



Corridor Landscaping, LLC

500 Wonder World Dr. San Marcos, TX 78666

APPLICATION FOR EMPLOYMENT

Qualified applicants are considered for all positions without regard to age, sex, color, religion, nationality, sexual orientation, disability, marital or veteran status.

Name: _____ Phone: _____ Alternate: _____
 Address: _____ City: _____ State: _____ ZIP: _____
 How long at address? _____ Date of Birth: _____ Email: _____

If less than 3 years, continue listing below to cover the previous 3 year period:

1. Street _____ Dates: From _____
 City _____ State _____ Zip _____ To _____

 2. Street _____ Dates: From _____
 City _____ State _____ Zip _____ To _____

 3. Street _____ Dates: From _____
 City _____ State _____ Zip _____ To _____

Attach an additional sheet if necessary

Driver's License Information: all licenses held, last 3 years:

State _____ Number _____ Type/Endorsement _____ Exp. Date _____
 State _____ Number _____ Type/Endorsement _____ Exp. Date _____
 State _____ Number _____ Type/Endorsement _____ Exp. Date _____

Driving Experience:

_____ to _____
 Type of vehicle driven Dates Approximate mileage driven
 _____ to _____
 Type of vehicle driven Dates Approximate mileage driven
 _____ to _____
 Type of vehicle driven Dates Approximate mileage driven

List all Traffic Accidents, last 3 years: (If none, write NONE) Attach an additional sheet if necessary

Date: _____ Describe: _____ Fatalities: _____ Injuries: _____
 Date: _____ Describe: _____ Fatalities: _____ Injuries: _____
 Date: _____ Describe: _____ Fatalities: _____ Injuries: _____

List all Traffic Violations Convictions, last 3 years: (If none, write NONE) Attach an additional sheet if necessary

Date: _____ Violation: _____ State: _____ Commercial Vehicle: Yes No
 Date: _____ Violation: _____ State: _____ Commercial Vehicle: Yes No
 Date: _____ Violation: _____ State: _____ Commercial Vehicle: Yes No

Have you ever had any driver license denied, suspended, revoked or canceled by any issuing state agency?

Yes No If yes; state of issuance; explanation: _____

Highest Level of Education Attained

School	Dates	Degrees/Field of Study

What qualities or skills do you have that would make you an asset to Corridor Landscaping?

How did you hear about Corridor Landscaping?

What position are you applying for and why?

What was your last personal accomplishment?

Employment Record (past 3 years: Attach an additional sheet if necessary)

1) **Employer:** _____ Dates: _____ to _____
 Address: _____ Supervisor: _____
 City, State, Zip: _____ Telephone: _____
 Position(s) held: _____
 Why did you leave this position? _____
Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

2) **Employer:** _____ Dates: _____ to _____
 Address: _____ Supervisor: _____
 City, State, Zip: _____ Telephone: _____
 Position(s) held: _____
 Why did you leave this position? _____
Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

3) **Employer:** _____ Dates: _____ to _____
 Address: _____ Supervisor: _____
 City, State, Zip: _____ Telephone: _____
 Position(s) held: _____
 Why did you leave this position? _____
Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Availability (Check One)		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Full Time <input type="checkbox"/>	Hours							
Part Time <input type="checkbox"/>	Available							

Have you ever been convicted of a felony? Yes No If yes, explain: _____

Have you ever been forced or asked to resign? Yes No If yes, explain: _____

Do you have any conditions or limitations that would prevent you from safely performing your required tasks? Yes No
 If yes, explain: _____

CONDITIONS OF EMPLOYMENT

I understand and agree that if I am employed, any false information, misrepresentation or omission of facts on this application shall be basis for immediate dismissal. I agree to conform to the rules and regulations of the company, and understand that, if hired, I will be a "terminable-at-will" employee, and that my employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either the company or myself. I also understand that, if employed, it will be my responsibility to understand Corridor Landscaping, LLC's policies, and to seek clarification of any policies which I may not understand.

I have read and understand the statements above and attest that all information on this application is true and complete to the best of my knowledge. Signature: _____ Date: _____

DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES

Please Read Carefully Before Signing the Authorization

DISCLOSURE

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, [**Corridor Landscaping LLC**] (“the Company”) may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as Elite Investigations, LLC.

For explanation purposes:

- a “consumer report” is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an “investigative consumer report” is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act (“FCRA”).

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize the Company to obtain and rely upon consumer reports or investigative consumer reports in considering me for employment and, if I am employed, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in the employment decision about me.

I do _____ do not _____ authorize you to contact *my current* employer for Employment and Reference Verifications

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

Applicant Signature

Date

Personal Data

Last Name

First Name

Middle Name

Current Address

Dates Lived Here

Addresses for the Past Seven Years: (include street, city, state, zip code)

Dates of Residence:

Date of Birth

Other Names Used (including maiden name)

Years Used

Social Security Number

Driver's License #

State

Email address (may be used for official correspondence)

I have the right to make a request to **Elite Investigations, LLC**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **Elite Investigations, LLC** has previously furnished within the two year period preceding my request.

Elite Investigations, LLC

E-mail: info@coeliteinvestigations.com

I certify that all elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

Printed Name

Applicant Signature

Date

MOTOR VEHICLE REPORT REQUEST FORM

DRIVER INFORMATION EMPLOYER INFORMATION

NAME: (FIRST, INITIAL, LAST):

CONTACT
NAME:

Joshua Paselk

ADDRESS:

COMPANY'S NAME:

Corridor Landscaping LLC

CITY, STATE, ZIP CODE:

ADDRESS:

500 Wonder World

Dr.

PHONE NUMBER:

CITY, STATE, ZIP CODE:

San Marcos TX 78666

DRIVER LICENSE NUMBER:

PHONE NUMBER:

512-214-8771

SOCIAL SECURITY NUMBER:

DATE OF BIRTH:

RELEASE AUTHORIZATION:

I authorize IIX to request my motor vehicle report (MVR) from the state issuing my license, and to share that report with my employer and supervisor listed above. I recognize this information is used to determine my acceptability as a driver pursuant to my employer's commercial automobile insurance policy, and that IIX is in no way connected to, affected or controlled by the employment practices of my employer. It has been explained to me how my employer will use such information to determine the hiring or continuation of my employment as related to my acceptability in keeping with my employer's commercial automobile insurance policy.

Driver's Signature

Date

Employer's Signature

Date

Employee Home/Cell #:

Employee #



Corridor Landscaping

New Hire Information Informacion de Nuevo empleado

Start Date: _____
Fecha de empiezo

New Hire Name: _____
Nombre de Nuevo empleado

Position: _____

Foreman: _____
Nombre de capataz

Supervisor: _____
Supervisor

Operations Manager Approval: _____

Previously Employed: Yes No

If yes, ending wage: \$

Eligible for Rehire: Yes No

Circle the Branch:

San Marcos DFW Houston San Antonio

Rate of Pay: _____
Salario

Emergency Contact & Phone #: _____
Nombre de contacto de Ermegencia/Numera de Ermegencia



Employee Direct Deposit Enrollment Form

Payroll Manager—Please complete this section and enter data into your ADP Payroll system for employee enrollment. Then contact your CSR or AE for further instructions on how to update your employee's direct deposit information to ADP. **NOTE: YOUR COMPANY NAME MUST BE FILLED IN BEFORE DISTRIBUTING THIS FORM TO YOUR EMPLOYEE FOR COMPLETION.** (Please print.)

Company Code: _____ Company Name: _____ Employee File Number: _____
(referred to herein as "Employer")

Payroll Mgr. Name: _____ Payroll Mgr. Signature: _____

To enroll in Full Service Direct Deposit, simply fill out this form and give it to your payroll manager. Attach a voided check for each checking account – not a deposit slip. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.

The MICR line is shown with three callout boxes:

- Routing/Transit #** (A 9-digit number always between these two marks) points to the first 9 digits: 10123456789
- Checking Account #** points to the next 9 digits: 123456789
- Check #** (this number matches the number in the upper right corner of the check – not needed for sign-up) points to the final 4 digits: 0101

Important! Please read and sign before completing and submitting.

I hereby authorize Employer, either directly or through its payroll service provider, to deposit any amounts owed me, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Employer, either directly or through its payroll service provider, to my account. In the event that Employer deposits funds erroneously into my account, I authorize Employer, either directly or through its payroll service provider, to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Employer and Bank have received written notice from me of its termination in such form and in such manner as to afford Employer and Bank reasonable opportunity to act on it.

Employee Name: _____ Social Security #: _____

Employee Signature: _____ Date: _____

Account Information

The last item must be for the remaining amount owed to you. To distribute to more accounts, please complete another form. Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.

- Bank Name/City/State: _____
 Routing/Transit #: _____ Account Number: _____
 Checking Savings Other I wish to deposit: \$ _____ or Entire Net Amount
- Bank Name/City/State: _____
 Routing/Transit #: _____ Account Number: _____
 Checking Savings Other I wish to deposit: \$ _____ or Entire Net Amount
- Bank Name/City/State: _____
 Routing/Transit #: _____ Account Number: _____
 Checking Savings Other I wish to deposit: \$ _____ or Entire Net Amount

ATTENTION PAYROLL MANAGER:

Employers must keep each original employee enrollment form on file as long as the employee is using F6DD, and for two years thereafter.

Authorization for Direct Deposit

I authorize _____ to deposit my pay automatically to the account listed below and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. law. This authorization will be in effect until my employer receives written termination notice from myself and has reasonable opportunity to act on it.

Attach a voided check here

I opt out of direct deposit and elect to receive a paper check.

Authorized signature: _____

Print Name: _____ Date: _____

INTRODUCTION PERIOD

All new employees or new positions will have an introductory period for the first 90 calendar days of employment. There may be positions that require a different introductory period.

This is a get acquainted period to help you decide if you are satisfied with your work. During this period, you must prove your ability and willingness to do your job. The company, in turn, must prove it can measure up to your expectations.

The introductory period may be extended in cases where the facility requires more time for proper evaluation. You will be informed of this extension and its anticipated length.

If at any time during these first 90 days, you do not wish to continue, you may resign without prejudicing your employment record. Employees during this introductory period can be terminated at any time. If you resign during this period, you are required to give notice, if requested.

PRINT NAME: _____

DATE: _____

SIGNATURE: _____

PAYROLL STATUS

As an employee of Corridor Landscaping LLC, I am fully aware and agree that my employment status will be:

- Exempt (*not eligible for overtime pay*)

- Non-Exempt (*Eligible for overtime pay in accordance with NJ State wage & hour regulations*).

Employee Signature

Date

Form W-4 (2018)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

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. You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

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 might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

Line F. Credit for other dependents. When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2018	
▶ Whether you're 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.					
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • 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 ▶					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶				Date ▶	
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment	10 Employer identification number (EIN)	

your wages and other income, including income earned by a spouse, during the year.

Line G. Other credits. You might be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as the earned income tax credit and tax credits for education and child care expenses. If you do so, your paycheck will be larger but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more

than one job at a time or are married filing jointly and have a working spouse. If you don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("-0-") on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the "Married, but withhold at higher Single rate" box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the "Married, but withhold at higher Single rate" box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are

required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9, and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/programs/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 8. Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 9. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

Box 10. Enter the employer's employer identification number (EIN).

Personal Allowances Worksheet (Keep for your records.)

- A** Enter "1" for yourself **A** _____
- B** Enter "1" if you will file as married filing jointly **B** _____
- C** Enter "1" if you will file as head of household **C** _____
- D** Enter "1" if: {
 - You're single, or married filing separately, and have only one job; or
 - You're married filing jointly, have only one job, and your spouse doesn't work; or
 - Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.} **D** _____
- E Child tax credit.** See Pub. 972, Child Tax Credit, for more information.
 - If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "4" for each eligible child.
 - If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "2" for each eligible child.
 - If your total income will be from \$175,551 to \$200,000 (\$339,001 to \$400,000 if married filing jointly), enter "1" for each eligible child.
 - If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" **E** _____
- F Credit for other dependents.**
 - If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "1" for each eligible dependent.
 - If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).
 - If your total income will be higher than \$175,550 (\$339,000 if married filing jointly), enter "-0-" **F** _____
- G Other credits.** If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here . . . **G** _____
- H** Add lines A through G and enter the total here **H** _____

For accuracy, **complete all worksheets that apply.**

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$52,000 (\$24,000 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 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 above.

Deductions, Adjustments, and Additional Income Worksheet

- Note:** Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income.
- 1** Enter an estimate of your 2018 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. See Pub. 505 for details **1** \$ _____
 - 2** Enter: {
 - \$24,000 if you're married filing jointly or qualifying widow(er)
 - \$18,000 if you're head of household
 - \$12,000 if you're single or married filing separately} **2** \$ _____
 - 3 Subtract** line 2 from line 1. If zero or less, enter "-0-" **3** \$ _____
 - 4** Enter an estimate of your 2018 adjustments to income and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) **4** \$ _____
 - 5 Add** lines 3 and 4 and enter the total **5** \$ _____
 - 6** Enter an estimate of your 2018 nonwage income (such as dividends or interest) **6** \$ _____
 - 7 Subtract** line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses . . . **7** \$ _____
 - 8 Divide** the amount on line 7 by \$4,150 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction **8** _____
 - 9** Enter the number from the **Personal Allowances Worksheet**, line H above **9** _____
 - 10 Add** lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1, page 4. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** _____

Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1** Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) **1** _____
 - 2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" **2** _____
 - 3** If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet **3** _____
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4** Enter the number from line 2 of this worksheet **4** _____
 - 5** Enter the number from line 1 of this worksheet **5** _____
 - 6** **Subtract** line 5 from line 4 **6** _____
 - 7** Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ _____
 - 8** **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____
 - 9** **Divide** line 8 by the number of pay periods remaining in 2018. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2018. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,375	\$420	\$0 - \$7,000	\$420
5,001 - 9,500	1	7,001 - 12,500	1	24,376 - 82,725	500	7,001 - 36,175	500
9,501 - 19,000	2	12,501 - 24,500	2	82,726 - 170,325	910	36,176 - 79,975	910
19,001 - 26,500	3	24,501 - 31,500	3	170,326 - 320,325	1,000	79,976 - 154,975	1,000
26,501 - 37,000	4	31,501 - 39,000	4	320,326 - 405,325	1,330	154,976 - 197,475	1,330
37,001 - 43,500	5	39,001 - 55,000	5	405,326 - 605,325	1,450	197,476 - 497,475	1,450
43,501 - 55,000	6	55,001 - 70,000	6	605,326 and over	1,540	497,476 and over	1,540
55,001 - 60,000	7	70,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 90,000	8				
70,001 - 75,000	9	90,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 105,000	10				
85,001 - 95,000	11	105,001 - 115,000	11				
95,001 - 130,000	12	115,001 - 120,000	12				
130,001 - 150,000	13	120,001 - 130,000	13				
150,001 - 160,000	14	130,001 - 145,000	14				
160,001 - 170,000	15	145,001 - 155,000	15				
170,001 - 180,000	16	155,001 - 185,000	16				
180,001 - 190,000	17	185,001 and over	17				
190,001 - 200,000	18						
200,001 and over	19						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and

U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You aren't required to provide the information requested on a form that's subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be

retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

**ELECTRONIC COMMUNICATIONS POLICY
FOR CORRIDOR LANDSCAPING LLC.**

(1) **Management's Right To Access Information:** Our computer, telephone, and communication hardware and software systems ("Systems") have been installed and are used to facilitate business communications. Although each employee has an individual password to access these Systems, they belong to the company and the contents of communications are accessible at all times by management for any business purpose.

