Name :_____ Date : _____

VOLUNTEER SUBCONTRACTOR TEMPORARY EMPLOYEE POLICY ACKNOWLEDGEMENT ORIENTATION WORKBOOK

PLEASE RETURN SIGNED FORM PACKET TO YOUR MANAGER OR GROUP LEAD | POLICY DESCRIPTIONS CAN BE FOUND IN THE TAKE HOME PACKET

2026

Volunteers, Subcontractor Employees and Temporary Staffing Agencies Training

Levy Training and Acknowledgments

Required annually. Average completion time is 30 minutes. This training includes:

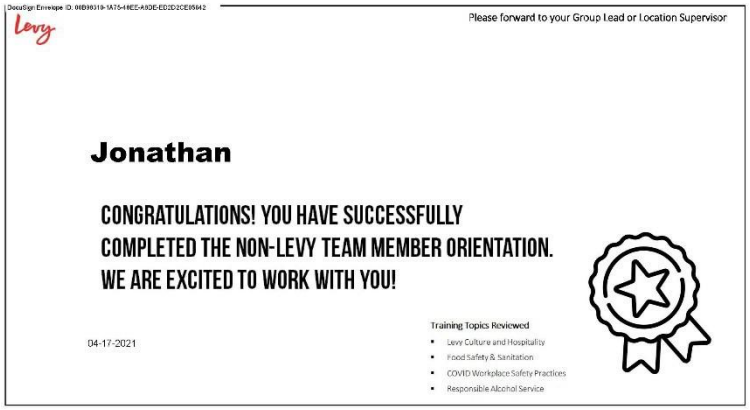
- Cash handling and cash equivalent procedures
- Safety and sanitation, non-slip shoes, cut resistant gloves, OSHA
- Policy against harassment and discrimination
- Health reporting agreement
- Liquor liability and responsible alcohol servicestandards

Acknowledgments to sign:

- Fair Treatment Policy
- Payment Integrity Policy
- Health Reporting Agreement
- Safety Pledge
- Safety Basics and Policies
- Policy and Training Acknowledgment

Instructions

- Complete the training found at: Volunteer/Temp/Subcontractor Orientation and RAS Training
  - You will need this packet handy while you complete the training
  - Download the completion certificate (see sample below)
- Provide your training completion certificate to your group lead or manager
- Sample training completion certificate:



Please forward to your Group Lead or Location Supervisor

Jonathan

CONGRATULATIONS! YOU HAVE SUCCESSFULLY COMPLETED THE NON-LEVY TEAM MEMBER ORIENTATION. WE ARE EXCITED TO WORK WITH YOU!

04-17-2021

Training Topics Reviewed

- Levy Culture and Hospitality
- Food Safety & Sanitation
- COVID Workplace Safety Practices
- Responsible Alcohol Service

Initial: _____

Attach Creating Legends Certificate of Completion

VOLUNTEER / TEMP / SUBCONTRACTOR SERVSAFE REQUIRED TRAINING

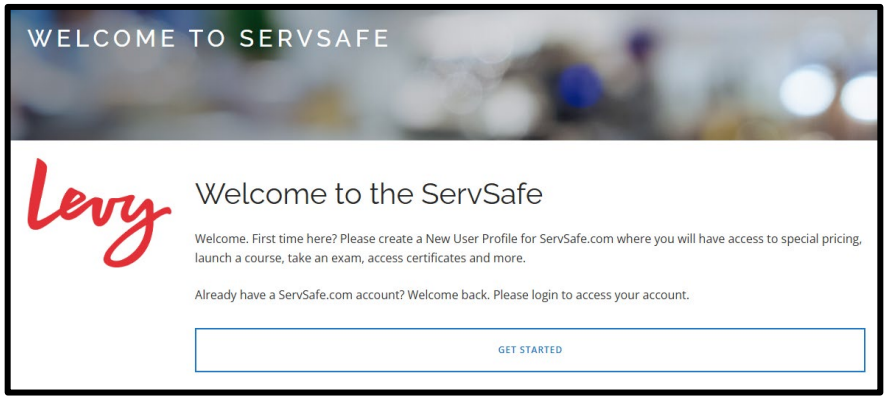
One may ***not*** sell or serve alcohol at any Levy locations unless they have completed the required training below. If you have any questions, please reach out to your Levy HR partner.

