

**POST-EMPLOYMENT  
INFORMATION PACKET  
PAVEMENT SOLUTIONS, LLC**

### **Employee Notice Regarding I-9 Information**

It is understood by the employees of Pavement Solutions, LLC and their related companies, that the information provided by the employee on the required I-9 form, may be shared with Contractors as required by contract documents. Homeland Security may require this information on government, state and/or municipal projects.

If required, a copy of the employee's I-9 document, and related information, will be sent to the Contractor. Signing below authorizes Pavement Solutions, LLC, and their related companies, to provide this information when needed to fulfill contract requirements.

## Instructions

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 United States) 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-authorized 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. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

### What Is the Purpose of This Form?

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

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

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

### Filling Out Form I-9

#### Section 1, Employee

This part of the form must be completed no later than 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.**

**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.

**Employers should note** the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. **Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands).** For such employees, reverification does not apply unless they choose to present

in **Section 2** evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

#### 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 or 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 authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed 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. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

#### Employers must record in Section 2:

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 in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

**For more detailed information, you may refer to the *USCIS Handbook for Employers (Form M-274)*. You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."**

### Section 3, Updating and Reverification

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). 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 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 (updating), complete Block B and the signature block.
- C. If an employee is rehired within three 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 the employee is authorized to work in the United States (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.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

#### What Is the Filing Fee?

There is no associated filing 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 Privacy Act Notice below.

#### USCIS Forms and Information

To order USCIS forms, you can download them from our website at [www.uscis.gov/forms](http://www.uscis.gov/forms) or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at [www.uscis.gov](http://www.uscis.gov) or by calling 1-888-464-4218.

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 our website at [www.uscis.gov/e-verify](http://www.uscis.gov/e-verify) or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at [www.uscis.gov](http://www.uscis.gov).

#### Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

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

#### Privacy Act Notice

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

This information is for employers to verify the eligibility of individuals 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.

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 form will be kept by the employer and made 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.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

## 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 12 minutes per response, including the time for reviewing instructions and completing and submitting 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 Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

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

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

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 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 of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) \_\_\_\_\_
- An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year)

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: _____	OR	_____	_____	_____
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 authorized 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 authorization.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____

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 (month/day/year)
--	-----------------------

## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
<b>OR</b>		<b>AND</b>
1. U.S. Passport or U.S. Passport Card	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. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	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. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	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
	4. Voter's registration card	
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	5. U.S. Military card or draft record	5. Native American tribal document
	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	
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	<b>For persons under age 18 who are unable to present a document listed above:</b>	6. U.S. Citizen ID Card (Form I-197)
	10. School record or report card	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	
		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)**

# Form W-4 (2012)

**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 2012 expires February 18, 2013. 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 \$950 and includes more than \$300 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 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** The IRS has created a page on IRS.gov for information about Form W-4, at [www.irs.gov/w4](http://www.irs.gov/w4). Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

## 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 \$1,900 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 \$61,000 (\$90,000 if married), enter "2" for each eligible child; then **less "1"** if you have three to seven eligible children or **less "2"** if you have eight or more eligible children.  
 • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child . . . . . **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 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.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <span style="font-size: 2em; font-weight: bold;">2012</span>	
1 Your first name and middle initial _____ Last name _____		2 Your social security number _____			
Home address (number and street or rural route) _____ City or town, state, and ZIP code _____		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.			
		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) _____		5 _____		6 \$ _____	
6 Additional amount, if any, you want withheld from each paycheck . . . . .					
7 I claim exemption from withholding for 2012, 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 (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 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions . . . . . 1 \$ \_\_\_\_\_
- 2 Enter: { \$11,900 if married filing jointly or qualifying widow(er) }  
           { \$8,700 if head of household } . . . . . 2 \$ \_\_\_\_\_  
           { \$5,950 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 2012 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 *Converting Credits to Withholding Allowances for 2012 Form W-4* worksheet in Pub. 505.) . . . . . 5 \$ \_\_\_\_\_
- 6 Enter an estimate of your 2012 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 \$3,800 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 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. 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 <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$70,000	\$570	\$0 - \$35,000	\$570
5,001 - 12,000	1	8,001 - 15,000	1	70,001 - 125,000	950	35,001 - 90,000	950
12,001 - 22,000	2	15,001 - 25,000	2	125,001 - 190,000	1,060	90,001 - 170,000	1,060
22,001 - 25,000	3	25,001 - 30,000	3	190,001 - 340,000	1,250	170,001 - 375,000	1,250
25,001 - 30,000	4	30,001 - 40,000	4	340,001 and over	1,330	375,001 and over	1,330
30,001 - 40,000	5	40,001 - 50,000	5				
40,001 - 48,000	6	50,001 - 65,000	6				
48,001 - 55,000	7	65,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 72,000	9	95,001 - 120,000	9				
72,001 - 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.



