

**Jiverly Wong**  
9 Taylor Street  
Johnson City, New York 13790

**Objective:** Hard working, skilled professional with over 1 year prior experience seeking a position in Manufacturing/Production.

**Experience:**

**Assembler**

- Assembled vacuum cleaner parts at a very high rate.
- Installed pre assembly parts before final assembly.
- Scheduled work orders.
- Packaged products to be shipped.
- Expedited component parts needed needed to fulfill processes.
- Usage of tools, including screwdrivers and wrenches.
- Processed final assembly for 20 vacuum cleaners per day.
- Maintained perfect attendance.
- Inspected assembled parts.
- Trained new workers in company procedures and standards.
- Ability to lead and work as part of a team.

**Delivery Vendor**

- Loaded and unloaded delivery van daily.
- Delivered to 20 locations per day.
- Maintained records for all deliveries.
- Ensured all shipping documentation was properly processed including orders and bills of lading.
- Applied knowledge of commercial driving and skills in maneuvering vehicle at varying speeds in difficult situations, such as heavy traffic, inclement weather or in tight loading dock areas.

**References:** Available upon request

**BINGHAMTON NY POLICE DEPARTMENT  
DETECTIVE DIVISION  
SUPPLEMENTAL REPORT  
CASE NUMBER 2009-7,710**

**LEAD NUMBER 113- Interview [REDACTED] of the Broome  
Employment Office**

**INVESTIGATION AND ACTION TAKEN 4/8/09**

Interviewed [REDACTED] at the Broome Employment Office. She provided a list documenting all of his contacts with people from that facility. She stated he seemed polite and patient and eager to find a job. She said he constructed a resume and he accepted their suggestion and began attending ESL classes at the Civic Association. That recommendation was made on 1/21/09. [REDACTED] said he was scheduled for an appointment on 4/3 at 10:00 AM. [REDACTED] turned over his resume, the above described appointment sheet, as well as his customer contact sheet which includes staff notes on their interaction. All are attached to this lead sheet and are made part of this report.

**INV EGGLESTON/PETERS**

BUREAU OF POLICE  
CITY OF BINGHAMTON  
BINGHAMTON, NEW YORK

LEAD SHEET NUMBER 113

Lead received by: \_\_\_\_\_

Date: 4-7-09

Source of Lead: \_\_\_\_\_  
(Name or Lead Sheet #)

Assigned to: Eggleston / Peters

Assigned by: Kushner Date: 4-7-09

Leads to be checked: \_\_\_\_\_

Interview [REDACTED]  
@ Broome Employment Office

ACTION TAKEN

(List all persons interviewed: Date, Time, Name, DOB, Address, Employment - List all places checked; e.g. Taverns, Gas Stations, Businesses, etc. To be typed, printed, or written legibly and returned to Command Post.)

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

ENCLOSURES: Yes \_\_\_\_\_ No \_\_\_\_\_ (Use continuation sheet if necessary)

STATUS: (Check appropriate boxes. Set out all leads on new Lead Sheets)

- Re-interview to be conducted. Refer Lead Sheet: \_\_\_\_\_
- Statement to be taken. Refer to Lead Sheet: \_\_\_\_\_
- Other lead off this sheet from "Action Taken." Refer to Lead Sheet: \_\_\_\_\_
- NEGATIVE LEAD and/or NO FURTHER ACTION TO BE TAKEN ON THIS SHEET

REVIEWED BY \_\_\_\_\_

## Customer Comments for Wong, Jiverly A. (NY010109949)

04/08/2009

Created	Staff Assigned	Comments
03/06/2009	[REDACTED]	Jiverly continues to work on ESL. Brought in info he received about eligibilty for health insurance credit....however he has no insurance. Provided him info on Healthy NY, and advied him to have translator assist him with eligiblilty questions..Filed another waiver.
02/09/2009	[REDACTED]	Jiverly has a resume. He is anxious to return to workforce. Discussed limitations due to lack of GED - he is working on ESL, in an effort to have a better shot at taking a GED exam. He is seeking work in manufacturing, production areas.Not interested in training at this time, Working is top priority.
02/06/2009	[REDACTED]	Nyosos edited by jp 02/06/09
02/05/2009	[REDACTED]	Attended RSO English on 02/03/2009
02/04/2009	[REDACTED]	Attended Resume Production w/ R Dellois and M Nargiso/ Broome WFNY
02/03/2009	[REDACTED]	JSRS: initial assessment after rso, met with Jiverly he is looking to stay in manufacturing/assembly. has a hard time understanding English. will come in for resume production then will need help wiht BAE application. signed up for Resume production workshop.
01/21/2009	[REDACTED]	JSRS: Update, customer wants ESL classes, gave him American Civic's address and he will go to see them today.
12/11/2008	[REDACTED]	customer assistance in resource room kk
12/08/2008	[REDACTED]	customer assistance in resource room kk
12/04/2008	[REDACTED]	of Service: At this time, Jiverly needs to file a claim for UI, needs Vietnamese translator, gave him 888-209-8124 to call

**Jiverly Wong**  
**9 TAYLOR ST**  
**JOHNSON CITY, NY 13790-0000**

Activity	Date	Office	Staff	Employer	Job ID
Job Search Planning	03/06/2009	Broome Employment Center	[REDACTED]		
TAA Waiver Assessment	02/09/2009	Broome Employment Center	[REDACTED]		
Resume Writing Workshop	02/04/2009	Broome Employment Center	[REDACTED]		
Orientation (UI Reemployment Service)	02/03/2009	BINGHAMTON - 0900	[REDACTED]		
Assessment Interview, Initial Assessment	02/03/2009	Broome Employment Center	[REDACTED]		
WIA Enrollment	12/04/2008	BINGHAMTON - 0900	[REDACTED]		
Trade Act Enrollment	12/04/2008	BINGHAMTON - 0900	[REDACTED]		
New Job Seeker Partial - Staff Assisted	12/04/2008	BINGHAMTON - 0900	[REDACTED]		
Labor Exchange Enrollment	12/04/2008	BINGHAMTON - 0900	[REDACTED]		
Job Search Planning	12/04/2008	BINGHAMTON - 0900	[REDACTED]		
Common Measures Enrollment	12/04/2008	BINGHAMTON - 0900	[REDACTED]		
Change to Active Status	12/04/2008	BINGHAMTON - 0900	[REDACTED]		
Assessment Interview, Initial Assessment	12/04/2008	BINGHAMTON - 0900	[REDACTED]		

Telephonic interview of: [REDACTED] Chief Financial Officer  
[REDACTED] President & Chief Executive Officer  
[REDACTED] Vice-President of Operations  
[REDACTED]  
[REDACTED]  
[REDACTED]

Contact was made by this investigator on Saturday, April 4, 2009 with the Lycoming County, Pennsylvania Emergency Services Center for the purposes of reaching management level personnel within the [REDACTED] Shooting suspect Jiverly Wong's last known place of employment was the former [REDACTED] plant located at [REDACTED]. On that date, I received a return call from [REDACTED] Chief Financial Officer [REDACTED] who asked that [REDACTED], President & CEO, and [REDACTED] V-P of Operations, participate in the conversation. The following information was gleaned from my interview of the management team and a subsequent review of [REDACTED] entire personnel file of former employee Jiverly Wong (provided to the Broome County District Attorney's Office on 4-4-09 by [REDACTED] via e-mail within two .pdf documents):

Jiverly Wong was first hired by [REDACTED] at its subsidiary, [REDACTED] in [REDACTED] on February 8, 1993. He resigned from his position on January 14, 1994, to move to the State of Hawaii. He was rehired by [REDACTED] as a temporary employee on an assembly line on July 28, 1997. His temporary term of employment ended on December 3, 1997, but due to his good work performance, Wong was deemed suitable for rehire. On January 19, 1998, Wong was rehired as a temporary employee at the [REDACTED] plant. His short temporary term came to an end on February 3, 1998. He was again judged eligible to be rehired in the future.

[REDACTED] hired Wong again on January 9, 2008 as a temp assembly employee at the [REDACTED] plant. On February 11, 2008, [REDACTED] offered and Wong accepted a full-time permanent assembler position at its [REDACTED] plant on the second shift at \$8.00 per hour. Wong's employment application indicated he had previously worked for the [REDACTED] as a truck driver from January 2000 through August 2007 and by [REDACTED] as a machine disassembler from January 1997 through January 1998. On the date of the application - February 6, 2008 - Wong checked the response "No" to the question, "Have you ever been convicted of or pled guilty to any criminal offense (note whether it was a felony, misdemeanor, or summary offense), whether or not sentence was imposed, other than minor traffic violations?". A background check of Wong was reportedly completed by [REDACTED]. Pursuant to [REDACTED] drug-free workplace program, Wong was required to provide a urine sample on February 14, 2008. [REDACTED] Laboratories of [REDACTED] reported the sample was negative for amphetamines, cocaine metabolites, opiates, phencyclidine (PCP) and marijuana (THC) metabolites.

