New Hire Master File Information Form

odysseyonesource
SOLUTIONS FOR EMPLOYERS

Section A (to be completed by employee)

Client ID*	Client Name*
	Overland Mortgage Corporation

Social Security Number*

Last Name* (as it appears on your Social Security Card)	First Name* (as it appears on your Social Security Card)	Middle Initial* (as it appears on your Social Security Card)

Street Address*	Date of Birth*

City*	State*	Zip Code*	Home Phone Number

Section B (to be completed by client)

Job Title*	Work State

Original Hire Date*	PEO Hire Date*	Rehire Date	WC Code

Work Status*	Hourly Pay Rate	Salaried Pay Rate	Commission Pay Rate	Auto Allowance
O Full-Time O Part-Time O Temporary O Seasonal	$	$	$	$

Number of Hours Per Week*	Pay Frequency*	Exemption Status*
	O Weekly O Bi-Weekly O Semi-Monthly O Monthly	O Exempt O Non-Exempt

Division	Department

Signature

Authorized Signature* (other than new hire)	Date*

*** Required Information**

Return completed form via e-mail at **input@odysseyonesource.com** or fax to **817.508.PEO2**.

New Hire Packet Acknowledgement

odysseyonesource
SOLUTIONS FOR EMPLOYERS

Client / Employee Information

Client ID*	Client Name*
	Overland Mortgage Corporation

Social Security Number*	Last Name*	First Name*

This packet includes documents required by federal and/or state regulations. Some of the documents require you as an employee to complete and return to Odyssey One Source, Inc. Other documents included are for you to keep and reference as needed.

Please initial next to each policy title below indicating that you have received a copy of these policies and acknowledge that you have been given an opportunity to ask questions regarding these policies.

_____ Understanding Statement

_____ Notice to Employees (Texas employees, only)

_____ Wage Deduction Authorization Agreement

_____ Consent, Authorization, Medical Record Release and Substance Abuse Policy

Please return the following forms to Odyssey One Source, Inc.:

New Employee Packet Acknowledgement (this page)
New Hire Master File Information Form
Application for Employment
W-4
State Withholding Form (if applicable)
I-9
EEO/Affirmative Action Information form (optional)
Direct Deposit Authorization form (optional)

Return completed form via e-mail at **input@odysseyonesource.com** or fax to **817.508.PEO2**.

Application for Employment

odysseyonesource
SOLUTIONS FOR EMPLOYERS

Client/Employee Information

Client ID*	**Client Name***
	Overland Mortgage Corporation

Position Applying For*

Last Name*	**First Name***	**Middle Name***	**Phone Number***

Street Address*

City*	**State***	**Zip Code***	E-mail Address

Emergency Contact Name	Emergency Contact Relationship	Emergency Contact Phone Number

Type of Driver's License	Driver's License Class	Driver's License Operator Number	State Issued
O Operator O Commercial Operator			

Education and Training

High School Name(s)	City, State	College Name(s)	City, State	Other Name(s) (please specify)	City, State
Degree	Graduated? O yes O no	Degree	Graduated? O yes O no	Degree	Graduated? O yes O no
Last Year Completed O 1 O 2 O 3 O 4		Last Year Completed O 1 O 2 O 3 O 4		Last Year Completed O 1 O 2 O 3 O 4	

Additional Skills

Professional Certifications and/or Technical Designations	Name of Institution, City, State

Employment History (please complete the information requested below for your last three employers, starting with the present or most recent company)

Employer Name			Hire Date	End Date
Address			Supervisors Name	Supervisors Phone Number
City	State	Zip	Job Title	Salary
Job Description			Reason for Leaving	

Employer Name			Hire Date	End Date
Address			Supervisors Name	Supervisors Phone Number
City	State	Zip	Job Title	Salary
Job Description			Reason for Leaving	

Employer Name			Hire Date	End Date
Address			Supervisors Name	Supervisors Phone Number
City	State	Zip	Job Title	Salary
Job Description			Reason for Leaving	