MISSOURI DEPARTMENT OF REVENUE  
 TAXATION DIVISION  
 P.O. BOX 3340  
 JEFFERSON CITY, MO 65105-3340  
 FAX:(573) 526-8079

**MO W-4**  
 (REV. 12-2010)

This certificate is for income tax withholding and child support enforcement purposes only.  
**PLEASE TYPE OR PRINT.**

**EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE**

FULL NAME		SOCIAL SECURITY NUMBER	FILING STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> HEAD OF HOUSEHOLD
HOME ADDRESS (NUMBER AND STREET OR RURAL ROUTE)		CITY OR TOWN, STATE AND ZIP CODE	

1. <b>ALLOWANCE FOR YOURSELF:</b> Enter 1 for yourself if your filing status is single, married, <b>OR</b> head of household. ....	1	
2. <b>ALLOWANCE FOR YOUR SPOUSE:</b> Does your spouse work? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter 0. If NO, enter 1 for your spouse .....	2	
3. <b>ALLOWANCE FOR DEPENDENTS:</b> Enter the number of dependents you will claim on your tax return. Do not claim yourself or your spouse or dependents that your spouse has already claimed on his or her Form MO W-4. ....	3	
4. <b>ADDITIONAL ALLOWANCES:</b> You may claim additional allowances if you itemize your deductions or have other state tax deductions or credits that lower your tax. Enter the number of additional allowances you would like to claim. ....	4	
5. <b>TOTAL NUMBER OF ALLOWANCES YOU ARE CLAIMING:</b> Add Lines 1 through 4 and enter total here. ....	5	
6. <b>ADDITIONAL WITHHOLDING:</b> If you expect to have a balance due (as a result of interest income, dividends, income from a part-time job, etc.) on your tax return, you may request your employer to withhold an additional amount of tax from each pay period. To calculate the amount needed, divide the amount of the expected balance due by the number of pay periods in a year. Enter the additional amount to be withheld each pay period here. ....	6	\$
7. <b>EXEMPT STATUS:</b> If you had a right to a refund of <b>ALL</b> of your Missouri income tax withheld last year because you had <b>NO</b> tax liability and this year you expect a refund of <b>ALL</b> Missouri income tax withheld because you expect to have <b>NO</b> tax liability, write "EXEMPT" on Line 7. See information below. ....	7	
8. If you meet the conditions set forth under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act and have no Missouri tax liability, write "EXEMPT" on line 8. See information below. ....	8	

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.

EMPLOYEE'S SIGNATURE (Form is not valid unless you sign it.)	DATE
EMPLOYER'S NAME	FEDERAL EMPLOYER IDENTIFICATION NUMBER
EMPLOYER'S ADDRESS	MISSOURI TAX IDENTIFICATION NUMBER

**NOTICE TO EMPLOYER:** Within 20 days of hiring a new employee, send a copy of Form MO W-4 to the: Missouri Department of Revenue, P.O. Box 3340, Jefferson City, MO 65105-3340 or fax to (573) 526-8079. For additional information regarding new hire reporting, please visit [www.dss.mo.gov/cse/newhire.htm](http://www.dss.mo.gov/cse/newhire.htm).

**—EMPLOYEE INFORMATION—**  
**You Do Not Pay Missouri Income Tax on All of the Income You Earn!**  
 Visit [www.dor.mo.gov](http://www.dor.mo.gov) to try our online withholding calculator.