1. Watch a short Levy orientation video found at Volunteer/Temp/Subcontractor Orientation and RAS Training
2. It is legally required to complete ServSafe Alcohol Certification training. This state-recognized certificate is valid for three (3) years

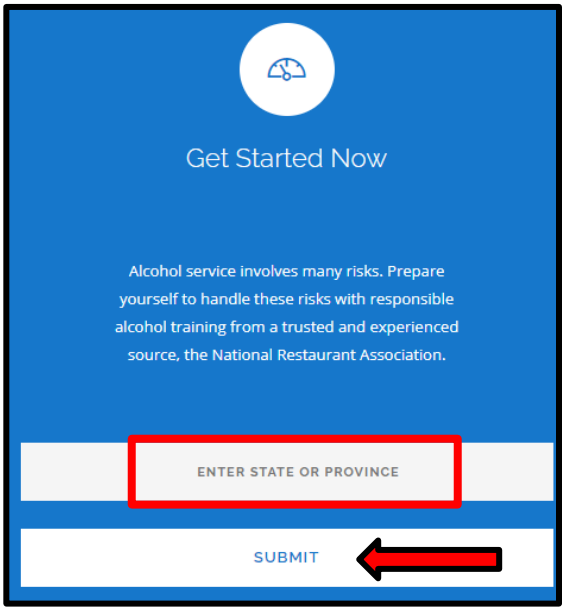
If you currently have a valid ServSafe Alcohol certification (or state-specific equivalent), you do not need to complete*

To complete ServSafe Alcohol Certification, follow the steps below:

Visit the Levy Discount Portal and create a new account or login using your current login.



After logged in, click on '**ServSafe Alcohol'** at the top. Then enter the state you're serving alcohol in and click '**Submit**'.



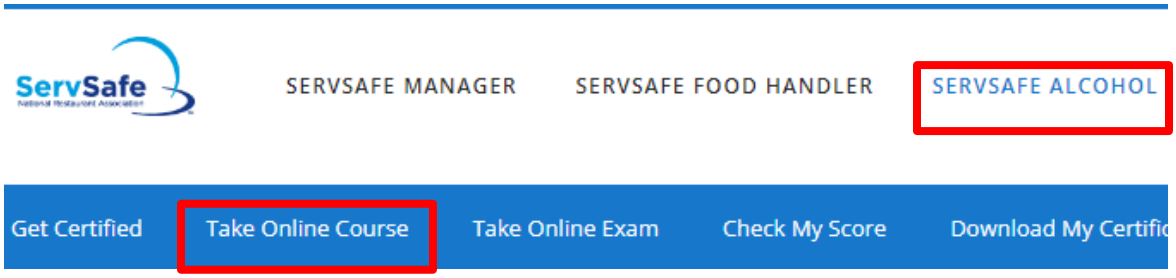
Add the discounted ServSafe Alcohol Online Course and Primary Exam – 3rd Edition to your cart. Click '**View Your Cart**', then '**Checkout**'. Continue with the payment process to complete.

NOTE: *the provided portal and discount is* ***ONLY*** *applicable to anyone working at a Levy location - activity is monitored. Any distribution of this portal outside of intended purposes may result in termination of the team member and associated group/company.*

To take your online course:

Click on '**ServSafe Alcohol**' at the top of the screen, scroll down and select '**Take Online Course**'

Click '**Launch**' next to the ServSafe Alcohol Course.



Complete the online course. When finished click on '**Take Online Exam**'.

Select the state specific alcohol exam from the dropdown options. If your state does not appear, select '**Primary ServSafe Alcohol Exam**'.

Your exam access code will populate automatically, click '**Continue**' to start your exam.

You will be notified if you have passed or failed immediately after the exam. After 48 hours you will be able to print your certificate any time you need it by going to Certificates, then View/Print Certificates. Certificates are valid for three years.

Acknowledgement of Receipt of the Statement of Anti-Discrimination, Harassment, Retaliation, and Bullying (*Fair Treatment Policy*)

This will acknowledge that I have received, read, and understand the "Statement of Anti-Discrimination, Harassment, Retaliation, and Bullying" (*Fair Treatment Policy*) of Compass Group USA, Inc., which is dated January 2026. I acknowledge that it is my responsibility to also be familiar with the Company's Code of Business Conduct.