Return completed form via e-mail at **input@odysseyonesource.com** or fax to **817.508.PEO2.**

Application for Employment (continued)

odysseyonesource
SOLUTIONS FOR EMPLOYERS

Professional References

Reference 1 Last Name	Reference 1 First Name		Reference 2 Last Name	Reference 2 First Name		Reference 3 Last Name	Reference 3 First Name	
Phone Number			Phone Number			Phone Number		
Company			Company			Company		
Job Title			Job Title			Job Title		
Address			Address			Address		
City	State	Zip	City	State	Zip	City	State	Zip

Other Information

1. Are you currently authorized to work in the U.S.?*†	○ yes	○ no
2. Have you previously been employed by Odyssey OneSource?*	○ yes	○ no
If yes, what company?	Company Name	
3. Will you abide by the safety rules of this company?*	○ yes	○ no
4. Have you ever been convicted of, found guilty of, plead guilty to, had adjudication withheld or plead no contest to a felony or misdemeanor?‡	○ yes	○ no
If yes, please explain.		

* **Required Information**

† A no answer will not necessarily disqualify you from consideration.

‡ A conviction will not necessarily bar you from employment but will only be considered in relation to specific job requirements. Each conviction will be judged on its own merits with respect to time, circumstances and seriousness.

‡ This does not include a minor traffic violation misdemeanor.

If hired, federal law requires that you furnish documentation showing your identity and that you are legally authorized to work in the United States.

Equal Opportunity Employer

Odyssey One Source, Inc. (hereafter the Company) is an equal opportunity employer and does not discriminate in recruitment, hiring, training, promotion, or other employment policies on the basis of age, race, sex, color, religion, national origin, physical or mental handicap, veteran status, or any other basis that is prohibited by federal, state, or local law. No question in this application is intended to secure information to be used for such discrimination. This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

Signature

Signature*†	**Date***

* **Required Information**

† By signing above, I hereby certify that all of the information provided by me in this application is correct, accurate and complete to the best of my knowledge. I understand that the misrepresentation or omission of any facts in the application will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

Return completed form via e-mail at **input@odysseyonesource.com** or fax to **817.508.PEO2.**

Form W-4 (2009)

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

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds $950 and includes more than $300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

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

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

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed $130,000 (Single) or $180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

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

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

. . **B** _____

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

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

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

F Enter "1" if you have at least $1,800 of **child or dependent care expenses** for which you plan to claim a credit . . **F** _____
(**Note.** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
- If your total income will be less than $61,000 ($90,000 if married), enter "2" for each eligible child; then **less** "1" if you have three or more eligible children.
- If your total income will be between $61,000 and $84,000 ($90,000 and $119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have six or more eligible children. **G** _____

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

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

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

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

▶ **Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.**

OMB No. 1545-0074

2009

1 Type or print your first name and middle initial.	Last name	**2 Your social security number**
Home address (number and street or rural route)	**3** ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate. **Note.** If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
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 1-800-772-1213 for a replacement card.** ▶ ☐	

5	Total number of allowances you are claiming (from line **H** above **or** from the applicable worksheet on page 2)	**5**
6	Additional amount, if any, you want withheld from each paycheck	**6** $
7	I claim exemption from withholding for 2009, and I certify that I meet **both** of the following conditions for exemption. • Last year I had a right to a refund of **all** federal income tax withheld because I had **no** tax liability **and** • This year I expect a refund of **all** federal income tax withheld because I expect to have **no** tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶	**7**

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

Employee's signature
(Form is not valid unless you sign it.) ▶ **Date** ▶

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	**9** Office code (optional)	**10** Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions, claim certain credits, adjustments to income, or an additional standard deduction.