Jiverly Wong appears to have undergone three employee performance evaluations at [REDACTED] during his tenure as a non-temp employee at [REDACTED] in 2008 - the first on March 12th, the second on May 27th and the last on August 12, 2008. The August 12, 2008 evaluation was a six-months performance appraisal. The ratings Wong received were generally in the "Exceeds Expectations" category - "Consistently meets and sometimes exceeds all relevant

performance standards. Shows initiative and versatility, works collaboratively, has strong technical & interpersonal skills or has achieved significant improvement in these areas". Wong received an "Exceptional" rating for dependability.

The personnel file did have record of an investigation conducted by plant management and the Human Resources Department which involved a second shift incident between a female assembly line worker and Jiverly Wong on July 22, 2008. The two were separated on the assembly line after getting into an argument with one another. However, a non-involved co-employee indicated the female employee had become annoyed at Wong for attempting to move more partially assembled units down the line to her when the "line was caught up", and she displayed her irritation by slamming [REDACTED] motors down. The female reportedly gave Wong the finger. The female was counseled that her conduct was viewed as unacceptable. Wong was not sanctioned. The human resources director quoted Wong as saying the "(female employee) has wronged me in the past but I not know what she say I don't speak the English good".

Company President [REDACTED] said Wong was on a "short list" of [REDACTED] employees who were being considered for job placement at their [REDACTED] facility in [REDACTED] in the Fall of 2008 as they approached the closure of the [REDACTED] plant (November 26, 2008). Only the steady economic decline kept [REDACTED] from placing Wong and other productive employees in new jobs at the [REDACTED]

The Human Resources director for the former [REDACTED] plant was identified as [REDACTED] (home telephone number [REDACTED]). [REDACTED] confirmed that [REDACTED] was Jiverly Wong's immediate supervisor on the assembly line during Wong's tenure as a permanent employee at [REDACTED]

[REDACTED] indicated personnel records related to Wong's periods of temporary employment at [REDACTED] would be forwarded to the District Attorney's Office at a later date. A copy of Jiverly Wong's [REDACTED] personnel file is attached to and made a part of this report.

Date: 4-6-09

Thomas R. Tynan, Chief Investigator  
Broome County District Attorney's Office.

### Jiverly Wong Work History

[REDACTED]

02/08/93      Hired  
01/14/94      Termed, Other Reason - See File; Maybe Eligible for Rehire

07/28/97      Temp Assembler  
12/03/97      Termed, Temp Assignment Ended; Eligible for Rehire

01/19/98      Temp Assembler  
02/03/98      Termed, Temp Assignment Ended; Eligible for Rehire

[REDACTED]

02/11/08      Hired - Transfer from [REDACTED]  
11/26/08      Termed - Plant Closing

[REDACTED]

Sgt. [REDACTED]





8405

# APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Please Print Clearly



For Office Use Only

Work Location:	Rate: \$8.00	Shift: 2nd
Position: 851301	DOB: 2/11/08	MISC:
Clock #: 801072	Orientation:	Entered - <input type="checkbox"/> by:
Shift: 2nd	Training:	RHY - <input type="checkbox"/> RHN - <input type="checkbox"/>

## PERSONAL INFORMATION

Name: JIVERLY WONG Date: 2-6-08  
 Present Address: 9 TAYLOR ST Telephone No.: [REDACTED]  
 City: JOHNSON CITY State: N.Y. Zip: 13790  
 Email Address: [REDACTED] Cell/Message No.: [REDACTED]

Have you ever worked for: Shop Vac  Canton Mfg  Felchar Mfg  Norwich Mfg  SV Endicott   
 If yes, when? 1990

Are you legally eligible for employment in the U.S.A.? YES  
 Position(s) applied for: ASSEMBLER LINE - HANDER MATERIAL  
 If your application is considered favorably, on what date will you be available for work? 2-6-08  
 Do you have forklift experience?  Yes  No If so, which employer(s)? KIKKA COMPANY  
 Are there any other experiences, skills, or qualifications which will be of special benefit in the job for which you are applying? (Applicant should not list any information that Federal and State law precludes obtaining in the pre-employment stage.) YES

## RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed				Did You Graduate?	List Diploma or Degree
			1	2	3	4		
High School	<u>W-N</u>		1	2	3	4	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
College			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

# EMPLOYMENT HISTORY

Begin with your most recent; be sure to account for all periods of time including military service and any period of unemployment.

Name and Address of Company and Type of Business	From		To		Hourly Rate	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.			
[REDACTED]	1	00	8	07	9 <sup>th</sup>	SUSPENDED DRIVER LICENSE	[REDACTED]
Describe the work you did.							
TRUCK DRIVER							
Telephone	[REDACTED]						

Name and Address of Company and Type of Business	From		To		Hourly Rate	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.			
[REDACTED]	1	97	1	98	8 <sup>th</sup>	LAYOFF	[REDACTED]
Describe the work you did.							
DISASSEMBLER - MACHINE - COMPUTER							
Telephone	[REDACTED]						

Name and Address of Company and Type of Business	From		To		Hourly Rate	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.			
Describe the work you did.							
Telephone	[REDACTED]						

Name and Address of Company and Type of Business	From		To		Hourly Rate	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.			
Describe the work you did.							
Telephone	[REDACTED]						

I hereby give permission to contact the employers listed above concerning my prior work experience:

Signed \_\_\_\_\_

If there is a particular employer(s) you do not wish us to contact, please indicate which one(s) \_\_\_\_\_

## PERSONAL REFERENCES (Not Former Employers or Relatives)

Name and Occupation	Address	Phone
[REDACTED] - TRUCK DRIVER	[REDACTED]	[REDACTED]
[REDACTED] - MATERIA HANDLER	[REDACTED]	[REDACTED]
[REDACTED] - TRUCK DRIVER	[REDACTED]	[REDACTED]

## MILITARY SERVICE RECORD

Were you in U.S. Armed Forces? Yes \_\_\_\_\_ No  If yes, what Branch \_\_\_\_\_

Did you receive any training in the U.S. Armed Forces that is relevant to the position applied for? \_\_\_\_\_

## ADDITIONAL INFORMATION

1. Are you eighteen years of age or older? YES
2. Have you ever been convicted of or pled guilty to any criminal offense (note whether it was a felony, misdemeanor, or summary offense), whether or not sentence was imposed, other than minor traffic violations? \_\_\_\_\_ Yes  No

If yes, note date and type of offense \_\_\_\_\_

(A conviction record does not necessarily bar you from employment; factors such as age and type of offense, seriousness, and nature of the violation, and rehabilitation will be taken into account.)

3. Are you able, with or without reasonable accommodation, to perform the essential functions of the position for which you are applying? (Do not answer until the essential duties have been described to you or you have reviewed the job description.)

Yes \_\_\_\_\_ No \_\_\_\_\_ Date job duties reviewed \_\_\_\_\_

4. Are you available to work:

Full-time       Part-time       Seasonal       12 hour days  
 1st shift       2nd shift       3rd shift       12 hour nights

5. How were you referred to us?

Banner/Billboard       Employment Agency       Newspaper       Job Fair       Radio  
 Employee Who? \_\_\_\_\_  Friend/Relative Who? \_\_\_\_\_  
 Walk-In       Other (specify) \_\_\_\_\_

## EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

This Company is an equal opportunity employer that is firmly committed to recruitment, hiring, training, and promotion without discrimination due to race, color, religion, sex, national origin, ancestry, marital or veteran status, age, disabilities, or any other legally protected status.

## EMPLOYMENT VERIFICATION

Please read and acknowledge the following statements.

I certify that the information given by me in this application is true in all respects and I agree that if the information given is found to be false in any way, it shall be considered sufficient grounds for denial of employment or discharge. I acknowledge that my employment is at will. This means that I am free to terminate my employment at any time, for any reason, with or without cause, and the Company may do the same.

With my signature appearing below, or a photocopy hereof, I hereby authorize the Company to make an investigation of my personal or employment history and authorize any person, government agency, present or former employer, firm, corporation, or school to provide the Company with information about me. If the Company is required by anyone to obtain a written authorization, I hereby agree to sign such authorization in order to provide the Company with access to such information. I hereby release and indemnify any providers of information about me from any liability as a result of providing such information to the Company. I release and indemnify the Company against any liability that might result from making such an investigation, from using the information received from the investigation, or from denying employment to me or terminating my employment on the basis of the information received.

I hereby acknowledge that I have read the above statements and understand them.