These Systems may be subject to periodic unannounced inspections, and should be treated like other shared filing systems. All Systems messages are company records. The contents of our Systems may be disclosed to the company without your permission. Therefore, you should not assume that messages and communications are confidential. Backup copies of communications may also be maintained and referenced by management or the network administrator.

The company network administrator is responsible for the structure, integrity and security of our computer network. Requests may be made to provide information containing the above-mentioned correspondence.

(2) **Personal Use Of Our Computer Systems:** Because we provide the Systems to assist you in the performance of your job, you should use them only for official business. We reserve the right to access and disclose as necessary all communications on our Systems without regard to content. Since your personal communications can be accessed without prior notice, you should not use our Systems to transmit any messages or to access any information you would not want read by any third party. For example, you should not use the Systems for gossip, including personal information about yourself or others; for forwarding messages under circumstances likely to embarrass the sender, or for inflammatory responses to business correspondence or work situations.

You should also not use these Systems for such purposes as soliciting for commercial ventures, religious or personal causes, outside organizations, or other similar, non-job-related solicitations. Although incidental and occasional personal use of our Systems is permitted, these communications will be treated the same as other communications. Therefore, you are prohibited from accessing or downloading information from the Internet for your personal use.

Internet activity is reserved for correspondence and research. All personnel do not have access to the Internet.

(3) **Forbidden Content of Communications:** You may not use our Systems in any way that may be seen as insulting, disruptive, offensive, or harmful to morale. Examples of forbidden uses include sexually explicit messages, cartoons, jokes or other potentially offensive material; propositions or love letters; ethnic or racial slurs; or any other message that can be construed to be harassment or disparagement of others in violation of our policy against harassment.

(4) **Confidentiality:** Company Systems are intended for company business only. All information on company Systems is the sole and exclusive property of the company and should be treated as confidential. Such information may not be disclosed to any person outside of the company or removed from our premises without the express permission of Executive Management. Additionally, unauthorized backup, transfer or copies of any data to floppy disk is forbidden. Distribution of backup disks to be requested through the network administrator and shall only be authorized by Executive Management.

Accepted By: _____ Date: _____

Signature: _____ Print: _____

Corridor Landscaping LLC Sexual Harassment Policy

Our company is committed to a workplace that is free of sexual harassment. This guideline applies to all business or related interactions between employees, supervisors, managers, customers, vendors, visitors etc. No employee or third party vendor of Corridor Landscaping LLC. is exempt from this policy. Definition of Sexual Harassment

*Sexual Harassment is an abuse of power by someone who has formal or perceived authority over someone else.

*Sexual Harassment is *unwelcome* sexual attention. Sexual attention is *unwelcome* when it is not solicited or initiated, and when it is unwanted. A victim's consent or agreement to certain conduct or a victim's active, voluntary participation in a requested sexual act does not indicate that the sexual attention was welcome.

*Sexual Harassment is always defined in terms of effect on the recipient. Conduct that is intended to be humorous or well intentioned is sexual harassment if it is offensive to another individual. It's not the *intent* of the harasser that counts; it's the *impact* on the recipient.

Quit Pro Quo Harassment: when employment and/or employment decisions are based either explicitly or implicitly on the employee's acceptance or rejection of unwelcome sexual behavior.

Hostile Environment Harassment: When a work environment is created by unwelcome sexual behavior or behavior directed at an employee because of that employee's sex that is offensive, hostile and/or intimidating and that adversely affects the employee's ability to do his or her job.

Examples of Sexual Harassment

May include, but not limited to:

- Unnecessary and unwelcome touching of an individual, for example, patting, pinching hugging or repeatedly brushing against another individual's body; or
- Offensive jokes, comments, slurs, e-mail, memos, faxes, posters, cartoons, gestures, negative stereotyping, and sexually explicit language and materials; or
- Unwelcome sexual advances, such as offensive sexual flirtations, repeated requests for dates or the sending of love letters after a rejection of overtures; or
- Discussing sexual activities; or
- Pressure or coercion for sexual activity; or
- Repeated remarks to a person with sexual or demeaning implications; or
- Suggesting or demanding sexual involvement accompanied by implied or explicit threats concerning a person's employment, raise, evaluation, promotion, etc.

Reporting Claims

1. If an employee believes he/she is being sexually harassed based on any of the grounds stated above should report it immediately to the Human Resource Manager. Your report should include 1) Date of occurrence; 2) persons involved; 3) location of incident; 4) a description of the specific acts of harassment that occurred; and 5) names of any witnesses.
2. An investigation will be conducted by the Human Resource Manager, which will include a prompt interview with the complainant, witnesses, if any, the accused and any other person(s) who may have relevant knowledge or information concerning the matter. The Human Resource Manager may enlist the assistance of counsel or other managerial staff during the investigation.
3. *Confidentiality* is an important element of the investigation, but total confidentiality is not realistic. People will be told on a "need to know" basis and that their confidence will be maintained as much as possible.
4. Every effort shall be made to complete the investigation within a reasonably prompt period of time from the notification of the complaint. A confidential written report shall be prepared and submitted to the owners.
5. Upon a finding that harassment has occurred, the company shall take disciplinary action commensurate with the degree of misconduct. Human Resource will notify the complainant of the results of the investigation.
6. *Follow up*. The investigator will follow up with the victim and the accused to determine that the inappropriate behavior has stopped and that the participants are dealing with the situation professionally.

Disciplinary Action

Disciplinary action, up to and including termination, may be taken against any employee engaging in this type of behavior. Disciplinary action may also be taken against any employee who in bad faith makes a false or dishonest claim of harassment or discrimination. Any supervisor or manager who has knowledge of such behavior yet fails to take appropriate action is also subject to discipline.

Non-Retaliation

Under no circumstance will an employee be penalized for reporting what the employee believes in good faith to be harassment under this policy. If you believe that you are being retaliated against for bringing a complaint of harassment, you should report such conduct immediately. Any supervisor or manager who retaliates against an employee for making a complaint shall be subject to disciplinary action up to and including termination.

If you have any questions about the policy, please contact Human Resources. The success of our policy depends, in significant part, upon the understanding and cooperation of all our employees. Therefore, we ask you to sign the following acknowledgement:

I, _____ have carefully read the above policy and understand and acknowledge it applies to me both in my present capacity and in any future position I may hold with the company.

Employee Signature

Date



Tools Agreement

I, _____, have received one hand pruner, one holster, one safety vest, and one pair of gloves. I agree to pay for the replacement if these tools/supplies are lost or stolen. I agree to pay for each item I do not turn in before receiving my last check from Corridor Landscaping LLC when I am no longer employed. If any of these tools/supplies become unusable I may turn them in to my supervisor and my supervisor will replace them without an additional charge.

Signature: _____

Name: _____

Employee #: _____

Supervisor: _____

<u>Cost to Replace</u> Vest \$10 Gloves \$5 Pruners \$25 Holster \$15

Acuerdo de las herramientas

Yo, _____, he recibido un par de tijeras, una funda de tijeras, un chaleco de trafico, y un par de guantes. Estoy de acuerdo de que si yo pierdo estas herramientas o si son robadas, you soy responsable por el gasto de reemplazarlas. Tabiem, estoy de acuerdo de ser responsable por el gasto de reemplazar estas herramientas si no las entrega antes de recibir mi cheque final de Corridor. Si una de las herramientas falta de trabajar o necesitan ser reemplazadas, entreguelas el su supervisor para que pueden ser cambiados sin gasto.

Firm: _____

Nombre: _____

Numero de empleado: _____

Supervisor: _____

<u>Gasto de reemplazar</u> Chaleco \$10 Guantes \$5 Tijeras \$25 Funda \$15



BASIC SAFETY RULES

VIOLATION OF SAFETY RULES

All Corridor employees must obey all safety rules, regulations, and safe work practices as outlined in Company Safety Policies. Failure to obey safety rules and safe work practices, including the use of appropriate safety equipment, is grounds for disciplinary action, up to and including termination.

I understand that the safety policies and procedures are for my protection as well as other employees and that failure to obey and follow the safety rules could result in server injury to me or others.

I have read and understand all policies and procedures as set for in the Corridor Landscaping Safety Manual.

Signature of Employee

Date



ALCOHOL AND CONTROLLED SUBSTANCE POLICY

Corridor has adopted an alcohol and controlled substances policy to ensure the safety and well being of all employees. Company policy forbids the possession or consumption of alcoholic beverages and the possession or use of any controlled substance or inhalant on the premises of clients and on Corridor Landscaping premises.

The definition of a controlled substance is any drug, narcotic, hallucinogen, barbiturate, amphetamine, mixture, or compound not prescribed by a licensed physician for a legitimate medical need. Any prescribed drug that may affect job performance must be registered with the safety coordinator. Persons failing to register their prescription with the above personnel will be subject to immediate disciplinary action.

Users of illicit drugs, mixtures, compounds, or alcohol present a serious danger not to only themselves, but also to all other employees with whom they work or come in contact. Lack of mental alertness, slow reactions, and other effects of alcohol and drugs lead to poor judgment and errors that place the safety of our workers, clients and facility in grave danger. Management cannot and will not allow the safety of our workers and facility to be compromised.

Drug and alcohol test will be performed after all accidents.

Violation of any of the following rules will result in immediate dismissal:

1. No alcoholic beverages may be transported or consumed in a company vehicle
2. No driving a company vehicle while under the influence of alcohol or drugs
3. No illicit drug, mixture, or compound may be brought onto or used on company property
4. All legitimate prescription drugs that may affect job performance as stated on container or instructions, must be registered with safety coordinator immediately upon reporting to work on the first day of use of the drug
5. Any employee taking a prescription drug as noted above will immediately inform his/her supervisor or department head of any adverse side effects occurring from use of the drug as soon as such adverse effects become evident to the employee
6. No employee may give, sell, or otherwise transfer any drug, mixture, or compound to any other employee. To do so is in violation of federal law, and the employees involved will be reported to law enforcement authorities immediately.

All employees are cautioned that violation of the above rules will lead to immediate dismissal and possible criminal charges being filed in those cases where illicit drugs are involved or the transfer of prescription drugs takes place.

Employee Signature

Date



RIDING MOWER/TRACTOR OPERATOR

I, _____, have been reviewed on safe and proper operating instructions by my supervisor and I am aware of possible hazards involved in operating a "Riding Mower/Tractor". I have also been provided with a copy of "Safe Operating Practices for Riding Mowers/Tractors". I understand these fully and will adhere to them. I understand that I may approach my supervisor with any questions that may arise on the job.

Signature of Employee

Date

Supervisor Signature

Date



WALK BEHIND MOWER OPERATOR

I, _____ have been reviewed on safe and proper operating instructions by my supervisor and I am aware of possible hazards involved in operating a **“WALK BEHIND MOWER”**. I have also been provided with a copy of **“SAFE OPERATING PRACTICES FOR WALK BEHIND MOWERS”**. I understand these fully and will adhere to them. I understand that I may approach my supervisor with any questions that may arise on the job.

Employee Signature

Date

Supervisor Signature

Date



TO START AFTER BEING PARKED ON A GRADE:

1. Apply the foot service brake and hold
2. Start the engine with the gearshift lever in PARK on auto transmission trucks, Neutral on manual transmission trucks
3. Shift the transmission into gear and release the parking brake.
4. Release the foot service brakes and move the vehicle uphill to free the wheel chocks
5. Apply the foot service brakes and hold while another person retrieves the chocks

Employee Signature

Date

Supervisor Signature

Date



Company Fuel Usage and Fuel Cards

Corridor Landscaping LLC provides all fuel needed for work purposes, including auto fuel and equipment. Fuel provided is strictly for Corridor Landscaping LLC use only; there is no use of company fuel for personal reasons/benefits.

- Auto-a company credit card for fuel usage will be issued to individuals whose job description requires a fuel card.
- Fuel is limited to 28 regular unleaded/diesel gallons per week or 24 plus/premium gallons per week; not to include personal errands, transportation to and from work. Any exceptions must be approved by your regional manager or sales director.
- Field crews fuel may be purchased Monday – Friday; all other fuel must be purchased Tuesday through Thursday, with any Friday or Monday purchases pre approved by supervisor. There is no fuel purchased on Saturday or Sundays.
- Equipment-all fuel for equipment is purchased with “off road” fuel cards; unless the branch has a fuel tank on site. When using an off road fuel card, use 1111 as odometer entry.
- Each truck is assigned a fuel card; employees are assigned a PIN number. Fuel cards should only be used with the truck assigned to and employees are to use their assigned PIN number. PIN numbers are personalized and should never be given to another employee.
- Corridor Landscaping LLC will payroll deduct if company policy is not followed.

It is the expectation of Corridor Landscaping LLC that each Operations Manager will review gasoline consumption on a weekly basis. Exceptions are worked to resolution.

X _____ Date _____
Signature

Printed Name Emp# _____



Cell Phone and Office Phone Usage Policy

Cellular Phones:

Cell phones are issued by Corridor Landscaping LLC to those employees, whose job description requires a cell phone to perform his or her job. All cell phones are the property of Corridor Landscaping LLC. Depending on your job description, will depend on what services are available on your phone.