1 Enter an estimate of your 2009 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2009, you may have to reduce your itemized deductions if your income is over $166,800 ($83,400 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) . . 1 $

2 Enter: { $11,400 if married filing jointly or qualifying widow(er) / $ 8,350 if head of household / $ 5,700 if 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 2009 adjustments to income and any additional standard deduction. (Pub. 919) . . . . . 4 $

5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919.) . 5 $

6 Enter an estimate of your 2009 nonwage income (such as dividends or interest) . . . . . 6 $

7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" . . . . . 7 $

8 **Divide** the amount on line 7 by $3,500 and enter the result here. Drop any fraction 8

9 Enter the number from the **Personal Allowances Worksheet,** line H, page 1 9

10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet,** also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1

2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However,** if you are married filing jointly and wages from the highest paying job are $50,000 or less, do not enter more than "3." 2

3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3

Note. If line 1 is *less than* line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4–9 below to calculate 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 2009. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2008. 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

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
$0 - $4,500	0	$0 - $6,000	0
4,501 - 9,000	1	6,001 - 12,000	1
9,001 - 18,000	2	12,001 - 19,000	2
18,001 - 22,000	3	19,001 - 26,000	3
22,001 - 26,000	4	26,001 - 35,000	4
26,001 - 32,000	5	35,001 - 50,000	5
32,001 - 38,000	6	50,001 - 65,000	6
38,001 - 46,000	7	65,001 - 80,000	7
46,001 - 55,000	8	80,001 - 90,000	8
55,001 - 60,000	9	90,001 - 120,000	9
60,001 - 65,000	10	120,001 and over	10
65,001 - 75,000	11		
75,001 - 95,000	12		
95,001 - 105,000	13		
105,001 - 120,000	14		
120,001 and over	15		

Table 2

Married Filing Jointly		All Others	
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 - $65,000	$550	$0 - $35,000	$550
65,001 - 120,000	910	35,001 - 90,000	910
120,001 - 185,000	1,020	90,001 - 165,000	1,020
185,001 - 330,000	1,200	165,001 - 370,000	1,200
330,001 and over	1,280	370,001 and over	1,280

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. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. 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 also 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 using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

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

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

Payroll Direct Deposit Information

odysseyonesource
SOLUTIONS FOR EMPLOYERS

Odyssey offers direct deposit services for the benefit of our clients and our employees. There are certain procedures to follow for accurate and timely set-up and processing of direct deposits. This information is intended to answer your questions about direct deposit services offered by Odyssey.

1. Direct deposit transfers your pay directly into the financial institution(s) of your choice. You may have up to two accounts on direct deposit such as a checking account at one bank and a savings account at another.

2. When you are on direct deposit, you will still receive a pay stub each payroll period.

3. Direct Deposits may be slower getting to you than checks printed and sent by overnight delivery.

   Direct deposit can take up to three (3) business days from your scheduled paydate to reach your account. It is your responsibility to confirm receipt of direct deposits into your bank account(s).

   Odyssey is not responsible for overdrafts or NSF check charges caused by late delivery or posting of direct deposits to your account(s).

4. When you sign up for direct deposit, you authorize Odyssey to draw against your direct deposit account if you are ever overpaid or paid in error.

5. To sign up for direct deposit you must complete a direct deposit authorization form and include:

   a. a check or a photo copy of a check ,or;
   b. a previously canceled check.

   Complete and sign the authorization form, attach a blank, voided check(s) drawn on the institution(s) and account(s), where you wish to have the direct deposit sent.

6. After Odyssey receives the properly completed authorization form, you will be set-up for direct deposit. Set up and verification for direct deposit will take two (2) pay periods. After this trial period, your paycheck will begin being deposited directly to the institute you selected.

7. If you change account(s) and/or institution(s), a new authorization form is required. There may be a charge from the financial institution for changing banks and/or accounts more than once in a 12 month period. A two week set-up period will also be required.

8. To cancel direct deposit, provide written notice to Odyssey's payroll department.

9. If you are terminated, your final pay may be by regular check.

We hope that you enjoy the convenience offered to you through this enhanced payroll service.