Acknowledgement of Receipt of the Sexual Harassment Policy

I acknowledge that I have received, read, and understand the Sexual Harassment Policy. I further acknowledge that I have been instructed to report any alleged incidents of sexual harassment **immediately** to my Manager, any member of management, or HR representative. I understand that I may also report sexual harassment using the SpeakUp Hotline by calling 1-800-498-2954. In addition, I acknowledge that it is my responsibility to be familiar with the Fair Treatment Policy.

Signature_____ Date_____

Please complete this Acknowledgement and return it to your immediate Manager as soon as possible for filing.

PAYMENT INTEGRITY POLICY

This policy is all encompassing for Company locations regardless of whether cash is accepted at the property. Because some Company locations have a policy in place to only accept electronic forms of payment, some items in this policy may not be applicable to those locations.

1. The POS system may not be left unattended/unsecured at any time.
2. The POS system must not be left open at any time other than during an actual transaction. The team member must lock or log off their POS when leaving the vicinity. Sharing a POS login between team members is not permitted.
3. No products may be given away free to guest. Any 'gifting', gratis, or unauthorized discounting will be considered a misappropriation of funds/property.
4. Team Member will NEVER accept cash payment when working at location that does not accept cash tenders.
5. Team member may not accept tips or payment for products using personal electronic accounts or devices (QR Codes, Venmo, QuickPay, Zelle, or other cash apps, personal credit, or debit card, etc.).
6. All sales must be entered into the POS immediately and payment taken upon the conclusion of the transaction. The cash drawer and/or sales ticket must be closed at the conclusion of each transaction.
7. Team member may not make any notes or document any financial transactions during their shift.
8. Locations that generate paper receipts must retain the guest signature copy for transactions above the approved limit assigned by location. The signed portion will be retained and reconciled at the end of the day.
9. A receipt and/or record with location number and items purchased must be documented for all non- monetary transactions (i.e. meal vouchers, employee meals, and frequent buyer card utilization) so that all transactions can be reconciled. All physical non-monetary payments are to be marked voided upon redemption and retained for end of night payments reconciliation.
10. Team member may not issue a refund to a guest or process a void without manager/supervisor approval. All refund/void receipts must be kept, signed by team member and supervisor with an explanation written on the slip/receipt and attached to the daily documents.
11. A team member may not generate POS reports of any type during their shift.
12. At the close of the team member's shift, each team member must confirm their closing drawer before ending their shift. A POS reading must be taken by the manager/supervisor (other than the team member), at the close of each shift. Team members are required to utilize the POS report to verify all credit card receipts for signed credit card transactions, all house charge slips and any accepted vouchers (when applicable). At locations which accept cash, the team member must count and balance the cash in the drawer to the POS reading in the presence of the manager/supervisor who took the reading. Each team member must sign for their closing drawer when it is returned.

13. No personal items (purses, backpacks/bags, etc.) or counting devices (calculators, paper clips, loose coins, etc.) may be stored or placed in/around the POS area.
14. Team members may not solicit tips from a guest.
15. Team members may not enter any tip amounts on behalf of the guest into transactions that request guests to select and enter a tip amount.
16. If cash tips are received, they are to be placed in a central location not in view of guest. Cash Tips received are never to be placed in the team member's clothing/uniform/personal belongings upon receipt from guest.

Additional Procedures for Cash Acceptance Locations:

17. No change/exchange may be given from the drawer, tip receptacle, or a team member's personal money.
18. Before beginning a shift, each team member must sign for and count their drawer (cash drawer) in the presence of a manager/supervisor. Discrepancies must be reported immediately. Any issues or discrepancies/claims will not be accepted after a team member leaves the designated cash office. After confirming the drawer balance at the beginning of their shift, the team member is responsible for the drawer until the manager/supervisor signs for the drawer at the end of their shift or return to cashroom by team member.
19. Team members will not exchange funds between cash drawers, nor access another team member's drawer for which he/she is not assigned.
20. Avoid taking $50 or $100 bills. If this is unavoidable, a manager/supervisor must verbally authorize the form of cash payment.
21. A cash variance (overage or shortage) of more than 0.5% of sales will result in a corrective action. Significant or repeated cash variances will be subject to further corrective action, up to and including termination.