JIVERLY WONG  
Name of Applicant (print)

Jiverly Wong  
Signature of Applicant

2-6-08  
Date

# Form W-4 (2008)

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

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

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

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

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

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

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

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

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

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

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

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

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

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

B Enter "1" if:   
 • You are single and have only one job; or   
 • You are married, have only one job, and your spouse does not work; or   
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. . . . . B \_\_\_\_\_

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

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

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

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

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

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

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

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

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

Form <b>W-4</b>		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		<b>2008</b>
1 Type or print your first name and middle initial <b>JIVELY</b>		Last name <b>WANG</b>		2 Your social security number [REDACTED]
Home address (number and street or rural route) <b>9 TAYLOR ST</b>		3 <input checked="" 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.		5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) <b>1</b>
City or town, state, and ZIP code <b>JOHNSON CITY NY 13790</b>		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"/>		
6 Additional amount, if any, you want withheld from each paycheck		7 I claim exemption from withholding for 2008, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶ <b>7</b>		6 \$
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (Form is not valid unless you sign it.) ▶		Date ▶ <b>2-12-08</b>		
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)

Name (Print)

J. VERLY WONG

SS#

[REDACTED]

Orientation Date

2-12-08

Employment Status

[REDACTED]

### WELCOME

Welcome to [REDACTED] As a new Member of our organization, it is important that you know our management practices so that you can be a contributing member of our team. This orientation has been prepared to guide and acquaint you with [REDACTED] to answer questions about your employment and to explain certain company policies. This orientation will help provide you with information, policies, procedures and practices you will need to know to get your started on your new job, and during your [REDACTED] employment. This information is not a contract, express or implied between [REDACTED] and its employees and may be modified at any time. All employees are considered "At Will" employees. During the course of this orientation feel free to ask questions of any area that is unclear to you or feel free to ask your supervisor once you have been assigned a work area.

Read: JAW

The following information has been reviewed with me and I have asked questions on any area that was unclear.  
 (Check all topics reviewed and discussed.)

#### Employment Forms

- Application
- W-4 Form
- Emergency Contact Information
- I-9 Employee Eligibility Verification
- Post Employment Form
- Employee Consent and Release From Liability
- Drug & Alcohol Testing Consent Form
- Drug Free Workplace Program
- Member Handbook (United Occupational Medicine)

#### Job Description

- Received copy of the job description and can perform all essential duties.
- Discussed essential duties and position requirements. Definition of terms: Essential Duties & Reasonable Accommodation
- Advised that if there are difficulties with essential duties, direct concerns to Supervisor or Human Resources

#### Policy and Procedures Received

- Business Conduct Policy
- Attendance Policy
- Badge Policy
- Complaint Policy
- Dress Code
- Employee Conduct Rules
- Anti - Harassment Policy
- Smoking Policy
- Solicitation Policy
- Substance Free Workplace Policy
- Workplace Policy

U  
V  
Status of Employment Any Employee hired with the understanding that their employment will end upon the occurrence of A stated event. Temporary employees may work on a full time basis and they are not eligible for any company benefits.

**General Information Discussed**

- V Orientation Period
- V Time Clock Procedures/Badge Reporting
- V Overtime—I understand that this may be mandatory
- V Work Week and Scheduled Hours
- V Payroll Banking & Direct Deposit Form
- V Drinks on Production Floor
- V Company Bulletin Boards
- V Job Posting Policy— See Handout
- V Removal of Company Property/Recycling

**Safety Information/Policy & Procedures**

- V Plant Safety and Hazard Communication Plan
- V Evacuation Plan – Emergency Exits – Plant tour
- V Safety Glass Policy
- V Accident Reporting/Return to Work
- V Wellness Program
- V 1<sup>st</sup> Aid Room & First Responders

Health & Safety Representative.

Employee Signature

Frank  
Hochstetler

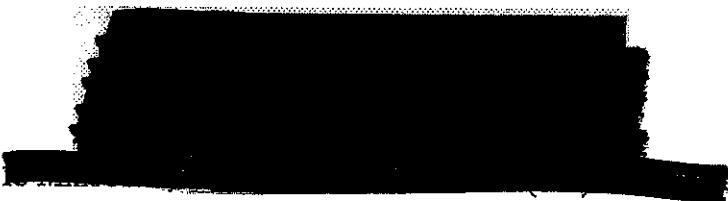
Date

2-12-08

Human Resource Representative

Date

2-12-08



NAME: JIVERLY WONG SS# [REDACTED]

DATE OF BIRTH 12/8/67

County of Residence: BLOOMIE

Gender  Male or  Female

**EMERGENCY CONTACT INFORMATION**

This information will be treated with strict confidence and will become a part of your permanent record.

**In case of an emergency notify:**

NAME: [REDACTED]

REALATIONSHIP: FATHER

HOME ADDRESS: [REDACTED]

TELEPHONE NUMBER: [REDACTED]

Signature: Jively

Date: 2-12-08



POST EMPLOYMENT FORM

EQUAL EMPLOYMENT OPPORTUNITY

We maintain a policy of equal employment opportunity in employment and promotion. We recruit, hire, train, promote, provide compensation, and make all employment decisions in accordance with the requirements of applicable federal, state and/or local laws, regulations, orders, and decisions.

This information should be provided following an offer/acceptance of employment and is used for statistical purposes only.

Name JEWELLY WONG Social Security # [REDACTED]

SEX: MALE Male \_\_\_\_\_ Female

Marital Status: SINGLE Single \_\_\_\_\_ Married

ORIGIN

\_\_\_\_\_ White, not of Hispanic Origin. (Persons having origins in any of the original people of Europe, North America, or the Middle East.)

\_\_\_\_\_ Black, not of Hispanic Origin. (Persons having origins in any of the Black racial group of Africa.)

\_\_\_\_\_ Asian or Pacific Islander. (Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.)

\_\_\_\_\_ American Indian or Alaskan Native. (Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.)

\_\_\_\_\_ Hispanic. (Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin, regardless of race.)

VETERAN STATUS

Have you served in the United States Military acquiring veteran status?

\_\_\_\_\_ Yes NO No

If Yes, Years served: \_\_\_\_\_

Jiverly Wong

Temp to SVE	Check when complete
Application out to employee	✓
Returned - look over	✓
If good, back ground check	✓
Favorable back ground check	✓
DO OFFER LETTER	✓
Not favorable	
TERMINATION	
MAKE SURE THEY HAVE TWO FORMS OF ID	✓
If so, proceed to next step	
If not, we can not continue.	
Do offer letter - Once the offer letter is signed	✓
Red Book/Orientation	✓
AND tell them they have a preemployment drug screening.	✓
Call Evolution and set up.	

When completely done (all new hire forms) - make sure you let me know so they can be entered into the payroll system.

[REDACTED]  
[REDACTED]  
[REDACTED]

February 11, 2008

Jiverly Wong  
9 Taylor St.  
Johnson City NY, 13790

Dear Jiverly,

Welcome to [REDACTED]. I am pleased to confirm our offer of employment to you. Your title will be Full-Time Assembler and your supervisor will be [REDACTED]. Your compensation will be \$8.00 per hour.

Our offer of employment is contingent upon completing a required criminal background check; furthermore, you know [REDACTED] prides itself on being a drug free work environment and attached is a copy of our Substance Abuse Policy. After reading this policy, please sign and return this letter in the already stamped envelope provided for your convenience. As soon as I receive this documentation back, you will be called in for your new hire orientation.

As agreed, your first day of employment will be 2/11/08. While these are the terms of your initial employment with [REDACTED] this letter or any other discussions are not meant to be an employment agreement or contract. Your employment status remains "at will". The terms of your employment with the company can be modified at anytime at our discretion.

Again, welcome to [REDACTED]

Sincerely,  
[REDACTED]  
[REDACTED]

Human Resource Clerk/ Receptionist

Employee Signature

Date

[Handwritten Signature] 2-12-08

2/13/08 08:18:25 ... iSeries Timekeeper: [REDACTED]

HALL2

Emp#: 8405 JIVERLY WONG Badge: 8405

Pay Period

Options: 1=Edit 4=Del B=Brkdw A=Appr F=ForceOT

From: 2/10/08

To: 2/16/08

Position:

Opt	Date	In	Out	Hours	Sch	Pcd	Ad	Department	Notes
MO	2/11/08	15:00	23:30	8.00	8.00		0	513	A
TU	2/12/08	15:00	23:30	8.00	8.00		0	513	A
WE	2/13/08				8.50		0		

REG 16.00

Bottom

Breakdown: 16.00 Total: 16.00

F6=Add F7=Open/Close F8=Adjust F9/10=Pr/Nx F11=Charge F12=Cancel  
 F13=Actual F14=Defaults F15=Punches F16=Audit F17=Accruals F18=Schedule  
 F19=Ins Pun F20=Del Pun F21=Attend F22=OT Eq F23=Summary F24=Shft Hrs

AGENCY TEMPORARY EMPLOYEE ORIENTATION

Name: JIVERLY WONG

Address: 9 TAYLOR ST. JC. NY 13790

Phone: [REDACTED]

In Case of Emergency Contact:

Name: [REDACTED]

Phone: [REDACTED]

DOH: 1/9/08

TERM: \_\_\_\_\_

Badge: [REDACTED]

Dept/Shift: 513/2

[REDACTED]

[REDACTED]

Name (Print) \_\_\_\_\_

Orientation Date 1-9-08

### AGENCY TEMPORARY EMPLOYEE ORIENTATION

Welcome to [REDACTED]. It is important that you have received a copy of each of the following [REDACTED] policies.