Odyssey One Source, Inc.
Payroll Department

Direct Deposit Authorization Agreement

odysseyonesource
SOLUTIONS FOR EMPLOYERS

Client / Employee Information

Client ID*	Client Name*
	Overland Mortgage Corporation

Social Security Number*	Last Name*	First Name*

Street Address*

City*	State*	Zip Code*

First Account Information

Attach Voided Check Here
Please submit a voided check with this Authorization Agreement.
Contact your financial institution for a nine digit routing/transit number
and account number. A deposit slip will not be accepted.

Financial Institution*

Routing/Transit Number*

Account Number*

Account Type*

- O new
- O change
- O cancel
- O checking
- O savings

Dollar Amount Percentage*

Second Account Information (optional)

Attach Voided Check Here
Please submit a voided check with this Authorization Agreement.
Contact your financial institution for a nine digit routing/transit number
and account number. A deposit slip will not be accepted.

Financial Institution*

Routing/Transit Number*

Account Number*

Account Type*

- O new
- O change
- O cancel
- O checking
- O savings

Dollar Amount Percentage*

ATTENTION CREDIT UNION ACCOUNTS: Please contact your Credit Union for your routing/transit number and account number information, which may differ from that printed on your check.

After Odyssey One Source, Inc. ("Odyssey") receives the properly completed authorization form, you will be setup for direct deposit. Setup and verification for direct deposit will take two pay periods. After this trial period, your paycheck will begin being deposited directly to the institute you selected.

This authority is to remain in full force and effect until Odyssey has received written notification from me of its termination in such time and in such manner as to afford Odyssey a reasonable opportunity to act on it.

This agreement supersedes all other direct deposit agreements or authorization forms.

I understand that my direct deposit may take up to three business days to reach my account, and that Odyssey is not responsible for overdrafts on my account caused by late delivery or posting of my direct deposit.

Signature

Authorized Signature *	Date*

*** Required Information**

Return completed form via e-mail at **input@odysseyonesource.com** or fax to **817.508.PEO2.**

EEO/Affirmative Action Information (optional)

odysseyonesource
SOLUTIONS FOR EMPLOYERS

Client / Employee Information

Client ID*	Client Name*
	Overland Mortgage Corporation

Social Security Number*	Last Name*	First Name*

The information on this form is collected from all Odyssey One Source, Inc. employees for the purpose of complying with Equal Opportunity and Affirmative Action laws and regulations. This information is not used or considered in the employment, promotion or other personnel action selection process. Your response is voluntary and not required for employment purposes.

EEO/Affirmative Action Information

Gender
○ male ○ female

Ethnic Code (please choose one)
○ Native American/Alaskan ○ Black or African American ○ Asian ○ Caucasian
○ Native Hawaiian or other Pacific Islander ○ Hispanic or Latino ○ Other ○ Two or More Races

1.	Are you a Vietnam era veteran?	○ yes ○ no
2.	Are you disabled?	○ yes ○ no

Signature

Employee Signature *	Date*

*** Required Information**

Return completed form via e-mail at **input@odysseyonesource.com** or fax to **817.508.PEO2**.

Employment Policies

odysseyonesource
SOLUTIONS FOR EMPLOYERS

Understanding

I declare that the information provided on this application is correct and that any misstatement of fact or omission will be cause for rejection or dismissal if discovered at a later date.

I further understand that my employment is for no fixed time period and may be discontinued with or without cause or notice by the Company or myself. I understand that no employee, officer, or agent of the Company may enter into any binding agreement, whether by oral or printed statements, including handbooks, benefit books or bulletins, contrary to the above.

I understand the Company will request that I submit to a pre-employment urinalysis and/or blood test or other examinations requested by the Company at any time prior to, or subsequent to, my employment offer. I authorize any medical provider or drug screening company to provide my employer with such information as reasonably requested, subsequent to an offer of employment.