TEAM MEMBER DECLARATION/AGREEMENT

I, the undersigned, have read and understand the payment integrity procedures detailed above. I further understand and acknowledge that the Company operates a zero-tolerance policy regarding payment integrity controls and that failure to comply with these procedures will result in corrective action up to and including termination. I further recognize that in addition to termination of employment the Company will prosecute me if there is evidence of fraud or misappropriation of funds.

Signature: _____

Print Name: _____

Date: _____

COMPASS GROUP
FOOD SAFETY
& QUALITY
ASSURANCE

NON-TEAM MEMBER COMPASS FOOD SAFETY BASICS AND POLICIES

To help prevent the spread of illness to our customers and other associates, the health status of each temporary associate, non-profit and subcontractor must be checked before they start work. On occasion temporary associates, non-profits and subcontractors with certain illness symptoms or conditions must not be permitted to handle food. In other cases, they may not be able to work at all. Temporary associates, non-profits and subcontractors must also be informed about our expectations related to personal hygiene practices. To that end, completion of this short orientation is required for any temporary associate, non-profit and subcontractor working in your unit BEFORE they begin work.

Manager Instructions:

Before any temporary associate, non-profit and subcontractor begins work READ THIS FORM to them, fill in the answers to the questions, and have them sign a copy. For temporary associates, non-profits and subcontractors that work periodically, such as one day a week or a few times a month, this orientation must also be read to them and signed EACH TIME THEY WORK. Retain signed copies in a file. Retain the "Temporary Associate" file with your other personnel records.

HEALTH INTERVIEW

TODAY: Are you suffering from any of the following? *NOTE: It is not necessary to report symptoms, such as diarrhea, associated with chronic medical conditions or illnesses.*

Symptom	Check response	
Diarrhea?	☐ **Yes**	☐ **No**
Fever?	☐ **Yes**	☐ **No**
Vomiting?	☐ **Yes**	☐ **No**
Jaundice?	☐ **Yes**	☐ **No**
Sore throat with fever?	☐ **Yes**	☐ **No**

Boils or infected wounds of any size containing pus on hands, wrists, arms, or other exposed body area?

☐ **Yes** ☐ **No** If yes, explain: _____

PAST: Have you ever been diagnosed as being ill with a foodborne illness? ☐ **Yes** ☐ **No**

If yes, what was the date of the diagnosis? _____

HIGH-RISK CONDITIONS:

1. Have you been exposed to or suspected of causing a confirmed outbreak of foodborne illness? ☐ **Yes** ☐ **No**
2. Do you live in the same household as a person diagnosed with a foodborne illness? ☐ **Yes** ☐ **No**
3. Do you have a household member attending or working in a setting where there is a confirmed outbreak of foodborne illness?

☐ **Yes** ☐ **No**

Attention Manager: All "Yes" responses (above) must be reported to your Corporate Food Safety Manager PRIOR TO the associate beginning work.

COMPASS GROUP POLICIES

CLOTHING, UNIFORMS AND PERSONAL HYGIENE

While at work:

- You may not store your personal belongings (coats, purses, phones, food/drink, etc.) at your workstation. Work with the manager to find an appropriate place to store the items.
- You must wear a hair restraint. Long hair must be pulled back and away from your face. Ask the manager about the appropriate forms of hair restraints for your facility.
- You are required to wear clean outer clothing.
  You will be provided: APRON CHEF COAT UNIFORM OTHER
- If OTHER, explain: INFORMATION WILL BE GIVEN BY LOCATION MANAGER OR STAND LEAD
- You may not wear jewelry (including body ornaments such as nose rings) except for a plain wedding band (no stones). Please remove all jewelry and ornaments other than a plain wedding band and store them with your personal belongings prior to starting work.
- Fingernails must be short and trimmed.

EATING, DRINKING, AND SMOKING

- Eating (including chewing gum), drinking and smoking may only be done during breaks
- Eating and drinking may NOT be done at your workstation or anywhere in production, service, storage, or dishwashing areas.
- Please stay hydrated. If you become thirsty between breaks – leave your workstation, get a drink, throw away the cup, wash your hands and return to work.
- Breaks and meals may be taken in: INFORMATION WILL BE GIVEN BY LOCATION MANAGER OR STAND LEAD
- The designated smoking/vaping areas: INFORMATION WILL BE GIVEN BY LOCATION MANAGER OR STAND LEAD

HAND WASHING AND GLOVE USE

Good handwashing is necessary to remove dirt and germs from your hands and arms that could get into food.