Deductions and exemptions reduce the amount of your taxable income. Form MO W-4 is completed so you can have as much "take-home pay" as possible without an income tax liability due to the state of Missouri when you file your return. Deductions and exemptions reduce the amount of your taxable income. *If your income is less than the total of your personal exemption plus your standard deduction, you should mark "EXEMPT" on Line 7 above.* The following amounts of your annual Missouri adjusted gross income will not be taxed by the state of Missouri when you file your individual income tax return.

Single	Married Filing Combined	Head of Household
\$2,100 — personal exemption	\$ 4,200 — personal exemption	\$ 3,500 — personal exemption
\$5,800 — standard deduction	\$11,600 — standard deduction	\$ 8,500 — standard deduction
\$7,900 — Total	\$15,800 — Combined Total (For both spouses)	\$12,000 — Total
+ \$1,200 for each dependent	+ \$1,200 for each dependent	+ \$1,200 for each dependent
+ up to \$5,000 for federal tax	+ up to \$10,000 for federal tax	+ up to \$5,000 for federal tax

**Items to Remember:**

- If your filing status is married filing combined and your spouse works, do not claim an exemption on Form MO W-4 for your spouse.
- If you and your spouse have dependents, please be sure only one of you claim the dependents on your Form MO W-4. If both spouses claim the dependents as an allowance on Form MO W-4, it may cause you to owe additional Missouri income tax when you file your return.
- If you have more than one employer, you should claim a smaller number or no allowances on each Form MO W-4 filed with employers other than your principal employer so the amount withheld will be closer to your amount of total tax.
- If you itemize your deductions, instead of using the standard deduction, the amount not taxed by Missouri may be a greater or lesser amount.
- If you are claiming an "EXEMPT" status due to the Military Spouses Residency Relief Act you must provide one of the following to your employer: Leave and Earnings Statement of the non-resident military servicemember, Form W-2 issued to the nonresident military servicemember, a military identification card, or specific military orders received by the servicemember. You must also provide verification of residency such as a copy of your state income tax return filed in your state of residence, a property tax receipt from the state of residence, a current drivers license, vehicle registration or voter ID card.



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
AUTHORIZATION TO RELEASE INFORMATION

**NOTE: Section 287.380 (3) RSMo prohibits the Division from releasing information reported to the Division by an employer or insurer.**

**EMPLOYER: You must sign and date the statement below or this form will be returned to you.**

I hereby certify the information being sought by this request is being made on an applicant for employment only after a conditional job offer has been made, or on a current employee for a purpose which is job-related and consistent with business necessity. I further certify the information obtained in this request will not be used to discriminate in any manner against the individual who is the subject of this request on the basis to disability, in violation of the Americans with Disabilities Act of 1990. 42 U.S.C. §12101 et seq.

\_\_\_\_\_  
*Date (must be completed)*

\_\_\_\_\_  
*Employer's Signature*

\_\_\_\_\_  
*Title of Person Authorized by the Employer to Sign*

**To be completed by EMPLOYER: (Black ink only or 10 point font or greater)**

Employer's Full Name

Employer's Street Address

Employer's City, State, ZIP Code

**Employer's FEIN**

□□ - □□□□□□□□

**EMPLOYEE: For you to release this information with this form, you must be an employee or have received an offer of employment.**

I hereby voluntarily authorize the Missouri Division of Workers' Compensation to release information to the above referenced employer. The information to be released shall only include information generated by computer search and shall not include any copies of documents which may be in the Division's possession. I understand this authorization will include release of information covering both pending and closed cases involving any work related injuries on file with the Division resolved by a settlement approved by an administrative law judge or Award issued by an administrative law judge.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Employee's Signature*

**To be completed by EMPLOYEE: (Black ink only or 10 point font or greater)**

Employee's Full Name

Employee's Street Address

Employee's City, State, ZIP Code

**Employee's Social Security Number**

□□□□ - □□ - □□□□□□

State of \_\_\_\_\_, County (and/or City) of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, \_\_\_\_\_ (name of notary), a Notary Public in and for said state, personally appeared \_\_\_\_\_ (name of individual), known to me to be the person who executed the within Authorization to Release Information and acknowledged to me that \_\_\_\_\_ (he/she) executed the same for the purposes therein stated.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my Notarial Seal on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission expires: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Notary)

Affix Notarial Stamp:

## **No Weapons Workplace Policy**

### **Purpose**

The purpose of a policy is to ensure a safe environment for employees, customers and guests. It is important to establish a clear policy that specifically addresses weapons in the workplace.