I authorize the Company to make a thorough investigation of my previous employment, training, criminal history and MVR in connection with its consideration of my application. Through this document, or a copy, I authorize any person, agency, institutions, union, company or other entity to give the Company, any and all information they might have, and I release and indemnify all parties from liability for any damages that may result from furnishing any of this information to the Company. I also indemnify the Company, its officers, employees and shareholders against any liability, which might result from the investigation, or inquiry they make, or in connection with the information that they receive. I further authorize without reservation, ongoing procurement of all reports described above during my employment.

I also understand that no firearms, alcohol or drugs are permitted on Company premises and that either being under the influence of illicit drugs or alcohol or having identifiable traces of them in my system during working hours is strictly prohibited.

I agree not to accept wages or compensation directly from Odyssey One Source, Inc.'s (Odyssey) client. If I accept wages or compensation directly from Odyssey's client, I will be deemed to have immediately resigned my employment with Odyssey. I agree to immediately notify Odyssey of any written agreement between me and Client Company regarding compensation, commissions, bonuses or other compensation. Changes in my compensation will be effective only when approved by Odyssey at its headquarters. All hours that I work (including overtime) must be reported to Odyssey. No one has the authority to require me to work unreported hours. If I am asked to submit an inaccurate timesheet or if my paycheck does not correctly reflect the hours I worked or all compensation I have been promised by anyone, I must immediately call Odyssey toll free at 866.508.PEO1 or 866.508.7361 ext. 7530.

This Agreement supersedes any and all prior agreements, either oral or written, regarding your employment. All disputes will be governed by the Federal Arbitration Act, the law of the United States and/or the policies of the Client Company.

Notice to Employees

NOTICE REQUIRED UNDER TEXAS REGULATIONS OF EMPLOYEE LEASING ACT

You understand you are an employee of Odyssey One Source, Inc. ("Odyssey"), a Professional Employer Organization (PEO), and its Client Company. Under the Workers' Compensation Act, you are an employee of both Odyssey and the Client where assigned. The contract between Odyssey and its Client provides that certain responsibilities remain with the Client and others are the responsibility of Odyssey. They deal with right of direction, payment of wages, payment of payroll taxes, discipline and hiring and policies. Odyssey may be contacted at 204 N. Ector Dr., Euless, Texas 76039, or by phone at 866.508.PEO1 ext. 7530. Any unresolved complaints may be referred to the Texas Department of Licensing and Regulation at P.O. Box 12157, Austin, TX 78711, or by phone at 800.252.8026 or 512.463.5522.

Odyssey has workers compensation insurance coverage from Dallas National Insurance Company to protect you. You agree that in the event of an on-the-job injury or illness, your sole remedy against either Odyssey or any client to which you have been assigned is to recover workers' compensation insurance benefits as stated above. You agree to immediately report all on the job injuries or illnesses. You agree that you have received the attached notices regarding workers' compensation coverage and your rights under

EMPLOYEE COPY

the workers' compensation act. You understand that all on-the-job injuries or illnesses must be reported immediately. If you need assistance in filing a workers' compensation claim, contact Odyssey by calling 866.508.PEO1 ext. 7584. No one has the authority to require you to not report an on-the-job injury. You can get more information about your Workers' Compensation rights from any office of the Division of Workers' Compensation, or by calling 800.252.7031.

You may elect to retain your common law right of action if, no later than five days after you begin employment or within five days after receiving written notice from the employer that the employer has obtained coverage, you notify Odyssey in writing that you wish to retain your common law right to recover damages for personal injury. If you elect to retain your common law right of action, you cannot obtain workers' compensation income or medical benefits if you are injured.

NOTICE OF PEO ARRANGEMENT

You are jointly employed by Odyssey and its Client. Odyssey is a licensed Professional Employer Organization. Odyssey may be contacted at 204 North Ector Drive., Euless, Texas, 76039, or by phone at 866.508.PEO1 ext. 7530. Any unresolved complaints may be referred to the Texas Department of Licensing and Regulation at P.O. Box 12157, Austin, TX 78711, or by phone at 800.252.8026 or 512.463.5522.