How to wash your hands (the entire process should take approximately 20 seconds):

- Wash hands ONLY at hand washing stations.
- Wet your hands with warm water, then apply soap.
- Scrub your hands – don't forget to scrub under your fingernails and between your fingers. Wash your arms up to your elbows, if exposed.
- Rinse your hands and arms under warm water.
- Dry your hands and arms with paper towels.

When to wash your hands:

- Immediately when entering, and each time you leave and return to, any food production and service area.
- Before starting work.
- Before putting on gloves and when changing gloves.
- After handling cleaning chemicals.
- After eating, drinking, smoking, or taking a break.
- After using the restroom.
- After sneezing, coughing, or blowing your nose.
- After handling raw meat, poultry, fish, or shell eggs.
- After touching the hair, face, body, or clothing.
- After handling garbage.
- After touching an open sore, cut, boil, or pimple.

Glove use:

Gloves serve as a barrier to protect the food from your hands- NOT your hands from the food.

- NO BARE HAND CONTACT is permitted with cooked or ready-to-eat foods. Single-use gloves must be worn, or suitable utensils must be used, when handling these foods.
- Single-use gloves must be worn whenever you are preparing or serving food in customer view.
- Single-use gloves must be changed (and hands washed) between tasks.
- Remove gloves whenever leaving your workstation. Wash hands and put on fresh gloves when returning.
- Change gloves whenever they become soiled or torn.

FOOD SAFETY BASICS

IMMINENT HAZARDS

Immediately notify the manager if you observe any of the following:

- Your health status changes with regards to foodborne illnesses and symptoms as described on page 1.
- Facility or temperature holding equipment has no power or suddenly loses power
- Facility or plumbing fixture has no clean (potable) running water or suddenly loses water
- Facility or plumbing fixture has no hot water or suddenly loses hot water

IMMINENT HAZARDS Cont.

- Sewage is present coming from drains or on the floor in a food production area
- Pest activity is observed
- Any hazard is observed that could directly affect the food such as a chemical or condensation dripping into food; broken equipment that could chip into food; rocks, twigs, or insects in salad mixes, etc.

FOOD ALLERGENS

- NEVER answer a customer question related to food ingredients or allergens. Politely tell the customer you will be happy to get the manager or chef to answer their questions.
    - ALWAYS get the manager, chef, or designated "food allergy expert", to handle the situation.
    - An in correct or incomplete answer can put your customer at serious risk.
- **Do not alter of change recipes**
- Immediately notify management if a food allergic customer experiences an allergic reaction symptom

PREVENTING CONTAMINATION

- Keep raw animal species, including raw shell eggs, separated from ready-to-eat foods at all times.
- Keep all cleaning chemicals and supplies away from areas where food is being produced.
- Use cutting boards properly: red boards for raw animal species; white boards for ready-to-eat foods only; green boards for washed raw fruits, vegetables,and herbs
- Pay close attention to ensure no foreign objects fall into foods during production

FOOD DATING

- NEVER use a food that has an expired date mark or manufacturer's date
- All foods must be wrapped and labeled with product name and date when placed in coolers. Ask your manager about the proper labeling methods foryour facility.

FOOD TEMPERATURES

- Cooking temperatures- the below represents the minimum internal temperature required to render the food safeto eat:
    - 145°Ffor whole muscle beef, pork, fish, and raw shell eggs for immediate service
    - 155°F for ground, injected, or cubed meat andfish
    - 165°F for all poultry, stuffed meat and fish and stuffed pastas
    - 165°F for foods cooked in amicrowave
- Keep cold foods cold and hot foods hot. Never leave temperature-controlled foods out atroom temperature.
    - Cold foods must be kept with internal temperatures of 40°F and below and frozen foods frozen solid
    - Hot foods must be kept with internal temperatures of 140°F and above
- The only time foods may be held out of temperature is when a facility uses time as a control. When using time as a control:
    - Foods may be held out of temperature control for up to 4 hours. At the 4-hour mark, remaining foods must be discarded.
    - Atime label on each food is required, listing both the start and end(discard) times.
- When preparing temperature-controlled foods, only work on as much food as you can handle in 30-minute blocks of time. After 30 minutes, foodsshould bereturned to the temperature-controlled unit before proceeding.