You are 100% responsible for the cell phone issued to you and any charges associated with that cell phone that is not business related. Cell phones are issued for business use only. Any cost associated with additional phone charges or replacement of equipment will be deducted from your paycheck. If you lose or damage (with the exception of normal wear and tear) the phone issued to you; you will be responsible for the cost of an equal replacement. Corridor Landscaping LLC will not activate any personal cell phones for business use. Corridor Landscaping LLC strongly recommends that no employee use their personal cell phone for business use. No employee is allowed to replace cell phone equipment. Replacement equipment may only be ordered by Corridor Landscaping LLC, and not the employee. If you are terminated (voluntary or non) your cell phone equipment must be turned in; and in working order and with no physical damage.

Office Phones:

Office phones are provided for business use. We encourage all employees to limit personal calls to a minimum. Any excessive use of personal calls can result in disciplinary action.

All incoming calls to Corridor Landscaping LLC via of cellular phone or office phone are to be answered professionally. Any abuse of Corridor Landscaping LLC cell phone, radio or office phone can result in disciplinary action.

***If you carry a personal cell phone to work with you, and are in any Corridor Landscaping LLC office, function, meeting or training; we ask that you keep the volume of that phone turned off or on vibrate only during working hours as not to disturb your fellow employees. Excessive usage of personal cell phones during working hours can result in disciplinary action.

I have read and understand the above Cell Phone and Office Phone Usage Policy.

X _____ Date _____
Signature

_____ Emp# _____
Printed Name

CONFIDENTIALITY AND NON-SOLICITATION AGREEMENT

This Confidentiality and Non-Solicitation Agreement (this "Agreement") is entered into this ___ day of _____, 2021 between _____ ("Employee") and Corridor Landscaping LLC, Inc and affiliates, parents successors (the "Company").

WHEREAS, the Company's success depends, in part, on the protection of its confidential information, trade secrets, innovations, formulas, software, customer information, customer preferences, and other information held or utilized by the Company; and

WHEREAS, the Company reposes special trust and confidence in its employees and gives employees access to the Company's trade secrets, proprietary or confidential information and customer and vendor relationships in the performance of employees' job duties for the Company.

NOW, THEREFORE, in consideration of the foregoing premises and Employee's new or continued employment with the Company, and intending to be legally bound, Employee and the Company agree as follows:

1. Confidential Information. Employee will not disclose or use for Employee's direct or indirect benefit or the direct or indirect benefit of a third party, whether during Employee's employment or thereafter, any Confidential Information of the Company acquired during or because of Employee's employment with the Company. "Confidential Information" means any information that constitutes trade secrets or which the Company treats as confidential, including, but not limited to, any information relating to research, processes, inventions, products, methods, formulae, software, documentation, equipment, costs, customer lists, customer preferences, pricing, business studies, business procedures, and finances, and any other materials that have not been made available to the general public. Failure to designate any of the Confidential Information as confidential or proprietary will not affect its status as Confidential Information under the terms of this Agreement.

2. Company Materials. Employee will not remove from the Company's offices or premises any documents, records, notebooks, files, correspondence, reports, memoranda, computer tapes, computer disks or similar materials of or containing information of the type identified in the preceding paragraph, or other materials or property of the Company of any kind (collectively, "Materials"), unless necessary in accordance with Employee duties and responsibilities of employment by the Company. In the event Employee removes any Materials, Employee will return such Materials to their proper files or places of safekeeping as promptly as possible after the removal has served its specific purpose. Except as may be necessary in the discharge of Employee's assigned duties, Employee will not make, retain, remove or distribute any copies of any of such Materials for any reason whatsoever and Employee will not divulge to any third person the nature or contents of any of such Materials or of any other oral or written information. Upon termination of Employee's employment with the Company, Employee will return to the Company all originals and copies of such Materials then in Employee's possession, whether prepared by Employee or by others.

(a) Ownership. Employee acknowledges that any and all writings, documents, inventions, discoveries, formulae, plans, customer lists, memoranda, research, designs, specifications, data, diagrams, flow charts, and/or techniques (whether reduced to written form or otherwise) that Employee makes, conceives, discovers, or develops, either solely or jointly with any other person, at any time during the term of Employee's employment, during working hours or at the Company's facility, and whether upon the request or suggestion of the Company or otherwise, that relate to or are useful in any way in connection with any business now or hereafter carried on by the Company (collectively, the "Intellectual Work Product") will be the sole and exclusive property of the Company. Employee will promptly and fully disclose all the Intellectual Work Product to the Company, and Employee will have no claim for additional compensation for the Intellectual Work Product.

(b) Assignment. Employee acknowledges that all Intellectual Work Product that is copyrightable will be considered a work made for hire under United States Copyright Law. Employee hereby irrevocably assigns and transfers to the Company any and all right, title, or interest that Employee may have in the Intellectual Work Product under copyright, patent, trade secret and trademark law, in perpetuity or for the longest period otherwise permitted by law, without the necessity of further consideration. The Company will be entitled to obtain and hold in its own name all copyrights, patents, trade secrets and trademarks with respect thereto. Employee agrees to assist the Company in acquiring and maintaining copyright, patent, trade secret and trademark protection upon, and confirming its title to, such Intellectual Work Product, both before or after the termination of Employee employment. Employee's assistance will include signing all applications for copyrights and patents and other documents, cooperating in legal proceedings and taking any other steps considered desirable by the Company.

3. Non-Solicitation. During Employee's employment with the Company, and for a period of eighteen (18) months following termination of employment with the Company, Employee will not, directly or indirectly, except on behalf of the Company, (a) contact, solicit, call on, accept business from or otherwise deal in any way with any customer, vendor, supplier or contractor with whom the Company shall have dealt at any time during the period of Employee's employment with the Company, for a purpose which is competitive with the business of the Company; (b) encourage, entice or influence any customer, vendor or contractor of the Company to terminate or reduce its business dealings with the Company; or (c) employ, engage or retain, or arrange to have any other person or entity employ, engage or retain anyone who was an employee, contractor, consultant or agent of the Company at any time during the 12 months prior to the termination of Employee's employment with the Company, or influence or attempt to influence any such person to terminate or modify his or her employment arrangement or engagement with the Company.

4. Acknowledgements. Employee acknowledges that: (a) the foregoing restrictions are reasonable and necessary to protect the legitimate business interests of the Company, including its trade secrets, confidential and/or proprietary information, customer relationships, and investment in its employees; (b) the enforcement of these restrictions will not impose a hardship on Employee or significantly impair Employee's ability to earn a livelihood; (c) a breach of any of the foregoing covenants will cause irreparable harm to the Company; (d) the Company is entitled to injunctive relief, in addition to any other remedies the Company may have at law or in equity, in the event of a breach or threatened breach by Employee; and (e)

Employee is obligated to pay any attorneys fees incurred by the Company in the enforcement of this Agreement.

5. Miscellaneous. This Agreement constitutes the entire agreement between the parties and supersedes all prior agreements, oral or written, and any other communication relating to the subject matter of this Agreement. This Agreement may not be amended or modified except in writing signed by both parties. If any provision or portion of any provision of this Agreement shall be determined to be void, invalid or unenforceable for any reason, then the validity and enforceability of the remaining provisions or portions of provisions will not be affected. Employee and the Company agree that a court is expressly authorized to modify any unenforceable provisions in lieu of severing the unenforceable provision from this Agreement. The Company may assign this Agreement to, and this Agreement will bind and inure to the benefit of, any parent, subsidiary, affiliate or successor of the Company. Employee acknowledges that this Agreement is not assignable by Employee._

6. Enforcement and Injunctive Relief. Employee acknowledges that it is impossible to measure fully in monetary damages the injury that will be caused to the Company in the event of a breach or threatened breach of this Agreement, and Employee waives the claim or defense that the Company has an adequate remedy at law. Employee will not, in any action or proceeding to enforce the provisions of this Agreement, assert the claim or defense that such a remedy at law exists.

7. At-Will Employment. Employee acknowledges that this Agreement does not constitute a right to continued employment and that Employee's employment with the Company may be terminated by the Company at any time, with or without cause.

8. Notice under the Defend Trade Secrets Act of 2016. Notwithstanding the other provisions of this Agreement, Employee is hereby notified that Employee will not be held criminally or civilly liable under any federal or state trade secret law or under this Agreement for the disclosure of a trade secret that: (A) is made (1) in confidence to a federal, state, or local government official, either directly or indirectly, or to an attorney; and (2) solely for the purpose of reporting or investigating a suspected violation of law; or (B) is made in a complaint or other document that is filed under seal in a lawsuit or other proceeding. In Employee files a lawsuit for retaliation by the Company for reporting a suspected violation of law, Employee may disclose the Company's trade secrets to Employee's attorney and use the trade secret information in a court proceeding if Employee (A) files any document containing the trade secret under seal; and (B) does not disclose the trade secret, except pursuant to court order.

IN WITNESS WHEREOF, Employee and the Company have executed this Agreement as of the date written below.

CORRIDOR LANDSCAPING LLC

EMPLOYEE

Title:

Name:

Date:

Date:



Company Issued Credit Cards

Policy Regarding Use of Company-Issued Credit Cards

Corridor Landscaping LLC will issue company credit cards to certain employees for use in their jobs; this policy sets out the acceptable and unacceptable uses of such credit cards. Use of a Corridor issued credit card is a privilege, which Corridor may withdraw in the event of serious or repeated abuse. Any credit card Corridor issues to an employee must be used for business purposes only, in conjunction with the employee's job duties. Employees with such credit cards shall not use them for any non-business, non-essential purpose, i.e., for any personal purchase or any other transaction that is not authorized or needed to carry out their duties. Employees must pay for personal purchases (i.e., transactions for the benefit of anyone or anything other than Corridor) with their own funds or personal credit cards. Corridor will not regard expenses for one's own business-related use, such as lodging and meals while on company-approved business trips, as personal purchases, as long as such expenses are consistent with Corridor Landscaping LLC travel and expense reimbursement policy. If any employee uses a company credit card for personal purchases in violation of this policy, the cost of such purchase(s) will be considered an advance of future wages payable to that employee, and will be recovered in full from the employee's next paycheck; any balance remaining will be deducted in full from subsequent paychecks until the wage advance is fully repaid. Such deductions may take the employee's pay below minimum wage for the pay period(s) in question. All receipts must be itemized showing all items purchased, this includes meals and/or entertainment receipts, and summary receipts are not acceptable and will be rejected. Any rejected receipts will be considered the same as unauthorized purchase(s). If an employee uses a company credit card and can not produce validating receipts for all transactions or for any other type of unauthorized transaction in violation of this policy i.e., incurs financial liability on Corridor Landscaping LLC part that is not within the scope of the employee's duties or the employee's authorization to make business-related purchases, the cost of such purchase(s) or transaction will be the financial responsibility of that employee, and the employee will be expected to reimburse Corridor via deductions from pay until the unauthorized amount is fully repaid. Such deductions will be in the amount of the unauthorized purchase(s), but if a deduction for such amount would take the employee below minimum wage for the workweek in question, the deductions will be in two or more equal increments that will not take the employee's pay below minimum wage for any workweek involved. In addition to financial responsibility and liability for wage deductions, any purchases an employee makes

with a company credit card in violation of this policy will result in disciplinary action, up to and possibly including termination of employment, depending upon the severity and repeat nature of the offense.

Agreement for Wage Deductions Associated with Improper Use of Company-Issued Credit Cards

I, _____ hereby certify that I understand and agree to abide by Corridor Landscaping's LLC policy regarding use of company-issued credit cards, a copy of which I have received, and which has been explained to me. I agree that if I make any personal purchases (i.e., transactions for the benefit of anyone or anything other than Corridor Landscaping LLC) in violation of that policy, the amount of such purchases is an advance of future wages payable to me, that Corridor may deduct that amount from my next paycheck, and that if there is a balance remaining after such deduction, Corridor may deduct the balance of the wage advance from my future paychecks until the amount is repaid in full. I further agree that if I can not produce validating receipts for any transactions or make any non-personal transactions in violation of the policy in question i.e., incur financial liability on Corridor Landscaping LLC part that is not within the scope of my duties or my authorization to make business-related purchases, I am financially responsible for any such expenses and agree to reimburse Corridor via wage deductions for such amounts until the unauthorized amounts are fully repaid. Such deductions will be in the amount of the unauthorized purchase(s), but if such amount would take my pay below minimum wage for the workweek in question, the deductions will be in two or more equal increments that will not take my pay below minimum wage for any workweek involved.

Signature of Employee Date

Employee's Name - Printed

Corridor Landscaping LLC Representative Date



**CORRIDOR LANDSCAPING
LLC**

EMPLOYEE HANDBOOK

Effective: April 1, 2019



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Welcome to Corridor Landscaping LLC!

Starting a new job is exciting, but at times can be overwhelming. This Employee Handbook (“Handbook”) has been developed to help you become acquainted with our Company and answer many of your initial questions.

As an employee of Corridor Landscaping LLC, you are very important. Your contribution cannot be overstated. Our goal is to provide the finest-quality services to our clients and to do so more efficiently and economically than our competitors. By satisfying our clients' needs, we ensure they will continue to do business with us and will recommend us to others. You are an important part of this process because your work directly influences our Company's reputation.

Please keep in mind as you review this Handbook that it contains only general information and guidelines. It is not intended to address every possible question that you might have or issue that you might encounter. For that reason, if you have any questions concerning eligibility for a particular benefit or the applicability of a policy or practice to you, you should address your specific questions to the Human Resources Department.

We are glad you have joined us, and we hope you will find your work to be both challenging and rewarding.

A Word About This Handbook

This Employee Handbook contains information about the employment policies and practices of the Company. We expect each employee to read this Employee Handbook carefully, as it is a valuable reference for understanding your job and the Company. The policies outlined in this Employee Handbook should be regarded as management guidelines only which, in a developing business, will require changes from time to time. The Company retains the right to make decisions involving employment as needed to conduct its work in a manner that is beneficial to the employees and the Company. This Employee Handbook supersedes and replaces any and all prior Employee Handbooks and any inconsistent oral or written policy statements. The most current version of this Handbook can be obtained from Human Resources.

The Company complies with Federal and State law and this Handbook generally reflects those laws. The Company also complies with any applicable local laws, even though there may not be an express written policy contained in the Handbook.