It is our policy that fraudulent Workers' Compensation claims be aggressively prosecuted. A reward in the amount of one thousand dollars ($1,000) is offered for information that leads to a claim denial and/or conviction of fraud. All information will be held in strict confidence unless otherwise authorized. To report information pertaining to a claim filed, please call 866.508.7365.

This agreement supersedes any and all prior agreements, written or oral, regarding your employment. Your employment will be governed by the laws of the state of Texas. The licensing act requires your signature.

Wage Deduction Authorization Agreement

This policy is intended for client's of Odyssey One Source, Inc. exclusively and only with the Client Company's prior approval.

I understand and agree that my employer, may deduct money from my pay from time to time for reasons that fall into the following categories:

- my share of the premiums for my employers group medical/dental plan;
- installment payments on wage advances given to me by my employer, and if there is a balance remaining when I leave the Company, the balance of such advances;
- the cost of repairing or replacing any of the Company's supplies, materials, equipment, uniforms or other property that I may damage (other than normal wear and tear), lose, fail to return or take without appropriate authorization from the Company during my employment; and/or
- if I take paid vacation or sick leave in advance of the date I would normally be entitled to it and I separate from the Company before accruing time to cover such advance leave, the value of such leave taken in advance that is not so covered.

Consent, Authorization, Medical Record Release, Substance Abuse Policy Agreement

Policy

It is the policy of Odyssey One Source, Inc. ("Odyssey") and its client company to maintain a safe, drug-free work environment conducive to effective business operations. Substance abuse in the workplace is a problem, which places employees and property at risk; therefore, Odyssey has adopted the following substance abuse policy for all employees.

EMPLOYEE COPY

Odyssey strictly prohibits an employee's unlawful use, possession, distribution, purchase, manufacturing, or being under the influence of any drug without medical authorization during the workday, while on company premises or while performing company related services. Controlled substances for this policy include misused prescription medications, inhalants, alcohol as well as illegal and controlled substances. Any acts in violation of this policy are inconsistent with Odyssey's interest, and any employee who violates this policy will be subject to immediate disciplinary action, up to and including termination. Employees are required to inform their supervisor immediately of any prescribed medications, which may cause any form of impairment when taken by the employee. This policy is not all-inclusive and is governed by a detailed plan document, located in the employee handbook.

Consent

As a condition of employment and/or as an applicant for employment, I, the undersigned, specifically consent to chemical screening by urinalysis, blood testing or breathalyzer. Such testing may be done at pre-employment, postemployment, random, post injury or reasonable suspicion.

I understand a confirmed positive test result for a controlled substance or my refusal to submit to testing will result in my immediate termination.

This policy does not alter the requirements for D.O.T. regulated employees but will be in addition to those regulations.

Employees suspected of being under the influence of or in possession of controlled substances including alcohol, will be suspended pending an investigation.

If employed, I grant my permission to Odyssey or its agents or designee(s) to obtain copies of my medical records and documents as they pertain to an occupational injury or drug test results including urinalysis, blood test or breathalyzer performed at the request of Odyssey. I understand the listing of medications on a chain of custody form is my free choice.

I understand that, in the case of medical records pertaining to occupational injury, information relating to my medical conditions or health, including information relating to human immunodeficiency virus (HIV) or acquired immune deficiency syndrome (AIDS), may be released to and disclosed to Odyssey.

I understand that Odyssey will keep the information obtained pursuant to this release confidential and shall not disclose the information except as authorized by me, in writing, or as required by applicable State or Federal Law. I further understand that Odyssey maintains physical, electronic and procedural safeguards to protect the confidentiality of the information acquired under this release.

I hereby release and hold harmless Odyssey, and its client company from any liability resulting from the process, outcome or disclosure of information resulting from drug and alcohol testing or any other action taken under the substance abuse policy.

EMPLOYEE COPY