- Business Conduct Policy
- Attendance Policy
- Badge Policy
- [REDACTED] Dress Policy
- Employee Conduct Rules
- Anti-Harassment Policy
- Complaint Procedures
- Smoking Policy
- Safety Glass Policy
- Substance Free Workplace

The above information has been reviewed with me and I have asked questions on any area that was unclear. (Initial all topics reviewed and discussed.)

Employee Signature [Handwritten Signature]

Human Resource Representative [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

DRUG AND/OR ALCOHOL TESTING CONSENT FORM

EMPLOYEE AGREEMENT AND CONSENT TO  
DRUG AND/OR ALCOHOL TESTING

I hereby agree, upon a request made under the drug/alcohol testing policy of [redacted] to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under [redacted] policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have the [redacted] and/or its [redacted] physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the [redacted] and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize the [redacted] to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I will hold harmless the [redacted] its [redacted] physician, and any testing laboratory the [redacted] might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a [redacted] or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless the [redacted] its [redacted] physician, and any testing laboratory the [redacted] might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT THE [redacted] WILL REQUIRE A DRUG SCREEN TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT.

J. Verly \_\_\_\_\_ Date 1-9-08  
Signature of Employee

J. Verly WONG  
Employee's Name - Printed



**DRUG AND ALCOHOL TESTING PROGRAM**  
**DRUG ABUSE POLICY ACKNOWLEDGMENT**

My signature below acknowledges that I have been informed of the [REDACTED] Drug and Alcohol Testing Policy, I have received a copy of the Drug and Alcohol Testing Policy memorandum, and I have been offered an opportunity to review the [REDACTED] Testing Policy and Procedures. Furthermore, I understand that employee testing is a condition of continued employment, and I agree to comply with the rules and regulations as described in the Policy, and that failure to do so may lead to disciplinary action being taken against me which may include termination.

Applicant Signature J. Wong Date 11/9/2008

Print Name J. Wong WONG Badge# \_\_\_\_\_

SS # [REDACTED]

DOB 12-08-67



[REDACTED]

## EMPLOYEE CONSENT AND RELEASE FROM LIABILITY

I understand that [REDACTED] has a policy against the possession, use, sale or transfer of illegal drugs by its employees. I further understand that [REDACTED] is committed to a drug free workforce and that employee drug testing is one method of implementing that policy. I further acknowledge that I have previously received a copy of the Drug Testing Policy Memorandum, and I have been offered an opportunity to review the [REDACTED] Drug Testing Policies and Procedures. I understand that employee testing is a condition of continued employment.

I hereby consent to the taking of my urine and breath alcohol samples by [REDACTED] or its agents [REDACTED] and to the testing of such samples by [REDACTED] or any other such drug testing laboratory designated by [REDACTED]. I hereby further consent to the release of the drug test results from the laboratory to the Operations Manager of [REDACTED]. [REDACTED] do hereby release the laboratory, its officers, employees, agents, and representatives, from any and all liabilities arising from the authorized release or use of the information derived from or contained in my test result for employment purposes.

I release and discharge [REDACTED], its officers and agents, from any claim or liability arising from the use of such tests for any decisions concerning employment made by [REDACTED] based, in whole or in part, upon the results of such test. Should the test results be confirmed by [REDACTED] to be positive, and no acceptable explanation is provided, I will be subject to disciplinary action which may include immediate termination.

Signature of Employee Jerry

Print Name Jerry Wong

Social Security Number [REDACTED]

Date 1-9, 2008

*Acknowledgment of Receipt and consent to abide by  
Drug and Alcohol Free Workplace Program*

I the undersigned employee or prospective employee hereby acknowledge that I have received a copy of the Drug and Alcohol Free Workplace Program Policy. I also agree to comply with this policy as a condition of employment. I also understand that this agreement does not create an obligation or contract of employment between myself and [REDACTED]

Further, I consent to any request under the Drug and Alcohol Free Workplace Program Policy for detecting the presence of drugs or alcohol. I understand that appropriate action may be taken in conformity with the policy, of the test is positive.

Name (Please Print) JIVERLY WONG

Signature Jiverly Wong

Social Security Number [REDACTED]

Date 1-9-08

**Employee Performance Evaluation**

Name	J. WENY WONG	Due Date	3-18-08
Present Position	Assembler	Dept/Shift	513-2
Annual	60 Days	90 Day	6 Months
			Other

**Purpose of Employee Evaluation:** Employee performance evaluations are done to take inventory of an employees skills, traits, abilities, strengths and weakness.

Carefully evaluate each of the sections separately. Bear in mind the evaluation period and performance for the entire evaluation period, not just recent events.

PERFORMANCE AREAS	RATING CRITERIA	RATING
<b>Knowledge:</b> Has the information necessary to perform job duties. Uses that knowledge to perform job requirements to meet expectation.	0 Does not retain knowledge necessary to perform job.	7
	4 Has knowledge necessary to perform some required tasks.	
	6 Has knowledge to perform most required tasks.	
	8 Has knowledge to perform all phases of work requirements	
	12 Can master all phases of work requirements.	
<b>Job Rates:</b> Does employee meet required rates? This includes efficiency and consistent output.	0 Does not meet minimum requirements	8
	4 Just reaches minimum	
	6 Volume of output is satisfactory	
	8 Generally exceeds requirements	
	12 Consistently exceeds requirements	
<b>Quality:</b> The correctness to how the product/job was performed. Is employee performing to documented procedure? Are defects caught and addressed?	2 Makes frequent errors	6
	4 Can be careless, makes recurrent errors	
	6 Usually accurate	
	8 Continually follows procedures, is generally exact and precise	
	12 Consistently exact and precise	
<b>Work Habits/Motivation:</b> Consider effective use of time and application of skills and abilities. Is employee working and performing job responsibilities to abilities?	2 Puts forth little or no effort to achieve requirements	7
	6 Applies self consistently	
	8 Strives to continually achieve more	
	12 Consistently exerts exceptional effort regardless of where assigned	
<b>Adaptability:</b> Flexible employee who is able to rotate to several operations on the line/work area	2 Unable to keep up in more than one area	7
	6 Able to move in and maintain productivity in several operations.	
	8 Can efficiently do most jobs assigned	
	12 Extremely flexible can efficiently perform on all jobs assigned.	
<b>Safety:</b> Follows safety procedure and practices and adheres to established guidelines, include housekeeping	0 Demonstrates disregard for safety	7
	4 Needs to be reminded of safety procedures	
	8 Follows imposed safety guidelines	

5.8

<b>Dependability:</b> Acceptable attendance, reporting to work area at required times, reports for required overtime assignments.	0	Not dependable	
	4	Dependability fluctuates, dependent on situation.	
	6	Dependable, generally where supposed to be/ average attendance	10
	10	Good attendance, always on time to work area, can count on at short notice.	
<b>Working Relationships:</b> Consider ability to get along with and assist others, cooperation, demonstrated behavior and work attitude.	2	Does not interact well with others better suited working alone	
	2	Generally negative about work environment and/or co-workers	
	4	Demonstrates periodic mood swings affecting others.	
	6	Favorable disposition, generally able to interact with others, performs tasks without interruption.	6
	8	Able to get along with all co-works, eager to assist, positive contributor.	
<b>Procedures:</b> Follows company policies and procedures. Include with consideration; call-ins, reporting procedures, employee conduct rules, harassment, parking etc.	0	Fails to abide by rules	
	2	Needs to be continually reminded	
	4	Adheres to most policy guidelines	6
	6	Continually meets policy guidelines	
<b>Contributing Factors:</b> Consider employee contribution to work environment; demonstrates behavior, application of skills and abilities, over all job performance.	0	Does not meet criteria	
	2	Inconsistent, occasionally meets criteria	
	6	Consistently meets required criteria	6
	8	Always meets or exceeds criteria	
			<b>Total:</b> 70

**Technical Abilities**(If Applicable): Consider ability to troubleshoot assigned equipment. Diagnosis problems and make repairs. Consider decision making and judgement abilities and problems solving skills. Computer skills. Computer skills and programming if applicable.




**Comments:**

**Goals for the upcoming year:**

**Identifiable Weaknesses needing improvement:**

**Overall Review and Other Comments:**

**Employee Comments:**

Employee Signature: 	Supervisor/Manager: 	Date: 5-13-08
Date: 5-10-08		Date: 5-10-08
60 Day Review required:		

## Employee Performance Evaluation

Name: <u>Sivertj Wong</u>		Due Date: <u>5-20-08</u>	
Present Position: <u>Assembler</u>	Asm. Part-Time	Dept/Shift: <u>513-2</u>	
<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> 30 Days	<input type="checkbox"/> 60 Days	<input type="checkbox"/> 6 Months
		<input type="checkbox"/> Other	

**Purpose of Employee Evaluation:** Employee performance evaluations are done to take inventory of an employees skills, traits, abilities, strengths and weakness.