The Company maintains an at-will employment policy. This means that just as you can quit or resign at any time for any or no reason, the Company may terminate your employment at any time for any or no reason. This at-will employment policy may be changed or modified only by a written agreement signed by both you, as employee, and an authorized representative of the Company.

The Company reserves the right to revise, delete and add to the provisions of this Employee Handbook at any time without notice. All such revisions, deletions or additions to the Handbook must be in writing and must be signed by an authorized representative of the Company. No oral statements or representations can change the provisions of this Handbook.

The provisions of this Handbook are not intended to create a contractual obligation providing any employee with either an employment contract or agreement for a specific time period or a contractual agreement to provide a certain level of fringe benefits.

Nothing in this Employee Handbook is intended to unlawfully restrict an employee's right to engage in any of the rights guaranteed to him or her under any Federal, State, or local law, statute, ordinance, rule, or regulation.

This Employee Handbook refers to current benefit plans maintained by the Company. Refer to the actual plan documents and summary plan descriptions if you have specific questions regarding the benefit plan. Those

Section 1



The Way We Work



documents, not the descriptions in this Handbook, are controlling. Likewise, if a written contract is inconsistent with the Employee Handbook, the written contract is controlling.

As stated, the Handbook provides a description of the current benefits provided to employees by the Company; however, those benefits may be altered, changed, or deleted.

Building for the Future

Mission Statement:

Corridor's mission is to be the industry leader in providing exterior facilities services to commercial clients.

Core Purpose:

Corridor is the solution to our clients' service needs creating compelling value by harnessing talent, service delivery and sourcing expertise to consistently exceed our customers' needs.

Ethical Standards:

Corridor will always strive to uphold the highest ethical standards in performing and interacting with clients, vendors and communities in which we work. Maintaining integrity, respect and community wellbeing in every decision and solution we provide.

Strategic Objectives:

To be a recognized industry leader in providing exterior facilities services through innovative solutions that create value for our clients and the Company. To provide a safe work environment for all employees and a climate for maximum development and goal achievement. To become the national market share leader in exterior facility service solutions providing consistent, leveraged solutions to national and local partners.

A Word about our Employee Relations Philosophy

We are committed to providing the best possible climate for maximum development and goal achievement for all employees. Our practice is to treat each employee as an individual. We seek to develop a spirit of teamwork; individuals working together to attain a common goal.

To maintain an atmosphere where these goals can be accomplished, we provide a comfortable and progressive workplace. Most importantly, we have a workplace where communication is open and problems can be discussed and resolved in a mutually respectful atmosphere. We take into account individual circumstances and the individual employee.

We firmly believe that with direct communication, we can continue to resolve any challenges that may arise and develop a mutually beneficial relationship.

Equal Employment Opportunity

Corridor Landscaping LLC is committed to equal employment opportunity. We will not discriminate against employees or applicants for employment on any legally-recognized basis ["protected class"] under any Federal, State, or local law including, but not limited to: race; color; religion; genetic information; national origin; sex; pregnancy, childbirth, or related medical conditions; age; disability; or, uniform service member status. The Company is committed to this policy with respect to recruitment, hiring, placement, promotion, transfer, training, compensation, benefits, employee activities, and general treatment during employment. If you have any questions about your rights under, Federal State, or local law, please contact Human Resources.

The Company will endeavor to accommodate the sincere religious beliefs of its employees to the extent such accommodation does not pose an undue hardship on the Company's operations. If you wish to request such an accommodation, please speak to your supervisor. Employees may also contact the Human Resources Department.



Any employees with questions or concerns about equal employment opportunities in the workplace are encouraged to bring these issues to the attention of your supervisor. Note: If your Supervisor is the person toward whom the concern is directed, you should contact any higher level Manager in your reporting chain. The Company will not allow any form of retaliation against individuals who raise issues of equal employment opportunity. To ensure our workplace is free of artificial barriers, violation of this policy will lead to discipline, up to and including discharge. All employees must cooperate with all investigations.

Americans with Disabilities Act

Our Company is committed to providing equal employment opportunities to qualified individuals with disabilities. This may include providing reasonable accommodation where appropriate for known physical or mental limitations in order for an otherwise qualified individual to perform the essential functions of his or her job unless the accommodation would impose an undue hardship on the operation of our business.

It is your responsibility to notify your supervisor or your manager of the need for accommodation. Upon doing so, your supervisor or your manager may ask you for your input or the type of accommodation you believe may be necessary or the functional limitations caused by your disability. Employees may also contact the Human Resources Department. Also, when appropriate, we may need your permission to obtain additional information from your physician or other medical or rehabilitation professionals. The Company will not seek genetic information in connection with requests for accommodation. All medical information received by the Company in connection with a request for accommodation will be treated as confidential information.

Pregnancy Accommodation

The Company, consistent with State law, will provide reasonable accommodations to female employees related to pregnancy, childbirth, or related medical conditions, to the extent the accommodation can be made without imposing an undue hardship on the business.

When an employee requests a reasonable accommodation, the Company will explore with the employee the possible means of providing the reasonable accommodation, which may include, but are not limited to:

- Allowing more frequent breaks or periodic rest;
- Assisting with manual labor;
- Modifying job duties;
- Modifying work hours/schedules;
- Temporary transfer to a less strenuous or less hazardous position; or,
- Providing a leave of absence.

The Company may require the employee to provide a physician's order/note in connection with a request for reasonable accommodation that includes one or more of the following:

- The date the reasonable accommodation became medically advisable;
- The probable duration of the reasonable accommodation; and/or,
- An explanatory statement as to the medical advisability of the reasonable accommodation.

If leave is provided as a reasonable accommodation, such leave may run concurrently with the Federal Family and Medical Leave Act and/or any other leave where permitted by State or Federal law.

For more information, or if you require an accommodation, please contact your supervisor or manager, or the Human Resources Department.



New Employee Orientation

Upon joining our Company, you were given this copy of our Employee Handbook. After reading this Employee Handbook please sign the receipt page and return it to your supervisor or your manager. You will be asked to complete personnel, payroll and benefit forms.

If you lose your Employee Handbook or if it becomes damaged in any way, please notify your supervisor or your manager as soon as possible to obtain a replacement copy at the Company's SharePoint site.

Prior to the commencement of your employment, you may be required to submit to drug testing. You will also be required to undergo a criminal background check in accordance with Company policies.

Your supervisor or your manager is responsible for the operations of your department. He or she is a good source of information about the Company and your job.

Categories of Employment

INTRODUCTORY PERIOD: Full-time and part-time employees are on an introductory period during their first ninety (90) days of employment.

During this time, you will be able to determine if your new job is suitable for you and your supervisor or your manager will have an opportunity to evaluate your work performance. However, the completion of the introductory period does not guarantee employment for any period of time since you are an at-will employee both during and after your introductory period.

FULL-TIME EMPLOYEES are employees who consistently and regularly work at least a 30-hour workweek.

PART-TIME EMPLOYEES are employees who consistently and regularly work less than 30 hours each week.

In addition to the preceding categories, employees are also categorized as "exempt" or "non-exempt."

EXEMPT EMPLOYEES are employees who are not eligible for overtime pay and may also be exempt from minimum wage requirements pursuant to applicable Federal and State laws.

NON-EXEMPT EMPLOYEES are employees who are eligible for overtime pay under by applicable Federal and State law.

Upon hire, your supervisor or your manager will notify you of your employment classification.

Immigration Reform and Control Act

In compliance with the Federal Immigration Reform and Control Act of 1986 (IRCA), as amended, and any applicable State law requirements, our Company is committed to employing only individuals who are authorized to work in the United States. Each new employee, as a condition of employment, must complete the Employment Eligibility Verification Form I-9 and present documentation establishing identity and employment eligibility. If an employee is authorized to work in this country for a limited time period, the individual will be required to submit proof of renewed employment eligibility prior to expiration of that period to remain employed by the Company.

Certification, Licensing and Other Requirements

You will be informed by your supervisor or your manager if there are any licensing, certification or testing requirements for your job. Failure to qualify or to maintain a certification or license may be sufficient cause for discharge.



Driver's License/Driving Record

Employees in positions where the operation of a motor vehicle is an essential duty of the position must present and maintain a valid driver's license and acceptable driving record to our insurer. Changes in your driving record must be reported by you to your supervisor or your manager immediately. Violations of this policy may result in immediate termination of your employment.

Non-Harassment

We prohibit harassment of one employee by another employee, supervisor or third party, or by an employee of one of the Company's independent contractors or vendors for any reason based upon any category provided under Federal, State, or local law, including, but not limited to the following: race; color; religion; genetic information; national origin; sex (including same sex); pregnancy, childbirth, or related medical conditions; age; or, disability ("protected class"). Violation of this policy will result in disciplinary action, up to and including termination.

If you have any questions about what constitutes harassing behavior or what conduct is prohibited by this policy, please discuss the questions with your immediate supervisor or one of the contacts listed in this policy. At a minimum, the term "harassment" as used in this policy includes, but is not limited to, any of the following activities pertaining to an individual's protected class:

- Offensive remarks, comments, jokes, slurs, threats, or verbal conduct;
- Offensive pictures, drawings, photographs, figurines, writings, or other graphic images, conduct, or communications, including text messages, instant messages, websites, voicemails, social media postings, e-mails, faxes, and copies;
- Offensive sexual remarks, sexual advances, or requests for sexual favors regardless of the gender of the individuals involved; and/or,
- Offensive physical conduct, including touching and gestures, regardless of the gender of the individuals involved.

We also absolutely prohibit retaliation, which includes: threatening an individual or taking any adverse action against an individual for: (1) reporting a possible violation of this policy; or, (2) participating in an investigation conducted under this policy.

Our supervisors and managers are covered by this policy and are prohibited from engaging in any form of harassing, discriminatory, or retaliatory conduct. No supervisor or other member of management has the authority to suggest to any applicant or employee that employment or advancement will be affected by the individual entering into (or refusing to enter into) a personal relationship with the supervisor or manager, or for tolerating (or refusing to tolerate) conduct or communication that might violate this policy. Such conduct is a direct violation of this policy.

Even non-employees are covered by this policy. We prohibit harassment, discrimination, or retaliation of our employees in connection with their work by non-employees. Immediately report any harassing or discriminating behavior by non-employees, including contractor or subcontractor employees. Any employee who experiences or observes harassment, discrimination, or retaliation should report it using the steps listed below.

If you have any concern that our Non-Harassment policy may have been violated by anyone, you must immediately report the matter. Due to the very serious nature of harassment, discrimination and retaliation, you must report your concerns to one of the individuals listed below:

- Your manager or supervisor
- Director of Human Resources either in person, via telephone, or via email;
- Human Resources Manager either in person, via telephone, or via email.

If an employee makes a report to any of these members of management and the manager either does not respond or does not respond in a manner the employee deems satisfactory or consistent with this policy, the employee is



required to report the situation to one of the other members of management designated in this policy to receive complaints.

You should report any actions that you believe may violate our policy.

We will investigate the report and then take prompt, appropriate remedial action. The Company will protect the confidentiality of employees reporting suspected violations to the extent possible consistent with our investigation.

You will not be penalized or retaliated against for reporting improper conduct, harassment, discrimination, retaliation, or other actions that you believe may violate this policy.

We are serious about enforcing our policy against harassment. Persons who violate this or any other Company policy are subject to discipline, up to and including discharge.

We cannot resolve a potential policy violation unless we know about it. You are responsible for reporting possible policy violations to us so that we can take appropriate actions to address your concerns.

Suggestions and Ideas

We are always interested in your constructive ideas and suggestions for improving our operations. Your suggestions should be submitted in writing to your supervisor or your manager.

After we investigate your suggestion, you will be notified whether it is feasible to be put into practice.

Talk to Us

We encourage you to take every opportunity to bring your questions, suggestions and complaints to our attention to discuss them with us. If the issue is a complaint or concern, prompt reporting is key so that rapid and constructive action can be taken before relationships become irreparably strained. We will carefully consider all communications in our continuing effort to improve operations and the business and your job will not be adversely affected in any way because you choose to use this process.

If you feel you have a problem, present the situation to your supervisor or your manager so that the problem can be settled by examination and discussion of the facts. We hope that your supervisor or your manager is able to satisfactorily resolve most matters.

If you still have questions after meeting with your supervisor or your manager, or if you would like further clarification on the matter, request a meeting with a member of Human Resources. If, at any time, you do not feel comfortable speaking with your supervisor or your manager or Human Resources, please discuss your concern with any other member of management with whom you feel comfortable. They will review the issues and meet with you to discuss possible solutions.

Finally, if you still believe that your problem has not been fairly or fully addressed, request a meeting with a vice president or equivalent.



Section 2



Your Pay and Progress

Job Descriptions

The Company maintains a general job description for each position in the Company. In addition to the details in this Handbook, the job descriptions outline the essential duties and responsibilities of each position. When the duties and/or responsibilities of a position change, the job description is revised to reflect those changes. If you have any questions or wish to obtain a copy of your position's job description, please see your supervisor or your manager or a member of Human Resources.

Performance Reviews

Your performance is important to our Company and your supervisor or your manager will review your job progress within our Company on, at minimum, an annual basis and help you set new job performance plans. Our performance review program provides the basis for better understanding between you and your supervisor or your manager, with respect to your job performance, potential and development within the Company.

New employees will generally be reviewed at the end of their introductory period or more frequently.

Direct Deposit

You have the option of receiving your pay in a payroll check or having your pay deposited into your bank account through our direct deposit program.

Pay Advances

Pay advances will not be granted to employees.

Paycheck Deductions

The Company is required by law to make certain deductions from your paycheck each pay period. Such deductions typically include Federal and State taxes, and Social Security (FICA) taxes. Depending on the State where you are employed and the benefits you choose, there may be additional deductions. All deductions and the amount of the deductions are listed on your pay stub. These deductions are totaled each year for you on your Form W-2, Wage and Tax Statement.

It is the policy of the Company that exempt employees' pay will not be "docked," or subject to deductions, in violation of salary pay rules issued by the United States Department of Labor and any corresponding rules issued by the State government, as applicable. However, the Company may make deductions from employees' salaries in a way that is permitted under Federal and State wage and hour rules. Employees will be reimbursed in full for any isolated, inadvertent, or improper deductions, as defined by law.