### **Policy**

Pavement Solutions, LLC prohibits all persons who enter Pavement Solutions, LLC property (or any location where the Pavement Solutions, LLC conducts business, including construction sites) from carrying a handgun, firearm or weapon of any kind onto the property regardless of whether the person is licensed to carry the weapon or not. Possession of a concealed carry endorsement as authorized by the State of Missouri is not an exemption under this policy. Pavement Solutions, LLC property covered by this policy includes, without limitation, all Pavement Solutions, LLC owned or leased buildings and surrounding areas such as sidewalks, walkways, driveways and parking lots under Pavement Solutions, LLC ownership and control. Pavement Solutions, LLC vehicles are covered by this policy regardless of whether they are on Pavement Solutions, LLC property at the time.

This policy applies to all employees, contract and temporary employees, members, visitors on the property and customers and contractors on the property, regardless of whether or not they are licensed to carry a concealed firearm. The only exceptions to this policy will be police officers, security guards or other persons who have been given written consent by Pavement Solutions, LLC to carry a firearm into the property.

Employees violating this policy will be subject to disciplinary measures up to and including termination. Other persons violating this policy may be denied entrance to the premises and ordered to leave the premises, and may be reported to law enforcement authorities. If an employee becomes aware of anyone violating this policy, please report it to your supervisor immediately.

Prohibited weapons include, but are not limited to, handguns, firearms, rifles, shotguns, bb-guns, pellet guns, any device from which a projectile may be fired, bows and arrows, electronic stunning devices/stun-guns, pepper spray, tear-gas, explosives, metal/brass knuckles, blackjacks/slaps, bludgeons, clubs, knives, box-

cutters, slingshot, a firearm silencer and a gas gun. If you have a question about whether an item is covered by this policy, please call Human Resources.

### **Searches**

The company reserves the right to conduct searches of any person who enters Pavement Solutions, LLC property. Pursuant to this provision, Pavement Solutions, LLC is authorized to search lockers, desks, purses, briefcases, baggage, toolboxes, lunch sacks, clothing and any other item in which a weapon may be hidden. Additionally, Pavement Solutions, LLC may search a vehicle owned by it and used by the employee, regardless of whether the vehicle is located on Pavement Solutions, LLC property at the time. An employee may refuse the search; provided, however, that such refusal can result in termination of employment for refusal to cooperate.

### **Violation Policy**

Pavement Solutions, LLC will be implementing a three-strike policy for violations rendered by an employee. Violations can be but are not limited to attendance and safety. The three actions that will be taken upon violation are listed below:

- 1<sup>st</sup> Violation – Employee will receive a write up
- 2<sup>nd</sup> Violation – Employee’s job will be reviewed by the owners and employee
- 3<sup>rd</sup> Violation – Employee’s services will be terminated

If for some reason you are going to be late arriving or are unable to attend work you will need to call the office phone number at 636-970-2710 by 7:00am. If there is not an answer at the office you need to leave a message on the answering machine that is on 24 hours a day 7 days a week. Once you have left a message on the company answering machine, crew members should then attempt to reach their foreman on his cell phone. Office personnel should attempt to reach Ken at 314-393-7010 after leaving a message on the answering machine. This policy is effective immediately.

Initial \_\_\_\_\_

## **Vehicle Policy**

### General rules:

1. Vehicles owned or leased by the company are to be used only for company business with the following exceptions:
  - a. Commuting miles to and from the job or company office
  - b. Maximum of 50 personal miles weekly beyond commuting milesPersonal use of company vehicles beyond the outlined exceptions must be pre-approved by management.  
The company will hold the employee responsible for any applicable deductible costs associated with damage done to a company vehicle being used for personal use.
2. Only company employees who have been pre-authorized to operate vehicles for the company are authorized to drive for company purposes (herein referred to as Drivers).
3. Drivers' assigned vehicles are responsible for insuring that timely and routine maintenance items are scheduled to be performed.
4. All drivers are required to abide by all federal, state and local motor vehicle regulations, laws and ordinances.
5. All fines, defense costs and other legal penalties arising out of ticketed offenses are the responsibility of the driver.