CLEANING AND SANITIZING

- All food contact surfaces must be cleaned using the pre-scrape, wash, rinse, sanitize, and air-dry process. This process can be accomplished manually using a 3-compartment sink, or via use of a dish machine. If you are not sure of the proper process, ask your manager to demonstrate propermethods.
- Sanitizer in wiping buckets and in the 3-compartment sink must be maintained at 200-400 ppm. If you are unsure of how to test, ask your manager to demonstrate propertesting.
-

ACKNOWLEDGEMENT OF COMPASS FOOD SAFETY BASICS AND POLICIES

By signing this form, I acknowledge that I have been informed of my health and hygiene responsibilities and Compass food safety basics and policies. I agree to follow these rules while working for Compass Group and if I have questions at any time, they will be immediately directed to the manager or person in charge.

Signature: _____

NON-LEVY TEAM MEMBER SAFETY PLEDGE

NOTE TO MANAGERS: This version of the Associate Safety Pledge is to be used for *NON-LEVY TEAM MEMBERS ONLY*. It must be completed the first day of a temporary/contract associate's job assignments and will remain valid for the duration thereof. This document must be kept on file for a minimum of one year.

NOTE TO NON-LEVY TEAM MEMBERS: Refusal to sign this document, or failure to comply with the requirements below, will result in automatic termination of your job assignment.

I affirm that I understand the following safety policies and expectations and will take an active role in contributing to the safety of my workplace and preventing workplace injuries. I understand that failure to abide by the Company's safety policies and expectations listed below can result in progressive discipline, up to and including termination of my current, and future, temporary or contract job assignments with any Compass Group USA, Inc subsidiary.

- I will pay attention to any and all safety training I receive.
- If required by the position or workplace I will wear approved clearly marked, slip-resistant shoes, or approved overshoes, at all times (unless otherwise instructed by my on-site supervisor).
- I will wear all required personal protective equipment (PPE) such as, but not limited to, rubber/vinyl aprons, rubber gloves, safety goggles, face-shield or other approved eye protection when performing any task that requires it including the mixing or handling of cleaning chemicals.
- I will follow proper lifting techniques and will ask a co-worker for assistance if an item is too heavy or large for me to lift by myself.
- I will follow the "clean as you go policy" to ensure that any spilled/dropped items do not become hazards
- to myself or my co-workers.
- If I know of (or am made aware of) a safety and/or health hazard or unsafe work practice, I will immediately report it to my on-site supervisor.
- I will not engage in any work practice that puts my co-workers, my customers or myself at risk of injury.
- I will inform my on-site supervisor if I am unable to perform any assigned tasks due to lack of training, experience or available safety equipment.
- Regardless of how minor it may seem I will report all accidents or injuries to my on-site supervisor and the referring agency immediately.
- In the event I am injured as the result of a work-related accident I will cooperate with any necessary investigation.

Items below this line are for Dining operations only (all sectors)

- I will wear medium-duty cut-resistant glove(s) when handling, using or cleaning knives or any other sharp item
- I will wear two heavy-duty cut-resistant gloves only while cleaning the slicer, not while using it.
- I will wear oven mitts when handling hot items.

I have read and understand the statements contained within this policy

Signature: _____

Date: _____

Allergen Procedures

- Upon greeting the guests at a sit-down restaurant, you must ask if anyone has any allergies. If not at a sit-down restaurant, please ensure the proper allergen signage is posted in guest view.
    - If no allergy is noted, proceed with the order as normal.
    - If an allergy is noted, you must find out the type of the allergy. You must communicate to the manager or chef in your zone.
- The manager or chef will confirm the allergen and talk through safe and appropriate menu options for the guest.
    - If the guest chooses to order an item that the manager or chef has advised against, it must be rung in with the disclaimer that the guest says ok.
- The manager or chef must ensure that the team member notates the known allergies on the ticket.
- This must be properly communicated with the team member cooking the meal to ensure that the allergy plate is prepared safely and appropriately.
- Preparation of the allergy dish should be separate from the regular line to ensure no cross contamination occurs during the cooking process.
- Prepare item(s) using all clean and sanitized equipment. This will include:
    - Washing hands first and using a new pair of gloves
    - Clean and sanitized equipment
    - Clean and sanitized tongs
    - Clean and sanitized utensils
    - Use fresh ingredients from the back prep cooler to avoid cross contamination
    - The allergy dish should be clearly identifiable from other dishes
- The team member cooking will notify the manager or chef when the food is ready to go out, so the manager can follow-up.
- The manager or chef will ensure no cross contamination occurs during the preparation of the meal, and that the proper allergy plate is served to the guest.