Exempt employees may be subject to the following salary deductions, except where prohibited by State law, but only for the following reasons:

- Absences of one or more full days for personal reasons, other than sickness or disability; or,
- Absences of one or more full days due to sickness or disability, if there is a plan, policy, or practice providing replacement compensation for such absences; or,
- Absences of one or more full days before eligibility under such a plan, policy, or practice or after replacement compensation for such absences has been exhausted; or,
- Suspensions of one or more full days for violations of safety rules of major significance; or,



- Suspensions of one or more full days for violations of written workplace conduct rules, such as rules against sexual harassment and workplace violence; or,
- Payment of actual time worked in the first and last weeks of employment, resulting in a proportional rate of an employee's full salary; or,
- Any unpaid leave taken under the Family and Medical Leave Act; or,
- Any other unpaid leave for any reason; or,
- Negative paid-time-off balances, in whole-day increments only.

The Company will not make any deductions that are prohibited by the Fair Labor Standards Act or applicable State law.

If questions or concerns about any pay deductions arise, please discuss and resolve them with the Human Resources Department. If an error is found, you will receive an immediate adjustment which will be paid no later than on the next regular payday.

Garnishment/Child Support

When an employee's wages are garnished by a court order, our Company is legally bound to withhold the amount indicated in the garnishment order from the employee's paycheck. Our Company will, however, honor applicable Federal or State guidelines that protect a certain amount of an employee's income from being subject to garnishment.

Payday

Non-exempt (hourly) employees will be paid weekly on a Friday for the period that ended on the previous Tuesday. Exempt (salaried) employees will be paid bi-weekly. When a payday falls on a holiday, paychecks will be issued on the preceding workday. If you have specific questions on your payroll cycle, please contact Human Resources. For employees in Delaware, Maryland, and New Jersey, if a payday falls on a non-working day, paychecks will be issued on the preceding workday.

Please review your paycheck for errors. If you find a mistake, report it to your supervisor or your manager immediately. Your supervisor or your manager will assist you in taking the steps necessary to correct the error.

Pay Raises

Depending upon your performance and our Company's profitability, adjustments in your pay may be made when there has been an improvement in, or sustainment of, an already good performance during the review period.

Incentives and Bonuses

Depending upon your role, performance and our Company's profitability, you may be eligible for incentive or bonus payments during or after the calendar year. Incentive and bonus payment eligibility will be determined and calculated under a separate plan which will be provided to you if your position qualifies.

Recording Your Time

Each non-exempt employee must record his or her hours on our timekeeping system. Accurately recording all of your time is required to assure that you are paid for all hours you worked. You are expected to follow the Company's established procedures in keeping an accurate record of your hours worked. As an hourly employee, you are to punch or clock in or out each time that you arrive at or leave work, which includes, when you start your shift, when leaving or resuming work after a meal period or other break, when you leave or resume work because of some other type of break or absence from work, or when leaving or finishing work.

Each exempt employee may be required to accurately record his or her time worked in accordance with Federal or State wage and hour law.



All employees subject to this policy are required to accurately record all time worked. The workweek starts on Wednesday and ends on Tuesday for all employees.

The Company will make every effort to notify employees in advance when it is not necessary to report to work. These circumstances may include inclement weather, fire, flood, power outage, lack of work, etc. If you report for work without being notified in advance that your services are not needed, you will be compensated in accordance with applicable Federal or State wage and hour laws.

Overtime

There may be times when you will need to work overtime so that we may meet the needs of our clients. Although you will be given advance notice when feasible, this is not always possible. If you are a non-exempt employee, you must have all overtime approved in advance by your supervisor.

Non-exempt employees will be paid at a rate of one and one half their regular hourly rate for hours worked in excess of forty (40) hours actually worked in a workweek, unless State law provides a greater benefit in which case, we will comply with the applicable State law.

If you have any questions concerning overtime pay, check with your supervisor or your manager, or the Human Resources Department.

Project Pay

There may be times when you will need to work on specific projects so that we may meet the needs of our clients. Although you will be given advance notice when feasible, this is not always possible. If you are an exempt employee, you must have all project pay approved in advance by your supervisor.

If you have any questions concerning project pay, check with your supervisor or your manager, or the Human Resources Department.

On Call/Emergency Response

It may be necessary for individuals in certain positions to be available by telephone after hours during the week or on the weekend. Employees who are required to be on call will be compensated in accordance with applicable Federal or State wage and hour laws.

Holidays

Our Company normally observes the following holidays during the year:

- New Year's Day;
- Memorial Day;
- Independence Day (Fourth of July);
- Labor Day;
- Thanksgiving Day and the Friday after;
- Christmas Day; and,

If one of the above holidays falls on Saturday, it normally is observed on the preceding Friday. If a holiday falls on Sunday, it normally is observed on the following Monday.

All Full-time and seasonal employees are eligible for paid holidays immediately upon hire. In order to qualify for the paid holiday, you must be actively employed and worked the scheduled day before and after the holiday. This is not applicable for temporary snow employees or employees performing snow removal during lay off period.

An employee must work the scheduled day before and after the holiday in order to be paid for that holiday unless they have received prior PTO approval from their manager, or provide a doctor's note.

Section 3

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Time Away From Work
and Benefits



Military Leave

Employees who are required to fulfill military obligations in any branch of the Armed Forces of the United States or in State military service will be given the necessary time off and reinstated in accordance with Federal and/or State law.

The time off will be unpaid, except where State law dictates otherwise. Exempt employees may be provided time off with pay when necessary to comply with Federal or State wage and hour laws.

Accrued PTO may be used for this leave if the employee chooses, but the Company cannot and will not require the employee to use PTO. Military orders must be presented to your supervisor or your manager and arrangements for leave made as early as possible before departure. Employees are required to give advance notice of their service obligations to the Company unless military necessity makes this impossible. You must notify your supervisor or your manager of your intent to return to employment based on requirements of the law. Your benefits may continue to accrue during the period of leave in accordance with Federal and/or State law.

Witness Leave and Jury Duty

Employees are given the necessary time off without pay to attend, participate or prepare for a court proceeding as either a witness or a member of a jury, in accordance with the State laws in which you are employed. We ask that you notify your supervisor or your manager of the need to take witness leave or serve on a jury as far in advance as is possible. Exempt employees may be provided time off with pay when necessary to comply with Federal and State wage and hour laws.

Other Types of Leave under State Law

Depending on where you live, you may have the right to take leave under State law. Some State laws provide for leave for the following:

- Blood Donation;
- Civil Air Patrol;
- Victims of Domestic and Sexual Violence;
- Victims of Crime; and,
- Disaster Service/Volunteer Firefighters.

Federal Family and Medical Leave Act

Corridor Landscaping LLC will provide Family and Medical Leave to its eligible employees. The Company posts the mandatory FMLA Notice and upon hire provides all new employees with notices required by the U.S. Department of Labor (DOL) on Employee Rights and Responsibilities under the Family and Medical Leave Act in the kitchen area of each of our office locations. The function of this policy is to provide employees with a general description of their FMLA rights. In the event of any conflict between this policy and the applicable law, employees will be afforded all rights required by law. If you have any questions, concerns, or disputes with this policy, you may contact the Human Resources Department in writing.

A. General Provisions

Under this policy, Corridor Landscaping LLC will grant up to 12 weeks (or up to 26 weeks of military caregiver leave to care for a covered service member with a serious injury or illness) during a 12 month period to eligible employees. The leave may be paid, unpaid or a combination of paid and unpaid leave, depending on the circumstances of the leave and as specified in this policy.

B. Eligibility

To qualify to take family or medical leave under this policy, the employee must meet all of the following conditions:

- 1) The employee must have worked for the Company for 12 months or 52 weeks. The 12 months or 52 weeks need not have been consecutive. Separate periods of employment will be counted, provided that the break



in service does not exceed seven years. Separate periods of employment will be counted if the break in service exceeds seven years due to National Guard or Reserve military service obligations or when there is a written agreement, including a collective bargaining agreement, stating the employer's intention to rehire the employee after the service break. For eligibility purposes, an employee will be considered to have been employed for an entire week even if the employee was on the payroll for only part of a week or if the employee is on leave during the week.

- 2) The employee must have worked at least 1,250 hours during the 12-month period immediately preceding the commencement of the leave. The 1,250 hours do not include time spent on paid or unpaid leave. Consequently, these hours of leave should not be counted in determining the 1,250 hours eligibility test for an employee under FMLA.
 - a. **New Jersey Employees**
All employees who have worked 1,000 hours in the previous 12 months of consecutive employment are eligible to receive up to 12 weeks of unpaid family leave within a 24 month period. The 24 month period is measured rolling backward from the date leave is used.
- 3) The employee must work in a worksite where 50 or more employees are employed by the Company within 75 miles of that office or worksite. The distance is to be calculated by using available transportation by the most direct route.

C. Type of Leave Covered

To qualify as FMLA leave under this policy, the employee must be taking leave for one of the reasons listed below:

- 1) The birth of a child and in order to care for that child.
- 2) The placement of a child for adoption or foster care and to care for the newly placed child.
- 3) To care for a spouse, child or parent with a serious health condition (described below).
- 4) The serious health condition (described below) of the employee.

An employee may take leave because of a serious health condition that makes the employee unable to perform the functions of the employee's position.

A serious health condition is defined as a condition that requires inpatient care at a hospital, hospice or residential medical care facility, including any period of incapacity or any subsequent treatment in connection with such inpatient care or a condition that requires continuing care by a licensed health care provider.

This policy covers illnesses of a serious and long-term nature, resulting in recurring or lengthy absences. Generally, a chronic or long-term health condition that would result in a period of three consecutive days of incapacity with the first visit to the health care provider within seven days of the onset of the incapacity and a second visit within 30 days of the incapacity would be considered a serious health condition. For chronic conditions requiring periodic health care visits for treatment, such visits must take place at least twice a year.

Employees with questions about what illnesses are covered under this FMLA policy or under the Company's time off policy are encouraged to consult with the Human Resources Department.

If an employee takes paid sick leave for a condition that progresses into a serious health condition and the employee requests unpaid leave as provided under this policy, the Company may designate all or some portion of related leave taken as leave under this policy, to the extent that the earlier leave meets the necessary qualifications.

- 5) Qualifying exigency leave for families of members of the National Guard or Reserves or of a regular component of the Armed Forces when the covered military member is on covered active duty or called to covered active duty. An employee whose spouse, son, daughter or parent either has been notified of an impending call or order to covered active military duty or who is already on covered active duty may take up to 12 weeks of leave for reasons related to or affected by the family member's call-up or service. The qualifying exigency must be one of the following:
 - a. short-notice deployment
 - b. military events and activities
 - c. child care and school activities
 - d. financial and legal arrangements
 - e. counseling



- f. rest and recuperation
- g. post-deployment activities, and
- h. additional activities that arise out of active duty, provided that the employer and employee agree, including agreement on timing and duration of the leave.

Eligible employees are entitled to FMLA leave to care for a current member of the Armed Forces, including a member of the National Guard or Reserves, or a member of the Armed Forces, the National Guard or Reserves who is on the temporary disability retired list, who has a serious injury or illness incurred in the line of duty on active duty for which he or she is undergoing medical treatment, recuperation, or therapy; or otherwise in outpatient status; or otherwise on the temporary disability retired list. Eligible employees may not take leave under this provision to care for former members of the Armed Forces, former members of the National Guard and Reserves, and members on the permanent disability retired list.

In order to care for a covered servicemember, an eligible employee must be the spouse, son, daughter, or parent, or next of kin of a covered servicemember.

a) A “son or daughter of a covered servicemember” means the covered servicemember’s biological, adopted, or foster child, stepchild, legal ward, or a child for whom the covered servicemember stood in loco parentis, and who is of any age.

b) A “parent of a covered servicemember” means a covered servicemember’s biological, adoptive, step or foster father or mother, or any other individual who stood in loco parentis to the covered servicemember. This term does not include parents “in law.”

c) Under the FMLA, a “spouse” means a husband or wife, including those in same-sex marriages, which were made legal in all 50 United States as of June 26, 2015.

d) The “next of kin of a covered servicemember” is the nearest blood relative, other than the covered servicemember’s spouse, parent, son, or daughter, in the following order of priority: blood relatives who have been granted legal custody of the servicemember by court decree or statutory provisions, brothers and sisters, grandparents, aunts and uncles, and first cousins, unless the covered servicemember has specifically designated in writing another blood relative as his or her nearest blood relative for purposes of military caregiver leave under the FMLA. When no such designation is made, and there are multiple family members with the same level of relationship to the covered servicemember, all such family members shall be considered the covered servicemember’s next of kin and may take FMLA leave to provide care to the covered servicemember, either consecutively or simultaneously. When such designation has been made, the designated individual shall be deemed to be the covered servicemember’s only next of kin. For example, if a covered servicemember has three siblings and has not designated a blood relative to provide care, all three siblings would be considered the covered servicemember’s next of kin. Alternatively, where a covered servicemember has a sibling(s) and designates a cousin as his or her next of kin for FMLA purposes, then only the designated cousin is eligible as the covered servicemember’s next of kin. An employer is permitted to require an employee to provide confirmation of covered family relationship to the covered servicemember pursuant to § 825.122(k).

“Covered active duty” means:

(a) “Covered active duty” for members of a regular component of the Armed Forces means duty during deployment of the member with the Armed Forces to a foreign country.

(b) (2) *Covered active duty or call to covered active duty status* in the case of a member of the Reserve components of the Armed Forces means duty during the deployment of the member with the Armed Forces to a foreign country under a Federal call or order to active duty in support of a contingency operation, in accordance with 29 CR 825.102.

The leave may commence as soon as the individual receives the call-up notice. (Son or daughter for this type of FMLA leave is defined the same as for child for other types of FMLA leave except that the person does not have to be a minor.) This type of leave would be counted toward the employee’s 12-week maximum of FMLA leave in a 12-month period.

6) Military caregiver leave (also known as covered servicemember leave) to care for an injured or ill servicemember or veteran.

An employee whose son, daughter, parent or next of kin is a covered servicemember may take up to 26 weeks in a single 12-month period to take care of leave to care for that servicemember.



Next of kin is defined as the closest blood relative of the injured or recovering servicemember.

The term “covered servicemember” means:

- (a) a member of the Armed Forces (including a member of the National Guard or Reserves) who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness; or
- (b) a veteran who is undergoing medical treatment, recuperation, or therapy, for a serious injury or illness and who was a member of the Armed Forces (including a member of the National Guard or Reserves) at any time during the period of 5 years preceding the date on which the veteran undergoes that medical treatment, recuperation, or therapy.