### Pre-trip requirements:

1. Prior to starting a vehicle, drivers are required to inspect the vehicle exterior and the area around the vehicle, checking tires, leaks, body and general condition of the vehicle. Any defects or concerns should be reported immediately.
2. Drivers are responsible to ensure that all required documents are in the vehicle (Registration, Insurance Card and Accident Reporting Form).

## **Vehicle Use Policy**

1. Only authorized and approved employees may drive company vehicles.
2. Vehicles & Equipment should be checked each morning before use and any effects or
  - a. Unsafe conditions should be reported immediately.

3. The company vehicle will only be used in conducting company business unless given
  - a. Permission to do otherwise, from management, in writing.
4. Drivers as well as all crew members are responsible for vehicle and equipment maintenance. All problems should be reported to superintendents or management
  - a. Do Not Use Unsafe vehicle or equipment. Defects should be shown on inspection forms
  - b. Provided by management and again, defects should be corrected before using.
5. The use of alcoholic beverages, illicit drugs or other drugs is absolutely forbidden.
  - a. The use of any of these items will cause immediate termination of employment.
6. All drivers are required to have the correct driver's license for the vehicle he drives. Report all accidents to the office immediately. Names, addresses and telephone numbers should be obtained and turned into office.
7. Drivers are responsible for securing the load carried: ice chests, water cans and lids, tools, barrels, etc.
8. Drivers will follow all safety rules, speed limits and all other highway regulations.
9. Drivers shall not pick up hitchhikers or others to ride in vehicle.
10. Failure to comply with these rules could result in immediate termination.

### **Safety Program and procedures for Vehicle & Equipment**

The Management of Pavement Solutions, LLC and all its affiliated companies are firmly committed to safe and responsible operation of all its equipment and vehicles. Management considers accident control essential for both humanitarian and economic reasons. The cooperation of all employees is expected and required. It's essential that all employees read and understand the company vehicle use policy and the safety manual.

Because job performance affects the success of the entire fleet and equipment operations, every effort will be made to select the most qualified person for each job.

A current and valid license is required compatible with the type of vehicles to be driven.

A Motor Vehicle Record check will be required at various times. Driving checks and road tests will be given for any new drivers in the type of vehicle they expect to drive. The results will become part of your record.

Periodic re-evaluations will be required especially if someone has repeat occurrences. Supervisors will be directly responsible for proper and safe job performance. Lines of communication between management and operations will be kept open.

Every accident will be investigated and reviewed by the safety person and reviewed by management. A procedure will be established for analyzing the accident data. The purpose of this is to find out the cause if possible and initiate action to control or eliminate it.

**Just a reminder:   Seat belts are the law – WEAR THEM**  
**Obey ALL traffic signals**  
**Check your vehicle & equipment daily & Report Deficiencies**

The insurance company has provided a mobile equipment and automotive inspection report booklet. Use these as the occasion arises.

### **General Operating Safety Rules**

1. A driver may not operate a vehicle at any time when his/her ability is impaired, affected, or influenced by alcohol, illegal drugs, medication, illness, fatigue or injury.
2. The driver and all occupants are required to wear safety belts when operating or riding in a vehicle. The driver is responsible to ensure all passengers are wearing their safety belts at all times.



3. Drivers are encouraged to lock doors and drive with headlights on at all times.
4. Drivers shall not use any radar detector, laser detector or similar devices.
5. Drivers shall not push or pull another vehicle or tow a trailer without authorization.
6. Drivers shall not assist disabled motorist or accident victims beyond level of their medical training: EMT, CPR, Basic First Aid, etc. If a driver is not qualified to provide the above services, he/she must restrict his/her assistance to calling the proper authorities.

Post-trip:

1. All accidents, vehicle problems or defects must be reported immediately to your immediate supervisor. Said reporting will include any forms required by your supervisor.
2. Drivers are required to notify their supervisor of any tickets, accidents or other violations they have received while driving any vehicle, as it could affect your state motor vehicle report and driving privileges. Notification must be as soon as reasonably possible but in no way, later than the next scheduled driving duty to be performed. Motor vehicle reports will be checked annually and periodically at management's discretion.