I have been trained on allergy procedures and the necessary precautions. I have read and understand the allergy procedures mentioned above. If I have any questions, I will direct them to my manager. If for some reason I fail to follow the procedures listed above, I may be subject to corrective action up to and including termination.

Print Name: _____

Signature: _____ Date: _____

Non- Levy Team Member

HEALTH REPORTING AGREEMENT*

** Applies to Non-Profit Group, Volunteers, Subcontractor or Temporary Employee*

This form must be completed at least once every 12 months.

The purpose of this agreement is to ensure that you notify the Levy manager or other person in charge when you experience any of the conditions listed so that management can take appropriate steps to prevent the transmission of foodborne illness.

I AGREE TO REPORT TO THE MANAGER OR OTHER PERSON IN CHARGE:

FUTURE SYMPTOMS AND CONDITIONS:

IMPORTANT: It is not necessary to report symptoms, such as diarrhea, associated with chronic medical conditions or illnesses.

1. Diarrhea
2. Vomiting
3. Jaundice (yellowing of the skin and/or eyes)
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part, or other body part and the cuts, wounds, or lesions are not properly covered *(such as boils and infected wounds, how ever small)*

FUTURE MEDICAL DIAGNOSIS:

1. Any diagnosis of foodborne illness
2. Diagnosis of being ill with **Norovirus**, **Typhoid Fever** (Salmonella Typhi), **Shigellosis**, **Salmonellosis**, **E. coli O157:H7 or other EHEC/STEC infection**, **Hepatitis A infection** or (California only) **Amebiasis**.

FUTURE HIGH-RISK EXPOSURES:

1. Exposure to or suspicion of causing any confirmed outbreak of foodborne illness
2. A household member diagnosed with a foodborne illness
3. A household member attending or working in a setting experiencing a confirmed outbreak of food borne illness

I HAVE READ (OR HAD EXPLAINED TO ME) AND UNDERSTAND MY RESPONSIBILITIES UNDER THIS AGREEMENT TO COMPLY WITH:

1. Reporting requirements specified above involving symptoms, conditions, diagnoses, and high-risk exposures
2. Work restrictions or exclusions that are imposed upon me
3. Good hygienic practices

I UNDERSTAND THAT FAILURE TO COMPLY WITH THE TERMS OF THIS AGREEMENT MAY LEAD TO CORRECTIVE ACTION UP TO ANY INCLUDING MY REMOVAL FROM ANY LEVY FACILITY.

Team Member's Name (*please print*): _____

Team Member's Signature: _____ Date: _____

Manager's Name (*please print*): _____ Date: _____

Manager's Signature: _____ Date: _____
(or other person in charge)

Policy & Training Acknowledgment

I acknowledge that I have received a copy of each of the following policies/ information and understand that by signing below, I agree to adhere to these policies. If I do not adhere to the policies provided to me, I understand that I am in violation of Company standards and violation of these policies could lead to disqualification for future Levy events. Should I have any questions or concerns, I understand I can contact my supervisor, sand lead, or HR.

- Payment Integrity Policy
- Heat Illness Prevention
- Golden Rules of Safety & Sanitation
- Fair Treatment Policy and Sexual Harassment Policy
- Workplace Violence Policy
- Volunteer Health Reporting Agreement.
- Liquor Liability, Non-Slip Shoes, Cut Resistant Gloves Policy
- OSHA Training Acknowledgment & Food Safety Training
- Allergen Procedures
- Levy responsible alcohol training and any local or state mandated alcohol/food safety training prior to my first event. I agree, as a condition of my continued employment to be familiar with and abide by all liquor laws.

Print Name: _____

Signature: _____ **Date:** _____

MANAGER:

By signing this form, I acknowledge that I have provided and reviewed this document with the temporary associate, non-profit, or subcontractor named above.

Location or event: _____

Printed manager/stand lead name: _____

Signature of manager/standlead: _____ **Date:** _____

Retain in file; update annually

Levy