The term “serious injury or illness means:

- (a) in the case of a member of the Armed Forces (including a member of the National Guard or Reserves), means an injury or illness that was incurred by the member in line of duty on active duty in the Armed Forces (or existed before the beginning of the member’s active duty and was aggravated by service in line of duty on active duty in the Armed Forces) and that may render the member medically unfit to perform the duties of the member’s office, grade, rank, or rating; and
- (b) in the case of a veteran who was a member of the Armed Forces (including a member of the National Guard or Reserves) at any time during a period when the person was a covered servicemember, means a qualifying (as defined by the Secretary of Labor) injury or illness incurred by a covered servicemember in the line of duty on active duty that may render the servicemember medically unfit to perform the duties of his or her office, grade, rank or rating.
- (c) Outpatient status, with respect to a covered servicemember, means the status of a member of the Armed Forces assigned to either a military medical treatment facility as an outpatient; or a unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients.

D. Amount of Leave

An eligible employee can take up to 12 weeks for the FMLA circumstances (1) through (5) above under this policy during any 12-month period. The Company will measure the 12-month period as a rolling 12-month period measured backward from the date an employee uses any leave under this policy. Each time an employee takes leave, the Company will compute the amount of leave the employee has taken under this policy in the last 12 months and subtract it from the 12 weeks of available leave, and the balance remaining is the amount the employee is entitled to take at that time.

An eligible employee can take up to 26 weeks for the FMLA circumstance (6) above (military caregiver leave) during a single 12-month period. For this military caregiver leave, the Company will measure the 12-month period as a rolling 12-month period measured forward. FMLA leave already taken for other FMLA circumstances will be deducted from the total of 26 weeks available.

If spouses both work for the Company and each wishes to take leave for the birth of a child, adoption or placement of a child in foster care, or to care for a parent (but not a parent "in-law") with a serious health condition, the spouses may only take a combined total of 12 weeks of leave. If spouses both work for the Company and each wishes to take leave to care for a covered injured or ill servicemember, the spouses may only take a combined total of 26 weeks of leave.

E. Employee Status and Benefits During Leave

While an employee is on leave, the Company will continue the employee's health benefits during the leave period at the same level and under the same conditions as if the employee had continued to work.

If the employee chooses not to return to work for reasons other than a continued serious health condition of the employee or the employee's family member or a circumstance beyond the employee's control, the Company will



require the employee to reimburse the Company the amount it paid for the employee's health insurance premium during the leave period.

Under current company policy, the employee pays a portion of the health care premium. While on paid leave, the employer will continue to make payroll deductions to collect the employee's share of the premium. While on unpaid leave, the employee must continue to make this payment, either in person or by mail. The payment must be received in the Accounting Department by the 20th day of each month. If the payment is more than 30 days late, the employer's health care coverage may be dropped for the duration of the leave.

The employer will provide 15 days' notification prior to the employee's loss of coverage.

If the employee contributes to a life insurance or disability plan, the employer will continue making payroll deductions while the employee is on paid leave. While the employee is on unpaid leave, the employee may request continuation of such benefits and pay his or her portion of the premiums, or the employer may elect to maintain such benefits during the leave and pay the employee's share of the premium payments. If the employee does not continue these payments, the employer may discontinue coverage during the leave. If the employer maintains coverage, the employer may recover the costs incurred for paying the employee's share of any premiums, whether or not the employee returns to work.

F. Employee Status After Leave

An employee who takes leave under this policy may be asked to provide a fitness for duty (FFD) clearance from the health care provider. This requirement will be included in the employer's response to the FMLA request. Generally, an employee who takes FMLA leave will be able to return to the same position or a position with equivalent status, pay, benefits and other employment terms. The position will be the same or one which is virtually identical in terms of pay, benefits and working conditions. The Company may choose to exempt certain key employees from this requirement and not return them to the same or similar position.

G. Use of Paid and Unpaid Leave

An employee who is taking FMLA leave because of the employee's own serious health condition or the serious health condition of a family member must use all paid vacation, personal or sick leave prior to being eligible for unpaid leave. Sick leave may be run concurrently with FMLA leave if the reason for the FMLA leave is covered by the established sick leave policy.

Disability leave for the birth of the child and for an employee's serious health condition, including workers' compensation leave (to the extent that it qualifies), will be designated as FMLA leave and will run concurrently with FMLA. For example, if an employer provides six weeks of pregnancy disability leave, the six weeks will be designated as FMLA leave and counted toward the employee's 12-week entitlement. The employee may then be required to substitute accrued (or earned) paid leave as appropriate before being eligible for unpaid leave for what remains of the 12-week entitlement. An employee who is taking leave for the adoption or foster care of a child must use all paid vacation, personal or family leave prior to being eligible for unpaid leave.

An employee who is using military FMLA leave for a qualifying exigency must use all paid vacation and personal leave prior to being eligible for unpaid leave. An employee using FMLA military caregiver leave must also use all paid vacation, personal leave or sick leave (as long as the reason for the absence is covered by the Company's time off policy) prior to being eligible for unpaid leave.

H. Intermittent Leave or a Reduced Work Schedule

The employee may take FMLA leave in 12 consecutive weeks, may use the leave intermittently (take a day periodically when needed over the year) or, under certain circumstances, may use the leave to reduce the workweek or workday, resulting in a reduced hour schedule. In all cases, the leave may not exceed a total of 12 workweeks (or 26 workweeks to care for an injured or ill servicemember over a 12-month period).



The Company may temporarily transfer an employee to an available alternative position with equivalent pay and benefits if the alternative position would better accommodate the intermittent or reduced schedule, in instances of when leave for the employee or employee's family member is foreseeable and for planned medical treatment, including recovery from a serious health condition or to care for a child after birth, or placement for adoption or foster care.

For the birth, adoption or foster care of a child, the Company and the employee must mutually agree to the schedule before the employee may take the leave intermittently or work a reduced hour schedule. Leave for birth, adoption or foster care of a child must be taken within one year of the birth or placement of the child.

If the employee is taking leave for a serious health condition or because of the serious health condition of a family member, the employee should try to reach agreement with the Company before taking intermittent leave or working a reduced hour schedule. If this is not possible, then the employee must prove that the use of the leave is medically necessary.

I. Certification for the Employee's Serious Health Condition

The Company will require certification for the employee's serious health condition. The employee must respond to such a request within 15 days of the request or provide a reasonable explanation for the delay. Failure to provide certification may result in a denial of continuation of leave. Medical certification will be provided using the DOL Certification of Health Care Provider for Employee's Serious Health Condition.

The Company may directly contact the employee's health care provider for verification or clarification purposes using a health care professional, an HR professional, leave administrator or management official. The Company will not use the employee's direct supervisor for this contact. Before the Company makes this direct contact with the health care provider, the employee will be given an opportunity to resolve any deficiencies in the medical certification. In compliance with HIPAA Medical Privacy Rules, the Company will obtain the employee's permission for clarification of individually identifiable health information.

The Company has the right to ask for a second opinion if it has reason to doubt the certification. The Company will pay for the employee to get a certification from a second doctor, which the company will select. The Company may deny FMLA leave to an employee who refuses to release relevant medical records to the health care provider designated to provide a second or third opinion. If necessary to resolve a conflict between the original certification and the second opinion, the Company will require the opinion of a third doctor. The Company and the employee will mutually select the third doctor, and the company will pay for the opinion. This third opinion will be considered final. The employee will be provisionally entitled to leave and benefits under the FMLA pending the second and/or third opinion.

J. Certification for the Family Member's Serious Health Condition

The Company will require certification for the family member's serious health condition. The employee must respond to such a request within 15 days of the request or provide a reasonable explanation for the delay. Failure to provide certification may result in a denial of continuation of leave. Medical certification will be provided using the DOL Certification of Health Care Provider for Family Member's Serious Health Condition.

The Company may directly contact the employee's family member's health care provider for verification or clarification purposes using a health care professional, an HR professional, leave administrator or management official. The Company will not use the employee's direct supervisor for this contact. Before the Company makes this direct contact with the health care provider, the employee will be given an opportunity to resolve any deficiencies in the medical certification. In compliance with HIPAA Medical Privacy Rules, the Company will obtain the employee's family member's permission for clarification of individually identifiable health information.

The Company has the right to ask for a second opinion if it has reason to doubt the certification. The Company will pay for the employee's family member to get a certification from a second doctor, which the Company will select. The Company may deny FMLA leave to an employee whose family member refuses to release relevant medical records to the health care provider designated to provide a second or third opinion. If necessary to resolve a conflict



between the original certification and the second opinion, the Company will require the opinion of a third doctor. The Company and the employee will mutually select the third doctor, and the company will pay for the opinion. This third opinion will be considered final. The employee will be provisionally entitled to leave and benefits under the FMLA pending the second and/or third opinion.

K. Certification of Qualifying Exigency for Military Family Leave

The Company will require certification of the qualifying exigency for military family leave. The employee must respond to such a request within 15 days of the request or provide a reasonable explanation for the delay. Failure to provide certification may result in a denial of continuation of leave. This certification will be provided using the DOL Certification of Qualifying Exigency for Military Family Leave.

L. Certification for Serious Injury or Illness of Covered Servicemember for Military Family Leave

The Company will require certification for the serious injury or illness of the covered servicemember. The employee must respond to such a request within 15 days of the request or provide a reasonable explanation for the delay. Failure to provide certification may result in a denial of continuation of leave. This certification will be provided using the DOL Certification for Serious Injury or Illness of Covered Servicemember.

M. Recertification

The Company may request recertification for the serious health condition of the employee or the employee's family member no more frequently than every 30 days unless circumstances have changed significantly, or if the employer receives information casting doubt on the reason given for the absence, or if the employee seeks an extension of his or her leave. Otherwise, the Company may request recertification for the serious health condition of the employee or the employee's family member every six months in connection with an FMLA absence. The Company may provide the employee's health care provider with the employee's attendance records and ask whether need for leave is consistent with the employee's serious health condition.

N. Procedure for Requesting FMLA Leave

All employees requesting FMLA leave must provide verbal or written notice of the need for the leave to a member of the Human Resources Department. Within five business days after the employee has provided this notice, the Human Resources representative will complete and provide the employee with the DOL Notice of Eligibility and Rights.

When the need for the leave is foreseeable, the employee must provide the employer with at least 30 days' notice. When an employee becomes aware of a need for FMLA leave less than 30 days in advance, the employee must provide notice of the need for the leave either the same day or the next business day. When the need for FMLA leave is not foreseeable, the employee must comply with the Company's usual and customary notice and procedural requirements for requesting leave, absent unusual circumstances.

O. Designation of FMLA Leave

Within five business days after the employee has submitted the appropriate certification form, the Human Resources Representative will complete and provide the employee with a written response to the employee's request for FMLA leave using the DOL Designation Notice.

P. Intent to Return to Work From FMLA Leave

On a basis that does not discriminate against employees on FMLA leave, the Company may require an employee on FMLA leave to report periodically on the employee's status and intent to return to work.



Standards of Conduct

Each employee has an obligation to observe and follow the Company's policies and to maintain proper standards of conduct at all times. If an individual's behavior interferes with the orderly and efficient operation of a department, corrective disciplinary measures will be taken.

Disciplinary action may include a verbal warning (which is documented in the Employee's personnel file), written warning, suspension with or without pay, and/or termination. The appropriate disciplinary action imposed will be determined by the Company. The Company does not guarantee that one form of action will necessarily precede another or that every, or any, of the progressive steps will be followed prior to the termination of an employee.

To assure orderly operations and provide the best possible work environment, the Company expects employees to follow rules of conduct that will protect the interests and safety of all employees and the organization.

It is not possible to list all the forms of behavior that are considered unacceptable in the workplace. The following are examples of infractions of rules of conduct that may result in disciplinary action, up to and including termination of employment:

- Conduct that amounts to a violation of State or Federal law;
- Theft or inappropriate removal or possession of property of the Company, a co-employee, a customer, or a marketing partner;
- Falsification of Company records, including, but not limited to, timekeeping records;
- Working under the influence of alcohol or illegal drugs;
- Possession, distribution, sale, transfer, or use of alcohol or illegal drugs in the workplace, while on duty, or while operating employer-owned vehicles or equipment;
- Fighting or threatening violence in the workplace;
- Negligence or improper conduct leading to damage of employer-owned or customer-owned property;
- Insubordination or other disrespectful conduct;
- Violation of safety or health rules;
- Sexual or other unlawful or unwelcome harassment;
- Possession of dangerous or unauthorized materials, such as explosives or firearms, in the workplace;
- Excessive absenteeism or any absence without notice;
- Unauthorized disclosure of business "secrets" or confidential information;
- Improper or unauthorized use of email or the Internet;
- Smoking in the workplace other than an area designated for smoking;
- A violation of any Company policy, including, but not limited to, those contained in this Handbook.
- Unsatisfactory performance or conduct.

The following list includes, but is not limited to, examples of misconduct that may warrant immediate termination:

- Insubordination;
- Conduct amounting to a violation of State or Federal law;
- Theft from the Company;
- Theft from a co-employee;
- Falsification of Company documents and/or facts;
- Abuse, misuse, or unauthorized use of Company assets;
- Violating the No Harassment Policy;

Section 4



Workplace Expectations



- Sleeping on the job;
- Inaccurate record keeping;
- Refusal to work or complete job duties;
- Unreported job absence(s);
- Causing a loss to the Company in finances or reputation;
- Use of illegal drugs or a controlled substance during working hours or during non-working hours if it impairs the employee's judgment during working hours;
- Failing a drug testing without the ability to provide a reasonable justification for the failure;
- Operating a vehicle as part of the employee's job duties while intoxicated or under the influence of illegal drugs or a controlled substance;
- Violation of the Violence in the Workplace Policy; or,
- Hoaxes that result in perceived threats to safety and security.

Attendance and Punctuality

Attendance and punctuality are important factors for your success within the Company. We work as a team and this requires that each person be in the right place at the right time. If you are going to be late for work or absent, you must notify your supervisor or your manager as far in advance as is feasible under the circumstances, but no later than thirty (30) minutes before the start of your workday. Personal issues requiring time away from your work, such as physician or dentist appointments or other matters, should be scheduled during your non-working hours, if possible.