### **Seat Belt Policy**

It is the policy of Pavement Solutions, LLC and all its subsidiaries that all employees will wear seat belts while operating any of the X-L Contracting, Inc., MDK Development LLC, Real Estate Development Strategies, LLC and Pavement Solutions vehicles. This rule is in effect for all employees and covers all company vehicles as well as any vehicles hired by X-L Contracting, Inc., Real Estate Development Strategies LLC, MDK Management LLC and Pavement Solutions.

Our safety policy is stated in the documentation each employee signs at time of hire. Our employees are required to follow all state and local traffic regulations as stated in the safety manual. By signing this form, you agree to follow our safety manual policies and agree to wear a seat belt. Safety manuals are available for your use at any time. Please see Ken if one is needed for review.

Initial \_\_\_\_\_

## **Employee Policy Regarding Computer Hardware, Programs & Related Peripherals**

It is understood by the employees of Pavement Solutions, LLC and their related companies, that the computer hardware, computer programs, access to the internet and related peripherals are provided to assist the employees with completing their daily tasks, and all are the property and under the control of Pavement Solutions, LLC

Use of these are prohibited for personal use, to the extent such action will hinder, impair or disrupt workload.

All employees should understand that any personal information and communication accessed through the property of and programming and services provided by Pavement Solutions, LLC should not be considered either secured or personal. The employee has no expectation of privacy should they decide to access or transmit personal information using the resources owned or provided by Pavement Solutions, LLC

## **Safety Pin Regulations**

Safety pins will be used on all quick couplers. If a machine is used without the safety pin installed, it is grounds for immediate termination of employment.

## **Driver Eligibility**

- Company vehicles are to be driven by authorized employees only, except in emergencies, or in case of repair testing by a mechanic. Spouses and other family members are not authorized to drive the Company vehicle.
- Any employee who has a driver's license revoked or suspended shall immediately notify Kenneth Novel and HR Department, and discontinue operation of the company vehicle. Failure to do so may result in disciplinary action, including dismissal.
- All accidents, regardless of severity, must be reported to the police and to Kenneth Novel and HR Department. Failing to stop after an accident and/or failure to report an accident may result in disciplinary action, including dismissal.
- Drivers must immediately report all summonses received for moving violations during the operation of a company vehicle to Kenneth Novel and HR Department.

- All CDL drivers must comply with all applicable D.O.T. regulations, including successful completion on medical, drug, and alcohol evaluations.
- Motor Vehicle Records will be ordered periodically to assess employees' driving records. An unfavorable record will result in a loss of the privilege of driving a Company vehicle.

The following system will be used to determine eligibility to operate a Company vehicle:

- **ALL TYPE 'A' VIOLATIONS** (as defined below) WILL RESULT IN TERMINATION OF DRIVING PRIVILEGES FOR EMPLOYEES AND WILL DISQUALIFY ANY POTENTIAL DRIVER EMPLOYEES.
- ANY DRIVERS (EMPLOYEES OR APPLICANTS) SHOWING ONE OF THE FOLLOWING WILL BE RESTRICTED FROM DRIVING COMPANY VEHICLES:
  - One (1) or more type 'A' Violations in the last 5 years
  - Three (3) or more accidents (regardless of fault) in the last 3 years.
  - Two(2) or more at-fault accidents in the last 3 years.
  - Three (3) or more type 'B' violations in the last 3 years
  - Any combination of accidents and type 'B' violations which equal Three (3) or more in the last 3 years.

**Type 'A' Violations:**

- Driving While Intoxicated
- Driving While Under the Influence of Drugs
- Negligent Homicide Arising out of the use of a Motor Vehicle (gross negligence)
- Operating During a period of Suspension or Revocation
- Using a Motor Vehicle for the commission of a Felony
- Aggravated Assault with a Motor Vehicle
- Operating a Motor Vehicle Without the Owners Authority (grand theft)
- Permitting an Unlicensed Person to Drive
- Reckless Driving
- Speed Contest (racing)
- Hit and Run (Bodily Injury or Property Damage)

