have read and agreed to the terms of the Vehicle Policy.

Signature _____ **Date** _____

Vehicle Inspection Policy

I have read and agreed to the terms of the Vehicle Inspection Policy.

Signature _____ **Date** _____

Ride Share Agreement Form

I the undersigned agree to pay _____

Per day to _____

For my share of gas to and from work.

Driver's Signature _____

Date _____

Passenger's Signature _____

Sign Off Sheet

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