As with any group effort, operating effectively takes cooperation and commitment from everyone. Therefore, your attendance and punctuality are very important. Unnecessary absences and lateness are expensive, disruptive and place an unfair burden on your fellow employees and your supervisors. We expect excellent attendance from each employee. Excessive absenteeism or tardiness will result in disciplinary action up to and including termination.

If you are absent from work for three (3) days without notifying the Company, we will assume that you have voluntarily abandoned your position with the Company, and you will be removed from the payroll as having resigned.

Business Hours

Because of the nature of our business, your work schedule may vary depending on your job. Our normal business hours are 8:00 a.m. to 5:00 p.m., Monday through Friday during the summer months. The work schedule will vary during winter months depending on weather conditions. Check with your supervisor or your manager if you have questions about your hours of work.

Meal Time

A 30 minute, unpaid meal break should be taken each day. Your supervisor or your manager is responsible for approving the scheduling of this time.

No-Call/No-Show

Three consecutive No-Call/No-Show days will be considered a voluntary resignation and will result in the termination of employment.

Fewer than three consecutive No-Call/No-Show days will be subject to the following corrective action process:

- First Time within a rolling backward 6-month period = Final Written Warning
- Second time within a rolling backward 6-month period = Termination

Prescheduled time away from work using accrued PTO or Floating Holiday (where available) are not considered occurrences for the purpose of this policy.

Based on business needs, each department may have its own policy that employees in the department must follow. Please check with your supervisor or Human Resources about your department's attendance policy.



Access to Personnel Files

Each employee, or his or her agent, can inspect parts of the employee's own personnel files once a year, in the presence of a Company official. Those portions of the personnel file subject to inspection include the employee's job application, wage or salary information, notices of commendations, warnings or other discipline, authorization for a deduction or withholding of pay, fringe benefit information, leave records, and employment history with the Company. The records may be inspected at reasonable times during regular business hours and in the office where the records are kept. Employees, or their designated agent, may take notes regarding the contents of the file. Employees, or their designated agent, may place a statement in the file if they find an error in the file. That the Company allows inclusion of such a statement in a personnel file does not indicate agreement by the Company with any such statement.

If an employee wants to authorize a designated individual to view the employee's personnel file, that employee shall provide a signed authorization designating the person, or persons, authorized to inspect the employee's personnel file. The signed authorization shall be for a specific date and shall indicate either the purpose for which the inspection is authorized or the particular parts of the employee's personnel file that the designated agent is authorized to inspect.

For more information, contact the Human Resources department.

Changes in Personal Data

To aid you and your family in matters of personal emergency, we need to maintain up to date information concerning your personal data. Any changes in your name, address, telephone number, marital status, number of dependents, or changes in next of kin and/or beneficiaries should be given to the Human Resources department promptly.

Dress Policy

Employees are expected to maintain the highest standards of personal cleanliness and present a neat, professional appearance at all times.

Our clients' satisfaction represents the most important and challenging aspect of our business. Whether or not your job responsibilities place you in direct client contact, you represent the Company with your appearance as well as your actions. A properly-attired individual helps to create a favorable image for the Company, to the public and fellow employees. Clothing must be consistent with the standards for business environment and must be appropriate to the type of work being performed. When visiting client sites or offices, you should wear Merit branded attire when applicable.

Maintaining a professional, business-like appearance is very important to the success of our Company. Part of the impression you make on others depends on your choice of dress, personal hygiene, and courteous behavior. A daily regimen of good grooming and hygiene is expected of everyone. Please ensure that you maintain good personal hygiene habits. While at work, you are required to be clean, dressed appropriately, and well groomed.

Corridor is confident that employees will use their best judgment regarding attire and appearance. If you have any questions about whether your attire is appropriate for the workplace, please discuss your supervisor or Human Resources. Management reserves the right to determine appropriateness. Any employee who is improperly dressed will be counseled or in severe cases may be sent home to change clothes. Continued disregard of this policy may be cause for disciplinary action, which may result in termination.

Dating, Fraternalization

Corridor Landscaping LLC strongly believes that a work environment where employees maintain clear boundaries between employee, personal, and business interactions is most effective for conducting business and enhancing productivity. Although this policy does not prevent the development of friendships or romantic relationships



between co-workers, it does establish boundaries as to how relationships are conducted during working hours and within the working environment.

Individuals in supervisory or managerial roles, and those with authority over others', are subject to more stringent requirements under this policy due to their status as role models, their access to sensitive information, and their ability to affect the terms and conditions of employment of individuals in subordinate positions.

This policy does not preclude or interfere with the rights of employees protected by the National Labor Relations Act or any other applicable statute concerning the employment relationship.

During work time and in work areas, employees are to conduct themselves in an appropriate and professional workplace manner that does not interfere with others or with overall productivity.

Employees are strictly prohibited from engaging in physical contact that would in any way be deemed inappropriate and/or unprofessional by a reasonable person while anywhere on company premises, whether during working hours or not.

Employees who allow personal relationships with co-workers to adversely affect the work environment will be subject to the appropriate provisions of the Company's disciplinary policy, which could include but is not limited to counseling for minor problems. Failure to change behavior and maintain expected work responsibilities is viewed as a serious disciplinary matter.

Employee off-duty conduct is generally regarded as private, as long as such conduct does not create problems within the workplace. An exception to this principle, however, is romantic or sexual relationships between supervisors and subordinates.

Any supervisor, manager, executive or other company official in a sensitive or influential position with Corridor must disclose the existence of a romantic or sexual relationship with another co-worker. Disclosure may be made to the immediate supervisor or the Director of Human Resources. This disclosure will enable the Company to determine whether any conflict of interest exists because of the relative positions of the individuals involved.

With regard to the previous paragraph, when a conflict-of-interest problem or potential risk is identified, the Company will work with the parties involved to consider options for resolving the problem. The initial solution may be to ensure the parties no longer work together on matters where one is able to influence the other or take action for the other. Matters such as hiring, firing, promotions, performance management, compensation decisions, and financial transactions are examples of situations that may require reallocation of duties to avoid any actual or perceived reward or disadvantage. In some cases, other measures may be necessary, such as a transfer to other positions or departments. If one or both parties refuse to accept a reasonable solution or to offer an alternative position, if available, such refusal will be deemed a voluntary resignation.

The provisions of this policy apply regardless of the sexual orientation of the parties involved.

Where doubt exists as to the specific meaning of the terms used above, employees should make judgments on the basis of the overall spirit and intent of this policy.

Any concerns about the administration of this policy should be addressed to Human Resources Department.

Use of Alcohol & Drugs

The use, sale, manufacture, distribution, or possession of alcohol or illegal drugs at any time on company premises or while conducting business off company premises is a violation of Company policy. Corridor Landscaping LLC is a **Drug Free Workplace** and has zero tolerance for the use of drugs or alcohol on Company grounds or on company time.



SUBSTANCE ABUSE POLICY

The Company has vital interests in ensuring a safe, healthy and efficient working environment for our employees, their co-workers and the clients we serve. The unlawful or improper presence or use of controlled substances or alcohol in the workplace presents a danger to everyone. For these reasons, we have established as a condition of employment and continued employment with the company the following substance abuse policy.

Employees are prohibited from reporting to work or working while using illegal or unauthorized drugs. Employees are prohibited from reporting to work, or working when the employee uses any drugs, except when the use is pursuant to a doctor's orders and the doctor advised the employee that the substance does not adversely affect the employee's ability to safely perform his or her job duties.

In addition, employees are prohibited from engaging in the unlawful or unauthorized manufacture, distribution, sale or possession of illegal drugs and alcohol in the workplace including: ***on company paid time, on company premises, in company vehicles, or while engaged in company activities***. Employees are also prohibited from reporting for duty or remaining on duty with any alcohol in their systems. Employees are also prohibited from consuming alcohol during working hours, including meal and break periods. This does not include the authorized use of alcohol at company-sponsored functions or activities; all employees are expected to limit their consumption to a responsible level at such events.

Your employment or continued employment with the Company is conditioned upon your full compliance with the foregoing substance abuse policy. Any violation of this policy may result in disciplinary action up to and including termination. Furthermore, any employee who violates this policy who is subject to termination, may be permitted in lieu of termination, at the Company's sole discretion, to participate in and successfully complete an appropriate treatment, counseling or rehabilitation program as recommended by a substance abuse professional as a condition of continued employment. The Company assures that any information concerning an individual's drug or alcohol use will remain confidential to the extent permitted by law.

The Company further reserves the right to take any and all appropriate and lawful actions necessary to enforce this substance abuse policy including, but not limited to, the inspection of desks or other suspected areas of concealment, when the Company has reasonable suspicion to believe that the employee has violated this substance abuse policy.

This policy represents management guidelines only and should not be interpreted as a contract of employment.

Drug Testing

The Company prohibits the use of any controlled substance for which you do not have a prescription or any illegal drug. By signing the Acknowledgment Form contained at the end of this Handbook, you agree to submit to random drug testing. If an employee tests positive for any illegal drug or controlled substance and cannot produce a medically acceptable prescription dated prior to the test, the employee may be terminated. If the employee refuses to take a requested drug test, it will be presumed that the employee would have failed the drug test.

Any information regarding the use of drugs or controlled substances by any individual, and the test results of any individual will be maintained in strict confidence by the Company to the extent that such confidentiality is practical. These results will not be disclosed to governmental agencies, law enforcement authorities, physicians, consultants, or any other person unless required by law.

Acceptable Use of Electronic Communications

General Rules Concerning Electronic Communications

This policy contains guidelines for Electronic Communications created, sent, received, used, transmitted, or stored using Company communication systems or equipment and employee provided systems or equipment used either in the workplace, during working time or to accomplish work tasks. "Electronic Communications" include, among other things, messages, images, data or any other information used in e-mail, instant messages, voice mail, fax



machines, computers, personal digital assistants (including Blackberry, iPhone, iPad, tablet, smart phone or similar devices), text messages, pagers, telephones, cellular and mobile phones including those with cameras, Intranet, Internet, back-up storage, information on a memory or flash key or card, jump or zip drive or any other type of internal or external removable storage drives. In the remainder of this policy, all of these communication devices are collectively referred to as “Systems.”

Employees may use our Systems to communicate internally with co-workers or externally with clients, suppliers, vendors, advisors, and other business acquaintances for business purposes.

All Electronic Communications contained in Systems owned or leased by the Company are Company records and/or property. Although an employee may have an individual password to access a Company System, that System and its Electronic Communications are property of the Company. Company Systems and Electronic Communications are accessible to the Company at all times including periodic unannounced inspections. The Company Systems and Electronic Communications are subject to use, access, monitoring, review, recording and disclosure without further notice. The Company Systems and Electronic Communications are not confidential or private. The Company's right to use, access, monitor, record and disclose Electronic Communications without further notice applies equally to those Electronic Communications by an employee on an employee-provided system or equipment to accomplish work tasks.

Although incidental and occasional personal use of Company Systems that does not interfere or conflict with productivity or the Company's business or violate policy is permitted, personal communications in our Systems are treated the same as all other Electronic Communications and may be used, accessed, recorded, monitored, and disclosed by the Company at any time without further notice. Because any Electronic Communications and Systems may be accessed without advance notice, employees should not use Company Systems for communication or information that employees would not want revealed to third parties.

Employees may not use Company Systems in a manner that violates Company policies including, but not limited to, policies concerning any of the following: Equal Employment Opportunity; Non-Harassment; Confidentiality of Client Matters; Care of Client Records; Protecting Company Information; Non-Solicitation; and, Distribution of Company Information. Employees may not use Company Systems in any way that may be seen as insulting, disruptive, obscene, offensive, or harmful to morale. Examples of prohibited uses include, but are not limited to, sexually explicit drawings, messages, images, cartoons, or jokes; propositions or love letters; ethnic or racial slurs, threats of violence or bullying, or derogatory comments; or, any other message or image that may be in violation of Company policies or Federal, State or local law.

In addition, employees may not use Company Systems:

- To download, save, send or access any discriminatory or obscene material;
- To download anything from the internet (including shareware or free software) without the advance written permission of your supervisor or your manager;
- To download, save, send or access any site or content that the Company might deem “adult entertainment;”
- To access any “blog” or otherwise post a personal opinion on the Internet (see Social Media policy);
- To solicit employees or others;
- To attempt or to gain unauthorized or unlawful access to computers, equipment, networks, or systems of the Company or any other person or entity;
- In connection with any infringement of intellectual property rights, including but not limited to copyrights; and
- In connection with the violation or attempted violation of any law.

An employee may not misrepresent, disguise, or conceal his or her identity or another's identity in any way while using Electronic Communications; make changes to Electronic Communications without clearly indicating such changes; or, use another person's account, mail box, password, etc., without prior written approval of the account owner and without identifying the actual author.



Employees must always respect intellectual property rights such as copyrights, patents, and trademarks. Employees must not copy, use, or transfer trade secrets or proprietary materials of the Company or others without appropriate authorization.

All Systems passwords and encryption keys must be available and known to the Company. You may not install password or encryption programs without the written permission of your supervisor or your manager. Employees may not use the passwords and encryption keys belonging to others.

Numerous State and Federal laws apply to Electronic Communications. The Company will comply with all applicable laws. Employees also must comply with applicable laws and should recognize that an employee could be personally liable and/or subject to fine and imprisonment for violation of applicable laws.

Violations of this policy may result in disciplinary action up to and including discharge as well as possible civil liabilities or criminal prosecution. Where appropriate, the Company may advise legal officials or appropriate third parties of policy violations and cooperate with official investigations. The Company will not, of course, retaliate against anyone who reports possible policy violations or assists with investigations.

If you have questions about the acceptable use of Company Systems or the content of Electronic Communications, ask your supervisor or your manager for advance clarification.

Social Media

The Company has policies that govern use of its own electronic communication systems, equipment, and resources which employees must follow. We encourage you to use good judgment when communicating via the Internet, including social media.

The same principles and guidelines found in this Employee Handbook apply to your activities online. Ultimately, you are solely responsible for what you post online. Before creating online content, consider some of the risks and rewards that are involved. Keep in mind that any of your conduct that adversely affects: the reputation or business interests of the Company; your job performance; the performance of fellow employees; or, the Company's clients, vendors, suppliers, or subcontractors may result in disciplinary action up to and including immediate discharge.