Carefully evaluate each of the sections separately. Bear in mind the evaluation period and performance for the entire evaluation period, not just recent events.

PERFORMANCE AREAS	RATING CRITERIA	RATING
<b>Knowledge:</b> Has the information necessary to perform job duties. Uses that knowledge to perform job requirements to meet expectation.	0 Does not retain knowledge necessary to perform job.	8
	4 Has knowledge necessary to perform some required tasks.	
	6 Has knowledge to perform most required tasks.	
	8 Has knowledge to perform all phases of work requirements	
	12 Can master all phases of work requirements.	
<b>Job Rates:</b> Does employee meet required rates? This includes efficiency and consistent output.	0 Does not meet minimum requirements	8
	4 Just reaches minimum	
	6 Volume of output is satisfactory	
	8 Generally exceeds requirements	
<b>Quality:</b> The correctness to how the product/job was performed. Is employee performing to documented procedure? Are defects caught and addressed?	2 Makes frequent errors	8
	4 Can be careless, makes recurrent errors	
	6 Usually accurate	
	8 Continually follows procedures, is generally exact and precise	
<b>Work Habits/Motivation:</b> Consider effective use of time and application of skills and abilities. Is employee working and performing job responsibilities to abilities?	2 Puts forth little or no effort to achieve requirements	8
	6 Applies self consistently	
	8 Strives to continually achieve more	
	12 Consistently exerts exceptional effort regardless of where assigned	
<b>Adaptability:</b> Flexible employee who is able to rotate to several operations on the line/work area	2 Unable to keep up in more than one area	8
	6 Able to move in and maintain productivity in several operations.	
	8 Can efficiently do most jobs assigned	
	12 Extremely flexible can efficiently perform on all jobs assigned.	
<b>Safety:</b> Follows safety procedure and practices and adheres to established guidelines, include housekeeping	0 Demonstrates disregard for safety	8
	4 Needs to be reminded of safety procedures	
	8 Follows imposed safety guidelines	



<b>Dependability:</b> Acceptable attendance, reporting to work area at required times, reports for required overtime assignments.	0	Not dependable	
	4	Dependability fluctuates, dependent on situation.	
	6	Dependable, generally where supposed to be/ average attendance	10
	10	Good attendance, always on time to work area, can count on at short notice.	
<b>Working Relationships:</b> Consider ability to get along with and assist others, cooperation, demonstrated behavior and work attitude.	2	Does not interact well with others better suited working alone	
	2	Generally negative about work environment and/or co-workers	
	4	Demonstrates periodic mood swings affecting others.	7
	6	Favorable disposition, generally able to interact with others, performs tasks without interruption.	
	8	Able to get along with all co-works, eager to assist, positive contributor.	
<b>Procedures:</b> Follows company policies and procedures. Include with consideration; call-ins, reporting procedures, employee conduct rules, harassment, parking etc.	0	Fails to abide by rules	
	2	Needs to be continually reminded	6
	4	Adheres to most policy guidelines	
<b>Contributing Factors:</b> Consider employee contribution to work environment; demonstrates behavior, application of skills and abilities, over all job performance.	0	Does not meet criteria	
	2	Inconsistent, occasionally meets criteria	
	6	Consistently meets required criteria	4
	8	Always meets or exceeds criteria	
<b>Total:</b>			76

**Technical Abilities**(If Applicable): Consider ability to troubleshoot assigned equipment. Diagnosis problems and make repairs. Consider decision making and judgement abilities and problems solving skills. Computer skills. Computer skills and programming if applicable.

**Comments:**

**Goals for the upcoming year:**

**Identifiable Weaknesses needing improvement:**

**Overall Review and Other Comments:**

**Employee Comments:**

Employee Signature: *[Handwritten Signature]*

Date: 5-27-08

60 Day Review required:

Date: 5/27/08

Date: 5-27-08





**NEW YORK STATE DEPARTMENT OF LABOR  
APPLICATION FOR BENEFITS, SHARED WORK PLAN  
PLEASE PRINT ALL ENTRIES**

1. SOCIAL SECURITY ACCOUNT NUMBER → [REDACTED]		NYS DEPARTMENT OF LABOR	
2. NAME: First <u>JUDYLYN</u> Middle Initial <u>A</u> Last <u>WONG</u>		DO NOT WRITE IN SHADED AREAS CIC AC# Date EIN/ID#	
3. ADDRESS: No. <u>9 TAYLOR ST</u> Street Apt.			
City/Town/Post Office <u>JOHNSON CITY</u> County <u>BLOOMER</u> N.Y. Zip Code <u>13790</u>			
4. Telephone No. [REDACTED]		5. Enter any other name under which you worked during the last 18 months	
6. I hereby certify, under penalty of perjury, that I am a citizen or national of the United States. If "No" is checked, complete the following: I hereby certify, under penalty of perjury that I am in satisfactory immigration status. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Enter Alien Registration No. _____		CLAIM # / ACTION OP OSC IMP# LBY FOR# DISQ DUP#	
I understand that my alien registration number will be verified with the Immigration and Naturalization Service by computer cross match, for purposes of determining my eligibility for unemployment insurance benefits. This verification is required by the Federal Immigration Reform and Control Act of 1986.			
7. Date of Birth: Mo <u>12</u> Day <u>08</u> Year <u>67</u>		CIRCLE HIGHEST SCHOOL GRADE COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 + VE# 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 DO NOT WRITE IN SHADED AREAS	

<p>9. Are you a person with a disability as defined in the Americans with Disabilities Act (ADA) of 1990? A person with a disability is defined as a person that has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment. "Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, working, and receiving education or vocational training. NOTE: This question is voluntary; you will not be penalized for refusal to answer. Your answer is kept confidential and is used for statistical purposes only; it will not affect your claim.</p> <p>10. Are you a veteran of active Military Service who served for a minimum of 180 days of continuous active duty OR Are you a veteran of the US Military Reserve who served for either 180 days of continuous active duty for purposes other than training and was separated with other than a dishonorable discharge OR 90 days of continuous active duty any part of which was served in the Persian Gulf during the time recognized by the Federal Government as the Gulf War hostilities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" answer a through c: a. Do you have a service connected disability? 1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes, Under 30% 3 <input type="checkbox"/> Yes, 30% more b. Did you separate from U.S. Military Service within the last 48 months? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No c. Did you serve during the Vietnam Era? (February 28, 1961 through May 7, 1975) <input type="checkbox"/> Yes 1 <input type="checkbox"/> No If yes, did you serve in Vietnam, Cambodia, Thailand, or Laos; in the waters in or around these countries; or fly missions over these areas between February 28, 1961 and May 7, 1975? 2 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No</p>	<p>Yes No <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>11. How long did you work for your employer? Less than 3 years <input type="checkbox"/> 1 3-5 years <input type="checkbox"/> 2 6-9 years <input type="checkbox"/> 3 10+ years <input type="checkbox"/> 4</p> <p>12. Do you obtain your employment only through a union? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "yes" enter name and local _____</p> <p>13. Have you applied for or are you receiving a pension? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes: Is this pension based on work you did in the last 18 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Who writes the check for your pension? _____ If other than employer, print address _____ Do you limit yourself to the type of work, hours or days of work or amount of earnings that you would accept because of your pension? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>14. Have you applied for or are you receiving Worker's Compensation or disability benefits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>15. In the past 18 months, did you work or perform services for a relative, or for a company wholly or partly owned by a relative, or for a partnership or corporation in which a relative is a partner or officer or stockholder? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>16. Within the last 18 months, have you been an officer of any corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>17. Do you have any business or are you engaged in any other activity that brings in or may bring in income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>18. Was there a strike, lockout or other labor dispute in any place you worked during the last 8 weeks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
--	--

19. STARTING WITH YOUR LAST EMPLOYER, LIST ALL YOUR EMPLOYERS DURING THE LAST 18 MONTHS. Include all periods of self-employment, part-time employment, military service and employment with a governmental agency. Include all employers regardless of the State where you worked, type of work or length of job. Failure to list all your employers and Federal service (civilian and military) ay result in a reduced benefit rate or a delay in your benefits. If you had more than one employer, ask for a Continuation of Employment Record Sheet. **YOUR EMPLOYERS WILL BE NOTIFIED THAT YOU FILED A CLAIM!**

Company Name of Shared Work Employer		HIRE DATE		
Payroll Address	Phone No.	Mo. <u>2</u>	Day <u>11</u>	Yr <u>2008</u>
City	Code	Work Location (if Maritime worker show article no. & name of ship)		
Occupation On T		Pension from this employer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is this employer an Educational Institution? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If federal: SF8 used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Full time <input type="checkbox"/> Part time/intermittent

I certify that I am now in Shared Work, that I am ready, willing and able to work and that the statements that I have made in this application are true and correct. I understand that the law provides severe penalties for wilful false statements to obtain benefits.