**Type 'B' Violations**

- All Moving Violations not listed as type 'A' Violations

## **Driver Safety Rules**

- The use of a company vehicle while under the influence of intoxicants and other drugs is forbidden and is sufficient cause for discipline, including dismissal.
- No driver shall operate a company vehicle when his/her ability to do so safely has been impaired by illness, fatigue, injury, or prescription medication.
- All drivers and passengers operating or riding in company vehicles must wear seat belts, even if air bags are available.
- No unauthorized personnel (e.g. Hitch-hikers) are allowed to ride in company vehicles.
- Drivers are responsible for the security of XL Contracting, Inc. and its affiliates' vehicles assigned to them. The vehicle engine must be shut off, ignition keys removed, and vehicle doors locked whenever the vehicle is left unattended. If the vehicle is left with a parking attendant, only the ignition key is to be left.
- Head lights shall be used 1/2 hour after sunset and 1/2 hour before sunrise, or during inclement weather or at any time when a distance of 500 feet ahead of the vehicle cannot be seen clearly.
- All other state laws, local laws, or D.O.T. Motor Carrier Safety Regulations must be obeyed.

## **Defensive Driving Rules**

- Drivers are required to maintain a safe following distance at all times. To estimate your following distance, pick a stationary object ahead of you. As the vehicle in front of you passes the object, begin counting 1001, 1002, 1003, etc. until you reach the same object. This counts the number of seconds between you and the vehicle ahead of you.
- Drivers of passenger vehicles should keep a two-second interval between their vehicle and the vehicle immediately ahead. During slippery road conditions, the following distance should be increased to at least four-seconds.
- Drivers of heavy trucks should keep a minimum of a three-second interval when not carrying cargo; and at least four-seconds when fully loaded. Following distance should also be increased when adverse conditions exist.
- Drivers must yield the right of way at all traffic control signals and signs requiring them to do so. Drivers should also be prepared to yield for safety's sake at any time. Pedestrians and bicycles in the roadway always have the right of way.
- Avoid driving in other driver's blind spots; attempt to maintain eye contact with the other driver, either directly or through mirrors.

- Drivers must honor posted speed limits. In adverse driving conditions, reduce speed to a safe operating speed that is consistent with the conditions of the road, weather, lighting, and volume of traffic. Tires can hydroplane on wet pavement at speeds as low as 40 MPH.
- Turn signals must be used to show where you are heading; while going into traffic and before every turn or lane change.
- When passing or changing lanes, view the entire vehicle in your rear view mirror before pulling back into that lane.
- Be alert of other vehicles, pedestrians, and bicyclists when approaching intersections. Never speed through an intersection on a caution light. Approach a stale green light with your foot poised over the brake to reduce your reaction time should it be necessary to stop. When the traffic light turns green, look both ways for oncoming traffic before proceeding.
- When waiting to make left turns, keep your wheels facing straight ahead. If rear-ended, you will not be pushed into the lane of oncoming traffic.
- When stopping behind another vehicle, leave enough space so you can see the rear wheels of the car in front. This allows room to go around the vehicle if necessary, and may prevent you from being pushed into the car in front of you if you are rear-ended.
- Avoid backing where possible, but when necessary, keep the distance traveled to a minimum and be particularly careful.
- Check behind your vehicle. Operators of heavy trucks should walk around their vehicle before backing and/or have someone guide you.
- Back to the driver's side. Do not back around a corner or into an area of no visibility.

### **What To Do In Case of An Accident**

In an attempt to minimize the results of an accident, the driver must prevent further damages or injuries and obtain all pertinent information and report it accurately.

- Call for medical aid if necessary.
- Secure accident scene -- pull onto shoulder or side of road, redirect traffic, set up road flares/reflectors, etc.
- Call the police. All accidents, regardless of severity, must be reported to the police. If the driver cannot get to phone, he should write a note giving location to a reliable appearing motorist and ask him to notify the police.

Initial \_\_\_\_\_

- Record names and addresses of driver, witnesses, and occupants of the other vehicles and any medical personnel who may arrive at the scene.
- Complete the form locating in the CNA Vehicle Accident Packet. Pertinent information to obtain includes:
  - license number of other drivers
  - insurance company names and policy numbers of other vehicles
  - make, year, model of other vehicles
  - date and time of accident
  - overall road and weather conditions
- Draw a diagram of the accident scene and note the street names and locations of traffic signs, signals, etc.
- Do not discuss the accident with anyone at the scene except the police. Do NOT accept any responsibility for the accident. DON'T argue with anyone.
- Provide the other party with your name, address, phone number, drivers license number, and insurance information.
- Immediately report the accident to Kenneth Novel and the HR Department. Provide a copy of the accident record and/or your written description of the accident to Kenneth Novel and the HR Department ASAP.
- Cooperate fully with any follow-up from CNA Claims personnel.