The following is a general list of guidelines you should keep in mind when posting anything on the Internet:

1. Always be fair and courteous to anyone associated with the Company.
2. Make sure you are always truthful and accurate in everything you post online.
3. If you make a mistake in something you post, correct it quickly.
4. Use privacy settings as, and when, appropriate.
5. Remember everything and anything you post online is there forever even if you delete what you posted.
6. Do not post any information about the Company that could constitute confidential information, proprietary information, or trade secrets.
7. Do not post any of the following concerning the Company: financial information, contact information of employees; contact information of clients; contact information of subcontractors; internal reports; policies; procedures; internal memos; or, contracts with clients, vendors, independent contractors, employees, or suppliers.
8. Do not use the Company's logo on any blog, website, or social networking site without the written permission of the Company.
9. Do not post a link to the Company's website on any blog, website, or social networking site without the written permission of the Company.
10. Do not post anything about anyone associated with the Company that you know to be false.
11. Do not post anything online that could be considered to be discriminatory, create a hostile work environment, or harassment.
12. Do not post anything that could be considered a threat or bullying.
13. Do not post anything that would give the impression that you are a spokesperson for the Company.
14. Do not create and use a private email containing the word "Corridor," "Corridor Landscaping."



15. Finally, if you would be embarrassed to show your posting to your supervisor, Human Resources, or upper management of the Company, you should not post that information online.

Employees are encouraged to report violations of this policy. The Company prohibits retaliation against any employee for reporting a possible deviation from this policy or for cooperating with an investigation. Any employee who retaliates against another employee for reporting a possible deviation from this policy or for cooperating in an investigation will be subject to disciplinary action, up to and including immediate termination.

Public Relations

You are not to speak to the media on the Company's behalf without contacting your supervisor or your manager. All media inquiries should be directed to them. Speaking with media without permission and representing that you are a spokesperson for the Company will lead to disciplinary action against you, up to and including discharge.

Client Relations

Confidentiality of Client Matters

Our professional ethics require that each employee maintain the highest degree of confidentiality when handling client matters. To maintain this professional confidence, no employee shall disclose client information to other clients, friends, or members of one's own family. Questions concerning client confidentiality may be addressed with your supervisor or your manager.

Client Relations and Customer Service

Our Company's reputation is built on excellent service and quality work. To maintain this reputation requires the active participation of every employee. The opinions and attitudes that clients have toward our Company may be determined for a long period of time by the actions of one employee. It is sometimes easy to take a client for granted, but if we do we run the risk of losing not only that client, but his or her associates, friends, or family who may also be clients or prospective clients. Each employee must be sensitive to the importance of providing courteous treatment in all working relationships.

Care of Client Records

The impression that clients have of the Company is based, in part, on the way we care for their records. If we are careless with their files and records, clients may conclude that we have the same attitude toward our other work. As professionals, we must respect the confidence that clients place in us and ensure that client files are handled with care. When possible, obtain all material from client files and then return the material back to the files. Material should be returned in the same condition or better than when it was received. Under no circumstances will outside requests for client material be fulfilled unless prior written permission is received from your supervisor or your manager.

Care of Equipment

You are expected to demonstrate proper care when using the Company's property and equipment. No property may be removed from the Company premises without the proper authorization of management. If you lose, break or damage any property, report it to your supervisor or your manager at once.

Security of Electronic Devices

Each employee provided with a laptop computer, iPad, iPhone, smart phone, tablet or similar device is responsible for the physical security of that device. All devices acquired for or on behalf of the Company are Company property. The device must be locked up and stored in a secure location when it is not in the immediate possession of the



authorized user. In addition, the user must return the device immediately upon request of the Company. A user must notify his or her supervisor or manager immediately if the device is lost, stolen, misplaced, or damaged. All work created or performed on the device is Company property. The device is subject to inspection by the Company at any time without further advance notice. The device must be used in a manner that complies with all Company policies including the Acceptable Use of Electronic Communications, Equal Employment Opportunity, Non-Harassment, Confidentiality of Client Matters, Care of Client Records, and Protecting Company Information. Violations of this policy may be grounds for disciplinary action up to and including discharge.

Company Vehicles

Operators of Company vehicles are responsible for the safe operation and cleanliness of the vehicle. Use of a Company vehicle is subject to the following rules:

- Accidents involving a Company vehicle must be reported to your supervisor or manager immediately.
- Employees are responsible for any moving violations, parking violations, or fines that may result when operating a Company vehicle.
- Company vehicles should only be operated by the employee.
- Company vehicles may only be used for job-related travel.
- Smoking, including the use of e-cigarettes, is prohibited in Company vehicles.
- The use of seat belts is mandatory for both the operator of a Company vehicles and the passengers.
- The use of cellular telephones or PDAs, including texting, emailing, or use of the Internet, while driving is prohibited. You should follow the guidelines for the use of cellular telephones found at <http://www.cellphonesafety.org/safer/tips.htm>.
- Employees operating a Company vehicles are to comply with all applicable State and local laws, including those applicable to driving laws and ordinances, texting, and the use of radar and laser detectors.

Conflict of Interest/Code of Ethics

A company's reputation for integrity is its most valuable asset and is directly related to the conduct of its officers and other employees. Therefore, employees must never use their positions with the Company, or any of its clients, for private gain, to advance personal interests or to obtain favors or benefits for themselves, members of their families, or any other individuals, corporations or business entities.

The Company adheres to the highest legal and ethical standards applicable in our business. The Company's business is conducted in strict observance of both the letter and spirit of all applicable laws and the integrity of each employee is of utmost importance.

Employees of the Company shall conduct their personal affairs such that their duties and responsibilities to the Company are not jeopardized and/or legal questions do not arise with respect to their association or work with the Company.

Outside Employment

We hope that you will not find it necessary to seek additional outside employment. However, if you are planning to accept an outside position, you must notify your supervisor or your manager in writing. Outside employment must not conflict in any way with your responsibilities within the Company. You may neither work for competitors nor may you take an ownership position with a competitor. Employees may not conduct outside work or use Company property, equipment, or facilities in connection with outside work while on Company time.

Distribution

Distribution of any type (materials, goods, etc.) is prohibited in work areas at any time, whether or not during working hours. Non-employees are prohibited from distributing materials to employees on Company premises at any time. Inappropriate literature is prohibited, e.g., literature that violates the Company's non-harassment and discrimination policies; items of a defamatory nature, items that include threats of violence, unprotected literature of a political



nature that is highly inflammatory and likely to disrupt facility discipline and order or safety. Nothing in this policy is intended to restrict an employee's statutory rights.

Non-Solicitation

The Company believes employees should have a work environment free from interruptions of a non-work related nature as work time is for work. When you are to be working you should focus on your duties and not engage in activities that would interfere with your work or the work of others. For the purpose of this policy, solicitation includes, but is not limited to, collection of any debt or obligation, raffles of any kind or chance taking, the sale of merchandise or business services, or the attempt to sell any product or service. Such interruptions can be both detrimental to the quality of work and efficiency, and may not be respectful of others job responsibilities and right not to be interrupted.

Employees may not engage in solicitation for any purpose during his or her work time, which includes the working time of the employee who seeks to solicit and the employee who is being solicited. Although solicitation is not encouraged, it is permitted as long as it is limited to the employee's break and lunch time and kept out of active working areas. Nothing in this policy is intended to restrict an employee's statutory rights.

See the Company's Confidentiality and Non-Solicitation Policy for further information.

Personal Property

The Company is not responsible for loss or damage to personal property. Valuable personal items, such as purses and all other valuables should not be left in areas where theft might occur.

All telephone calls regarding a current or former employee's position/compensation with our Company must be forwarded to your supervisor or your manager.

Severe Weather

Severe weather is to be expected during certain months of the year. Although driving may at times be difficult, when caution is exercised the roads are normally passable. Except in cases of severe storms, we are all expected to work our regular hours. Time taken off due to poor weather conditions while the business remains open is to be used as PTO or is unpaid. Exempt employees may be provided time off with pay when necessary to comply with Federal and State wage and hour laws. If extreme weather conditions require closing of the building, you will be notified by your supervisor or your manager.

Software Piracy

Copying of software without obtaining a valid license is piracy of software and a violation of Federal Copyright Laws. Such piracy could subject both you and the Company to a lawsuit that could result in an injunction, monetary penalties of up to One Hundred Thousand and 00/100 Dollars (\$100,000.00), and payment of the attorneys' fees of the copyright holder. Additionally, such piracy is a felony under Federal Law. Therefore, to avoid any claim that software being used on a computer owned or leased by the Company has been pirated, you are not to use any software or software applications on Company computers other than the licensed software provided by the Company.

If you find that you need additional software, contact your supervisor. The Company will purchase the additional software if necessary.

Travel/Expense Accounts

The Company will reimburse team members for reasonable expenses incurred through pre-approved business travel or entertainment. All cash advances must be accounted for and expense receipts are required.



Travelers seeking reimbursement should incur the lowest reasonable travel expenses and exercise care to avoid the appearance of impropriety. If a circumstances arises that is not specifically covered in the travel policies, the most conservative course of action should be adopted.

Travel must be authorized in advance. Travelers should verify that planned travel is eligible for reimbursement before making travel arrangements. Upon completion of the trip, and within thirty (30) days, the traveler must submit an expense report in “Concur” with supporting documentation to obtain reimbursement of expenses. For more details, refer to the Company Intranet for detailed travel policies, procedures and authorization and reimbursement forms. If you have any questions concerning the Company’s travel policy or what is reimbursable, please contact the Human Resources Department.

Exempt employees will be paid their regular salary for weeks in which they travel. Non-exempt employees will be paid for travel time in accordance with Federal and State wage payment laws.

Arbitration/Waiver of Right to Trial by Jury

By signing the Acknowledgment Form attached to this Handbook, you agree that any dispute between you and your employer will be submitted to binding arbitration as described in that form. This agreement or provisions includes arbitration of any and all claims arising out of your employment or termination of your employment, including but not limited to any claim under:

1. State law for any claim, including, but not limited to, breach of contract, wrongful termination in violation of public policy, defamation, fraud, intentional infliction of emotional distress, slander, libel, negligent infliction of emotional distress, negligent misrepresentations, and interference with a contract;
2. State statutes, including, but not limited to, any claims under any State anti-discrimination laws or laws prohibiting any type of retaliatory discharge; and,
3. Federal laws, including, but not limited to, any claims arising under any of the following Federal laws: The Age Discrimination in Employment Act (“ADEA”); The Americans with Disabilities Act (“ADA”); The Civil Rights Act of 1964, as amended (“Title VII”); The Fair Labor Standards Act (“FLSA”); The Family and Medical Leave Act (“FMLA”); The National Labor Relations Act (“NLRA”); and, The Polygraph Act.

This Section shall not affect an employee’s right to file a claim under Federal Law with the Equal Employment Opportunity Commission or the U.S. Department of Labor; however, any such claim must be arbitrated rather than bringing a lawsuit in Federal or State Court. If the arbitration involves a claim under Federal Law, the arbitrator shall be required to apply Federal substantive law as to that claim.

By agreeing to arbitration, you understand and agree that you are waiving your right to trial by jury.



Acknowledgment of Receipt of Employee Handbook and Employment-At-Will Statement

This is to acknowledge that I have received a copy of the Corridor Landscaping LLC Employee Handbook. I understand that it contains information about the employment policies and practices of the Company. I agree to read and comply with this Employee Handbook. I understand and agree that the Employee Handbook:

- Contains information about the employment policies and practices of the Company;
- Contains a summary of employee benefits that can be modified or cancelled by the Company at any time;
- Contains policies that can be changed, deleted, or modified by the Company at any time;
- Contains policies that cannot be changed, deleted, or modified by oral statements or representations and can only be changed, deleted, or modified in writing;
- Supersedes any and all prior employee handbooks of the Company and any oral or written policy statements that are inconsistent with the Employee Handbook;
- Does not affect my rights under Section 7 of the National Labor Relations Act, including, but not limited to, the right to engage in concerted protected activity for their mutual aid and/or protection.

AT-WILL EMPLOYMENT POLICY. I UNDERSTAND THAT THE COMPANY IS AN AT-WILL EMPLOYER. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS EMPLOYEE HANDBOOK, EMAIL SENT TO ME, OR ORAL STATEMENT MADE TO ME BY ANYONE ASSOCIATED WITH THE COMPANY, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR WITH OR WITHOUT NOTICE. NO ONE ASSOCIATED WITH OR EMPLOYED BY THE COMPANY HAS THE RIGHT OR POWER TO ENTER INTO AN EMPLOYMENT AGREEMENT WITH ME ORALLY OR ORALLY MODIFY THE AT-WILL EMPLOYMENT POLICY OF THE COMPANY. ANY AGREEMENT TO EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME OR MODIFYING THE AT WILL POLICY MUST BE PUT INTO WRITING AND SIGNED BY BOTH AN EITHER THE HUMAN RESOURCES DIRECTOR OR AN OFFICER OF THE COMPANY AND ME.

Arbitration. I understand that, either while I am employed or after my employment ends, disputes may arise between the Company and me. I agree that any such dispute must be resolved by binding arbitration under the then current Employment Arbitration Rules of the American Arbitration Association by the American Arbitration Association. Notwithstanding anything contained in those Rules, the matter shall be resolved by a single arbitrator. This arbitration provision shall not preclude me from filing claims with administrative agencies, Federal and State, such as the EEOC, but those claims must be resolved by arbitration and not litigation. The arbitration provision contained in this Employee Handbook is incorporated into this Acknowledgment Form.

Deductions from Paychecks. I understand that the Employee Handbook describes circumstances under which the Company may deduct funds from paychecks due to me. These include: deductions for Company equipment that is lost or damaged while in my possession; overcharges on cellular telephone bills caused by my personal calls or texts; repayment of vacation pay taken but not earned, tickets issued to rental cars while operated by me, etc. I authorize my employer to deduct these amounts from any amount due or to become due to me from my employer

Drug Testing. I agree that I shall submit to random drug testing as required by my employer as covered in the Employee Handbook, which is incorporated into this Acknowledgment Form.

I understand that it is my responsibility to read and comply with the policies contained in this Employee Handbook (including the At-Will Employment Policy and the Paid Time Off Policy and any revisions made to it. I understand that nothing in the Employee Handbook is to be interpreted, applied, or enforced to interfere with, restrain, or coerce employees in the exercise of Section 7 rights under the National Labor Relations Act.

Employee Signature

Date

Employee Name (print)