CLAIMANT SIGN HERE → Judylynn Wong



SHARED WORK CONTINUED CLAIM

(Instructions on Reverse)

Social Security Number

Claimant Name (Please Print) JIVERLY WONG

If your name has changed since you last certified, please print your previous name

[Redacted Social Security Number]

PART A - EMPLOYEE STATEMENT

Enter the date(s) and answer the questions for each week claimed:

1. Did you work more than 32 hours in the week for your Shared Work Employer? \_\_\_\_\_

1st Week Ends: (Sunday date) 7/20/08

2nd Week Ends: (Sunday date) 7/27/08

Yes  No

Yes  No

If "yes," how many hours did you work? \_\_\_\_\_

2. If your employer wanted you to work during the hours scheduled off because of the Shared Work Plan, was there any reason you could not have accepted that work? \_\_\_\_\_

Yes  No

Yes  No

If "yes," explain and give the dates you could not have accepted the work: \_\_\_\_\_

3. Did you work for anyone other than your Shared Work employer on any day in the week? (This includes self-employment) \_\_\_\_\_

Yes  No

Yes  No

If "yes," complete "a" through "d"

a. Name and address of employer \_\_\_\_\_

b. On what date(s) did you work for this employer \_\_\_\_\_

c. Were your gross earnings (excluding self-employment) for this employment more than \$405 for the week? \_\_\_\_\_

Yes  No

Yes  No

d. Are you still working for this employer? \_\_\_\_\_

Yes  No

Yes  No

If "no," why are you no longer working for this employer? \_\_\_\_\_

4. What was the last date you performed work for ANY employer during each week? \_\_\_\_\_

7/17/08

7/24/08

CLAIMANT CERTIFICATION: I claim Shared Work benefits under the New York State Unemployment Insurance Law. I certify that the above statements are true and complete, that I was partially unemployed, able to work, available for work with my Shared Work employer and that my loss of wages was due to no fault of mine. I have not claimed unemployment benefits under any other State or Federal system for this period nor will I receive any other payment (i.e., Sub Pay) to compensate me for this period. I realize the Law prescribes penalties for false statements.

Signature Jiverly Wong

Date 7-25-08

Address: (Complete only if changed) \_\_\_\_\_

PART B - EMPLOYER STATEMENT

FOR THE WEEKS CLAIMED:

1. Percent full-time hours and wages were reduced due to Work Sharing (NOTE: Vacation, holiday and sick pay are considered "employment" for the purpose of calculating the percent reduction. See reverse for details). \_\_\_\_\_

20 %

20 %

2. Were the employee's wages based on piece-work? \_\_\_\_\_

Yes  No

Yes  No

3. Was the employee absent from work the entire week? \_\_\_\_\_

Yes  No

Yes  No

4. Did the employee refuse any work you made available to him/her? \_\_\_\_\_  
If yes, give dates and number of hours work was available.

Yes  No

Yes  No

5. Do you protest the payment of work sharing benefits to this employee? \_\_\_\_\_  
If yes, please explain.

Yes  No

Yes  No

I CERTIFY that the above information concerning the status of this company and the status/earnings of this employee for the purpose of participating in the Work Sharing Program is true and correct to the best of my knowledge.

Employer Account No. \_\_\_\_\_

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

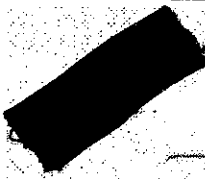
9 8 - [ ] [ ] [ ] [ ] [ ] [ ]

Location Code, if any

Employer Telephone No. \_\_\_\_\_



Hourly Non-Exempt Exempt Temp. Computer In-put



Date: 8-11-08

Name T. Williams

**Personal Change (PC)**

**Salary Change (SC)**  
Effective Date: 8-11-08  
Reason: SLOK TO 8.11.08  
SC Base Rate: \_\_\_\_\_

Effective Date: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_  
State/Zip: \_\_\_\_\_  
Home Tel. No. \_\_\_\_\_

**Promotion (PR) Supervisor Code** \_\_\_\_\_  
Effective Date: \_\_\_\_\_  
PR Position: \_\_\_\_\_

**Termination**

**Performance Review (RE)**  
Effective Date: 8-11-08  
Rating: Good  
Next Review: \_\_\_\_\_  
Next Review Date: 11-15-08

Effective Date: \_\_\_\_\_  
Termination: \_\_\_\_\_  
Rehire: \_\_\_\_\_ Status: \_\_\_\_\_

**Transfer (TR) Supervisor Code** \_\_\_\_\_  
Effective Date: \_\_\_\_\_  
TR Reason: EEREQ, ERREQ or PROD  
From Position: \_\_\_\_\_  
To Position: \_\_\_\_\_  
Shift: \_\_\_\_\_

Dept. Worked \_\_\_\_\_  
**TURN OFF ALL DEDUCTIONS**      **OTHERS**  
\_\_\_\_\_ Direct Deposit      \_\_\_\_\_ Pay Accrued Vac  
\_\_\_\_\_ Support Deductions      \_\_\_\_\_ Add Pday  
\_\_\_\_\_ Wage Attachments      \_\_\_\_\_ Add Vac  
\_\_\_\_\_ Chg. Benefit Grp.

Supervisor been informed: Yes \_\_\_\_\_ No \_\_\_\_\_

**Status Change (ST)**  
Effective Date: 8-11-08  
Status: FECH

Originator: \_\_\_\_\_  
Management Approval \_\_\_\_\_

Leave: \_\_\_\_\_  
Leave Date: \_\_\_\_\_  
**PDAY** \_\_\_\_\_

Additional Comments on Back \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

**Demotion (DM) Supervisor Code** \_\_\_\_\_  
Effective Date: \_\_\_\_\_  
DM Position \_\_\_\_\_  
Shift: \_\_\_\_\_

**TRAINING TRACKER - BADGE NUMBER** \_\_\_\_\_  
**Attendance Code Changed** \_\_\_\_\_ Yes/No \_\_\_\_\_



Employee Name: Jiwerly Wong Job Title: Assembler  
 Due Date: 8/3/08 Dept/Shift: 513-2 Human Resources Approval: [Redacted]

30 Days    60 Days    90 Days    6 Months    Annual    Other

Purpose of Employee Evaluation: Intended to help the employee improve personal aspects of their performance or behavior/conduct - inventory employee skills, traits, abilities, strengths and weaknesses.

Carefully evaluate each of the 10 performance categories below. Rate each category according to the scale; furthermore, bear in mind the evaluation period and performance for the entire evaluation period, not just recent events.

- EXCEPTIONAL (9/10):** Consistently meets and often exceeds all relevant performance standards. Provides leadership, fosters teamwork, is highly productive innovative, responsive and generates top quality work.
- EXCEEDS EXPECTATIONS (7/8):** Consistently meets and sometimes exceeds all relevant performance standards. Shows initiative and versatility, works collaboratively, has strong technical & interpersonal skills or has achieved significant improvement in these areas.
- MEETS EXPECTATIONS (5/6):** Meets all relevant performance standards. Seldom exceeds or falls short of desired results. Lacks appropriate level of skills or is inexperienced/still learning the scope of the job.
- BELOW EXPECTATIONS (3/4):** Sometimes meets the performance standards. Seldom exceeds and often falls short of desired results. Performance has declined significantly or employee has not sustained adequate improvement.
- NEEDS IMPROVEMENT (0/2):** Consistently falls short of performance standards.

PERFORMANCE AREA	RATING CRITERIA		RATING
<b>Procedures:</b> Follows company policies and procedures. Includes - Employee Conduct, Badge Policy, Complaint Procedure, Dress Policy, Plant Safety Rules and ISO Procedures. Comments: _____	0 - 2	Fails to abide policies & procedures	8
	3 - 4	Needs to be continually reminded	
	5 - 6	Adheres to most policy guidelines	
	7 - 10	Always follows policies & procedures	
<b>Knowledge:</b> Has the information necessary to perform job duties. Uses that knowledge to perform job requirements to meet expectations. <b>Technical Abilities:</b> (If Applicable) Ability to troubleshoot assigned equipment. Diagnose problems and make repairs. Computer skills & programming. Comments: _____	0 - 2	Does not retain knowledge necessary to perform job	8
	3 - 4	Has knowledge necessary to perform some required tasks	
	5 - 6	Has knowledge to perform most required tasks	
	7 - 8	Has knowledge to perform all phases of work requirements	
<b>Productivity:</b> Work is accomplished quickly and accurately - productivity standards are met. Comments: _____	0 - 2	Does not meet minimum requirements	8
	3 - 4	Just reaches minimum	
	5 - 6	Production output is satisfactory	
	7 - 8	Generally exceed requirements	
	9 - 10	Consistently exceed requirements	