### **Vehicle Maintenance**

Proper vehicle maintenance is a basic element of any fleet safety program, not only to ensure a safe, road worthy vehicle, but also to avoid costly repair expenses and unexpected breakdowns.

- Registration and Inspection is the responsibility of the assigned driver.
- Drivers of D.O.T. regulated vehicles are required to inspect their vehicle prior to usage, documenting and notifying the company mechanic of deficiencies found.
- In addition to inspections required by law for passenger vehicles, routine inspections of critical items, such as brakes, lights, tires, wipers, etc., must also be completed by drivers of passenger vehicles.
- The vehicle should be cleaned (interior & exterior) regularly to help maintain its good appearance for you and XL Contracting, Inc. A clean vehicle makes a good impression on customers.
- The vehicle manufacturer's maintenance schedule should be referenced and closely following regarding recommended maintenance intervals.

## **DRIVER EVALUATION COMMITTEE**

We have also established a committee to review motor vehicle records and employee driving records to determine an individual's continued authority to operate a company vehicle. The committee will have sole responsibility for approval or disapproval of continued authority to operate a vehicle. The President may override a decision but not until open discussion has been held with the committee.

## **ACCIDENT REVIEW BOARD**

In order to improve overall control of our fleet operations we have established an accident review board. The purpose of the board is to review accidents to determine preventability and to assess points against an employee's authorization to operate a company vehicle. Any preventable accident will be assessed points against authority to operate a vehicle as determined by the President. More than one preventable accident may be grounds for termination of authority to operate a vehicle. A preventable accident with injuries may be grounds for immediate dismissal at the President's discretion.

## **EMPLOYEE AUTHORIZATION FOR MVR REVIEW**

I acknowledge that the information contained in the Company's Vehicle Fleet Safety Policy has been reviewed with me, and a copy of the policy and driver rules have been furnished to me. As a driver of a company vehicle, I understand that it is my responsibility to operate the vehicle in a safe manner and to drive defensively to prevent injuries and property damage.

I also understand that my employer will periodically review my Motor Vehicle Record to determine continued eligibility to drive a company vehicle. In accordance with the Fair Credit Reporting Act, I have been informed that a Motor Vehicle Record will be periodically obtained on me for continued employment purposes.

I acknowledge the receipt of the above disclosure and authorize my employer or its designated agent to obtain a Motor Vehicle Record report. This authorization is valid as long as I am an employee or employee candidate and may only be rescinded in writing.

Initial \_\_\_\_\_

\_\_\_\_\_  
PRINT - EMPLOYEE'S NAME

\_\_\_\_\_  
DRIVER'S LICENSE NUMBER

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

DATE

\_\_\_\_\_  
REVIEWER'S SIGNATURE

DATE

**Emergency Contact**

Please provide the following:

Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_

Phone # \_\_\_\_\_

Alternate Phone # \_\_\_\_\_

**Safety Manual sign**

I \_\_\_\_\_ have read and understand the Pavement Solutions,  
LLC Safety Manual.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)





# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0146  
(expires 11-30-2013)

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact \_\_\_\_\_.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Pavement Solutions, LLC		4. Employer Identification Number (EIN) 26-0374141	
5. Employer address 20 Mid Rivers Trade Court, Ste 110		6. Employer phone number 636-970-2727	
7. City St. Peters	8. State Missouri	9. ZIP code 63376	
10. Who can we contact about employee health coverage at this job? Human Resources			
11. Phone number (if different from above)		12. Email address knovel@pavementstl.com	

Here is some basic information about health coverage offered by this employer:

•As your employer, we offer a health plan to:

- All employees. Eligible employees are:
- Some employees. Eligible employees are:  
Full-time, non-collective bargaining employees

•With respect to dependents:

- We do offer coverage. Eligible dependents are:  
Immediate family members of covered full-time, non-collective bargaining employees
- We do not offer coverage.

- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.