<b>Quality:</b> Demonstrates competence in required job skills and knowledge. Performs job to documented procedures. Comments: _____ _____	0 - 2	Makes frequent errors.	7
	3 - 4	Can be careless - recurring errors	
	5 - 6	Demonstrates accuracy - consistent	
	7 - 8	Follows procedures accurately, demonstrates quality control skills	
	9 - 10	Accuracy, clarity, consistency in quality control - always follows procedures	
<b>Work Habits/Motivation:</b> Demonstrates effective use of time. Team player - gets involved and goes above and beyond. Employee works and performs job responsibilities. Comments: _____ _____	0 - 2	Puts forth little or no effort	8
	3 - 4	Inconsistently applies self	
	5 - 6	Applies self consistently	
	7 - 8	Strives to continually achieve more	
	9 - 10	Consistently exerts exceptional effort Excels no matter where assigned	
<b>Adaptability:</b> Flexible employee who is able to rotate to several operations on the line. Technical - can transfer among lines. Comments: _____ _____	0 - 2	Unable to keep up with production in most positions when rotated	8
	3 - 4	Can keep up in some areas when rotated	
	5 - 6	Able to rotate and maintain productivity in several positions.	
	7 - 8	Can efficiently do most job required	
	9 - 10	Extremely flexible can efficiently do all jobs assigned	
<b>Safety:</b> Follows safety procedures and practices and adheres to established guidelines, including housekeeping. Comments: _____ _____	- 4	Demonstrates a disregard for safety	8
	- 6	Usually follows safety procedures	
	7 - 10	Always follows safety procedures	
<b>Dependability:</b> Acceptable attendance. Reports back from lunch and break on time and reports for required overtime. Comments: _____ _____	0 - 2	Not dependable	10
	3 - 4	Dependability fluctuates	
	5 - 6	Dependable - average attendance	
	7 - 10	Good attendance/reports to work station on time/can count on whenever needed	
<b>Working Relationships:</b> Consider ability to get along with others, cooperation, demonstrated behavior and work attitude. Comments: _____ _____	0 - 2	Does not interact well with others	8
	3 - 4	Usually negative about work/coworkers	
	5 - 6	Favorable disposition, able to interact with others - team player	
	7 - 10	Gets along with all coworkers, eager to assist. team player. positive attitude.	
<b>Overall Contributing Factors:</b> Employees work contributions, demonstrated behavior, application of skills and abilities, interacts well with management, time management skills.	0 - 4	Inconsistent occasionally meets criteria	8
	5 - 6	Consistently meets required criteria	
	7 - 10	Always meets or exceeds criteria	
Employee Signature: <i>[Signature]</i> Date: <i>8-12-08</i>	TOTAL: 81		New Rate if Applicable: \$8.30 eff 8-11-08
Comments: _____ Supervisor Signature: <i>[Signature]</i> Date: <i>08/12/08</i>			

VACATION REQUEST

Name JIVERLY WONG

Date 08/12/08

Dept. 513

Shift 2nd

Clock # [REDACTED]

Date (s) 08/15/08

Hours Requested 8

Jiverly  
Employee Signature

[REDACTED]  
Supervisor Approval

Human Resource Department Approval

08/12/08  
Date

Time Available Yes \_\_\_\_\_ No \_\_\_\_\_

VACATION REQUEST

Name JIVERLY WONG

Date 9-25-08

Dept. \_\_\_\_\_

Shift 2ND

Clock # 801072

Date (s) 9-26-08

Hours Requested 8 HOURS

Jiverly  
Employee Signature

[REDACTED]  
Supervisor Approval

Human Resource Department Approval

09/25/08  
Date

Hourly  Non-Exempt  Exempt  Temp. Computer In-put

[REDACTED]  
**Personnel Actions Update**

Date: 10/18/08

Name Jiverly Wong

**Salary Change (SC)**  
Effective Date: \_\_\_\_\_  
Reason: \_\_\_\_\_  
SC Base Rate: \_\_\_\_\_

**Promotion (PR) Supervisor Code** \_\_\_\_\_  
Effective Date: \_\_\_\_\_  
PR Position: \_\_\_\_\_

**Performance Review (RE)**  
Effective Date: \_\_\_\_\_  
Rating: \_\_\_\_\_  
Next Review: \_\_\_\_\_  
Next Review Date: \_\_\_\_\_

**Transfer (TR) Supervisor Code** \_\_\_\_\_  
Effective Date: \_\_\_\_\_  
TR Reason: EEREQ, ERREQ or PROD  
From Position: \_\_\_\_\_  
To Position: \_\_\_\_\_  
Shift: \_\_\_\_\_

**Status Change (ST)**  
Effective Date: \_\_\_\_\_  
Status: \_\_\_\_\_  
Leave: \_\_\_\_\_  
Leave Date: \_\_\_\_\_  
**PDAY** \_\_\_\_\_

**Demotion (DM) Supervisor Code** \_\_\_\_\_  
Effective Date: \_\_\_\_\_  
DM Position: \_\_\_\_\_  
Shift: \_\_\_\_\_

**Personal Change (PC)**  
Effective Date: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_  
State/Zip: \_\_\_\_\_  
Home Tel. No. [REDACTED]



**Termination**  
Effective Date: \_\_\_\_\_  
Termination: \_\_\_\_\_  
Rehire: \_\_\_\_\_ Status: \_\_\_\_\_

Dept. Worked \_\_\_\_\_  
**TURN OFF ALL DEDUCTIONS** - **OTHERS**  
\_\_\_\_\_ Direct Deposit \_\_\_\_\_ Pay Accrued Vac  
\_\_\_\_\_ Support Deductions \_\_\_\_\_ Add Pday  
\_\_\_\_\_ Wage Attachments \_\_\_\_\_ Add Vac  
\_\_\_\_\_ Chg. Benefit Grp.

Notify [REDACTED]  
Supervisor been informed: Yes \_\_\_\_\_ No \_\_\_\_\_

Originator: [REDACTED]  
Management Approval \_\_\_\_\_  
Additional Comments on Back \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

**TRAINING TRACKER - BADGE NUMBER** [REDACTED]  
**Attendance Code Changed** Yes/No \_\_\_\_\_



VACATION REQUEST

Name JIVERLY WONG

Date 10-30-08

Dept. \_\_\_\_\_

Shift \_\_\_\_\_

Clock # \_\_\_\_\_

Date (s) 10-31-08

Hours Requested 8 hours

Employee Signature Jiverly Wong

Supervisor Approval

Human Resource Department Approval \_\_\_\_\_

Date 10/30/08



VACATION REQUEST

Name JIVERLY WONG

Date 11-10-08

Dept. \_\_\_\_\_

Shift 2ND

Clock # 801072

Date (s) VACATION 10:30pm TO 11:30pm

Hours Requested 3 Hours

Employee Signature Jiverly Wong

Supervisor Approval   
11-11-08

Human Resource Department Approval \_\_\_\_\_

Date \_\_\_\_\_

Time Available Yes \_\_\_\_\_ No \_\_\_\_\_

Hourly Non-Exempt Exempt Temp. Computer In-put

**Personnel Actions Update**

Date: 11/13/08

Name J. Verly Wong

**Salary Change (SC)**

Effective Date: 11/17/08

Reason: 9

SC Base Rate: 8.30 to 8.60 *W*

Promotion (PR) Supervisor Code 4.30

Effective Date: \_\_\_\_\_

PR Position: \_\_\_\_\_

**Performance Review (RE)**

Effective Date: 11-18-08

Rating: meets *W*

Next Review: 12

Next Review Date: 2-24-09 *W*

Transfer (TR) Supervisor Code \_\_\_\_\_

Effective Date: \_\_\_\_\_

TR Reason: EEREQ, ERREQ or PROD

From Position: \_\_\_\_\_

To Position: \_\_\_\_\_

Shift: \_\_\_\_\_

**Status Change (ST)**

Effective Date: \_\_\_\_\_

Status: \_\_\_\_\_

Leave: \_\_\_\_\_

Leave Date: \_\_\_\_\_

**PDAY** \_\_\_\_\_

Demotion (DM) Supervisor Code \_\_\_\_\_

Effective Date: \_\_\_\_\_

DM Position: \_\_\_\_\_

Shift: \_\_\_\_\_

**Personal Change (PC)**

Effective Date: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Home Tel. No. \_\_\_\_\_

**Termination**

Effective Date: \_\_\_\_\_

Termination: \_\_\_\_\_

Rehire: \_\_\_\_\_ Status: \_\_\_\_\_

Dept. Worked \_\_\_\_\_

<b>TURN OFF ALL DEDUCTIONS</b>	<b>OTHERS</b>
_____ Direct Deposit	_____ Pay Accrued Vac
_____ Support Deductions	_____ Add Pday
_____ Wage Attachments	_____ Add Vac
	_____ Chg. Benefit Grp.

Notify I [Redacted]

Supervisor been informed: Yes  No \_\_\_\_\_

Originator: [Redacted]

Management Approval \_\_\_\_\_

Additional Comments on Back \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

**TRAINING TRACKER - BADGE NUMBER**

**Attendance Code Changed** Yes/No

Hourly     Non-Exempt     Exempt     Temp    Computer In-put

[REDACTED]  
Personnel Actions Update

Name: Jiverly Wong

Date: 11/26/08

**Salary Change (SC)**

Effective Date: \_\_\_\_\_  
Reason: \_\_\_\_\_  
SC Base Rate: \_\_\_\_\_

**Promotion (PR) Supervisor Code** \_\_\_\_\_

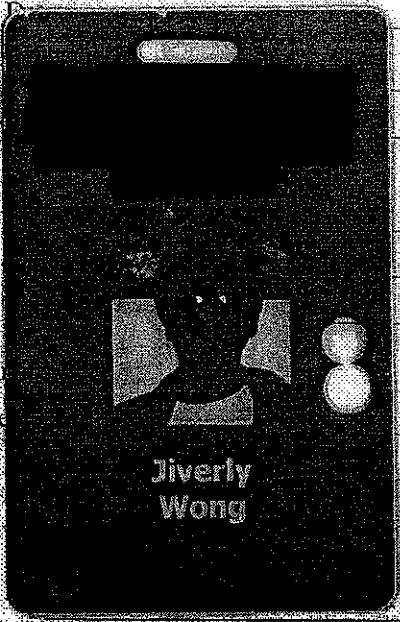
Effective Date: \_\_\_\_\_  
PR Position: \_\_\_\_\_

**Performance Review (RE)**

Effective Date: \_\_\_\_\_  
Rating: \_\_\_\_\_  
Next Review: \_\_\_\_\_  
Next Review Date: \_\_\_\_\_

**Transfer (TR)**

Effective Date: \_\_\_\_\_  
TR Reason: \_\_\_\_\_  
From Position: \_\_\_\_\_  
To Position: \_\_\_\_\_  
Shift: \_\_\_\_\_  
Status Change: \_\_\_\_\_  
Effective Date: \_\_\_\_\_  
Status: \_\_\_\_\_  
Leave: \_\_\_\_\_  
Leave Date: \_\_\_\_\_  
PDAY: \_\_\_\_\_



**Demotion (DM) Supervisor Code** \_\_\_\_\_

Effective Date: \_\_\_\_\_  
DM Position: \_\_\_\_\_  
Shift: \_\_\_\_\_

**Personal Change (PC)**

Effective Date: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_  
State/Zip: \_\_\_\_\_  
Home Tel. No: \_\_\_\_\_

**Termination**

Effective Date: 11/26/08  
Termination: \_\_\_\_\_  
Rehire: \_\_\_\_\_ Status: Term  
Dept. Worked: LDW-

**TURN OFF ALL DEDUCTIONS - OTHERS**

\_\_\_\_\_ Direct Deposit    \_\_\_\_\_ Pay Accrued Vac  
\_\_\_\_\_ Support Deductions    \_\_\_\_\_ Add Pday  
\_\_\_\_\_ Wage Attachments    \_\_\_\_\_ Add Vac  
\_\_\_\_\_ Chg. Benefit Grp.

Notify [REDACTED]

Supervisor been informed: Yes \_\_\_\_\_ No \_\_\_\_\_

Originator: [REDACTED]

Management Approval: \_\_\_\_\_

Additional Comments on Back: \_\_\_\_\_ Yes \_\_\_\_\_ No

**TRAINING TRACKER - BADGE NUMBER** [REDACTED]

**Attendance Code Changed** Yes/No



\* Hourly \_\_\_\_\_ Non-Exempt \_\_\_\_\_ Exempt \_\_\_\_\_ Temp. \_\_\_\_\_ Computer In-put \_\_\_\_\_

**Personnel Actions Update**

Date: \_\_\_\_\_

Name Tiffany Wong

**Salary Change (SC)**

Effective Date: \_\_\_\_\_

Reason: \_\_\_\_\_

SC Base Rate: \_\_\_\_\_

**Promotion (PR) Supervisor Code** \_\_\_\_\_

Effective Date: \_\_\_\_\_

PR Position: \_\_\_\_\_

**Performance Review (RE)**

Effective Date: \_\_\_\_\_

Rating: \_\_\_\_\_

Next Review: \_\_\_\_\_

Next Review Date: \_\_\_\_\_

**Transfer (TR) Supervisor Code** \_\_\_\_\_

Effective Date: \_\_\_\_\_

TR Reason: EEREQ, ERREQ or PROD

From Position: \_\_\_\_\_

To Position: \_\_\_\_\_

Shift: \_\_\_\_\_

**Status Change (ST)**

Effective Date: \_\_\_\_\_

Status: \_\_\_\_\_

Leave: \_\_\_\_\_

Leave Date: \_\_\_\_\_

**PDAY**

**Demotion (DM) Supervisor Code** \_\_\_\_\_

Effective Date: \_\_\_\_\_

DM Position: \_\_\_\_\_

Shift: \_\_\_\_\_

**Personal Change (PC)**

Effective Date: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Home Tel. No. \_\_\_\_\_

**Termination**

Effective Date: 11-26-08

Termination: RIF/10

Rehire: Yes

Dept. Worked: 11-26-08 Ldw

TURN OFF ALL DEDUCTIONS

OTHERS

Direct Deposit \_\_\_\_\_

Pay Accrued Vac \_\_\_\_\_

Support Deductions \_\_\_\_\_

Add Pday \_\_\_\_\_

Wage Attachments \_\_\_\_\_

Add Vac \_\_\_\_\_

Chg. Benefit Grp. \_\_\_\_\_

Notify [Redacted]

Supervisor been informed: Yes  No

Originator: [Signature] [Stamp]

Management Approval \_\_\_\_\_

Additional Comments on Back \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

TRAINING TRACKER - BADGE NUMBER [Redacted]

Attendance Code Changed [Redacted] Yes/No

[REDACTED]

**DRUG AND ALCOHOL TESTING PROGRAM**

**DRUG ABUSE POLICY ACKNOWLEDGMENT**

My signature below acknowledges that I have been informed of the [REDACTED] Drug and Alcohol Testing Policy, I have received a copy of the Drug and Alcohol Testing Policy memorandum, and I have been offered an opportunity to review the [REDACTED] Testing Policy and Procedures. Furthermore, I understand that employee testing is a condition of continued employment, and I agree to comply with the rules and regulations as described in the Policy, and that failure to do so may lead to disciplinary action being taken against me which may include termination.

Applicant Signature J. Wong Date 2-1-08 2008

Print Name JIVERLY WONG Badge# [REDACTED]

SS # [REDACTED]

DOB 12-08-67

[REDACTED]

**EMPLOYEE CONSENT AND RELEASE FROM LIABILITY**

I understand that [REDACTED] as a policy against the possession, use, sale or transfer of illegal drugs by its employees. I further understand that [REDACTED] is committed to a drug free workforce and that employee drug testing is one method of implementing that policy. I further acknowledge that I have previously received a copy of the Drug Testing Policy Memorandum, and I have been offered an opportunity to review the [REDACTED] Drug Testing Policies and Procedures. I understand that employee testing is a condition of continued employment.

I hereby consent to the taking of my urine and breath alcohol samples by [REDACTED] or its agents [REDACTED] and to the testing of such samples by [REDACTED] or any other such drug testing laboratory designated by [REDACTED]. I hereby further consent to the release of the drug test results from the laboratory to the Operations Manager of [REDACTED]. I do hereby release the laboratory, its officers, employees, agents, and representatives, from any and all liabilities arising from the authorized release or use of the information derived from or contained in my test result for employment purposes.

I release and discharge [REDACTED], its officers and agents, from any claim or liability arising from the use of such tests for any decisions concerning employment made by [REDACTED] based, in whole or in part, upon the results of such test. Should the test results be confirmed by Mass Spectrometry to be positive, and no acceptable explanation is provided, I will be subject to disciplinary action which may include immediate termination.

Signature of Employee     *Ji*    

Print Name     *Jiweily WONG*    

Social Security Number     [REDACTED]    

Date     *2-12*    , 200*7*

**DRUG AND/OR ALCOHOL TESTING CONSENT FORM**

**EMPLOYEE AGREEMENT AND CONSENT TO  
DRUG AND/OR ALCOHOL TESTING**

I hereby agree, upon a request made under the drug/alcohol testing policy of [REDACTED] to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under [REDACTED] policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have the [REDACTED] and/or its [REDACTED] physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the [REDACTED] and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize the [REDACTED] to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I will hold harmless the [REDACTED] its [REDACTED] physician, and any testing laboratory the [REDACTED] might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a [REDACTED] or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless the [REDACTED] its [REDACTED] physician, and any testing laboratory the [REDACTED] might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

**I UNDERSTAND THAT THE SHOP-VAC WILL REQUIRE A DRUG SCREEN TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT.**

July 2-12-08  
Signature of Employee Date

JIVERLY WONG  
Employee's Name - Printed